Assistance Award/Amendment

U.S. Department of Housing and Urban Development Office of Administration

1. Assistance Instr	ument			2. Type of Action				
Cooperative Agreement Grant				Award Amendment				
3. Instrument Number		4 Amendment Number		5 Effective Date of this Action		6. Control Number	6. Control Number	
FF204K204013				5/13/2020		TIN: 56-600023	TIN: 56-6000230	
7. Name and Address of Recipient Greensboro Human Relations Department 300 West Washington St. Plaza, P.O. Box 3136 Greensboro, NC 27402 DUNS#: 071572374				8 :R'D Administering Office U.S. Department of HUD FHEO Five Points Plaza, 16 th Floor 40 Marietta Street Atlanta, GA 30303-2806 8a. Name of Administrator Sh. Telephone Number				
				Carlos Osegueda			678-732-2905	
Itt Racinient Prote	ert Manager		9 HUD Government Technical Representative					
10. Recipient Project Manager Love Crossling Jones, Director, Human Relations Department					Aphrodite (Dita) McCarthy			
11. Assistance Arr Cost Reimbu Cost Sharing Fixed Price	heyment Method Freasury Check Reimburse Advance Check Automated Clearinghouse		13. HUD Payment Office Fort Worth Field Accounting P. O. Box 2905 Fort Worth, TX 761 13-2905					
14 Assistance Amount					counting and Appropriation	,		
Previous HUD Amount \$0.00				15a. Appropriation Number 15b. Reservation number				
HUD Amount this action \$10,000.00				8620/210144	20/210144 (I, 20) FHEO-04-20-01			
Fotal HUD Amount \$10,000.00				Amount Previously Obligated \$0.00				
Recipient Amo	\$0.00		Obligation by this action \$10,000.00					
Fotal Instrument Amount \$10,000.00				Total Obligation S		\$10,000.00		
To Description This instrument authorizes the following funds to be obligated to the Agency.								
Fund Code	Description	Amount Obligated in this Action		The Cooperative Agreement/Amendment is comprised of the following documents: 1. Cover Page – HUD-1044 2. Attachment A: Statement of Work and Payment Schedule The performance period for this Agreement begins <u>July 1, 2020</u> and ends <u>March 31, 2021</u> . The funds obligated by this instrument expire on <u>September 30, 2025</u> . The recipient must comply with all rules and regulations in accordance with the Fair Housing Assistance Program regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda) and the FY2020 Partnership funds award guidance.				
TIN	Case Processing	\$0.00						
TIN	Case Processing	\$0.00 \$0.00						
TIN	Post-Cause Supp							
TIN	Post-Cause Sup	\$0.00						
	Administrative Co	\$0.00						
ADC	· -	\$0.00						
TRG	Training	\$10,000.00						
PA1								
SEE	Special Enforcement Effort			\$0.00				
Total \$10,000.00								
17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office				18 Recipient is not required to sign this document.				
19 Recipient (By Name)				20 (H/D) (By Mame)				
Love Crossling Jones. Director Greensboro Human Relations Department				Curlos Osegueda, Regional Director Region IV, Office of FHEO CAO				
Signature & Aile Date (min/dd/yyyy)				Signature & Fitle Date (mr			e camingqo (yyy)	
The Land Hill				AQ			5/13/2020	
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