

**Tax ID Number: 86-6000543**  
**Project Location: Pima County, Arizona**  
**Grant Number: AZ0032L9T011306**  
**DUNS Number: 033738662 - 4000**

## **AMENDMENT TO THE CONTINUUM OF CARE PROGRAM GRANT AGREEMENT**

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Pima County, 2797 E. Ajo Way, Tucson, Arizona, 85713

### **RECITALS**

1. HUD and the Recipient entered into a Grant Agreement dated September 18, 2014, having Grant No. AZ0032L9T011306 (the Grant Agreement):
2. The parties are desirous of amending the Grant Agreement to add rental assistance as an eligible activity of the grant; to remove leasing as an eligible activity; and to move funds from leasing to rental assistance.
3. HUD has determined that the change is necessary to better serve eligible persons within the geographic area and to ensure that the priorities established under the Notice of Funding Availability under which the grant was awarded are met.

### **AGREEMENTS**

The Grant Agreement is hereby amended by replacing the allocation in paragraph 3 of Exhibit 2, Scope of Work for FY2013 Competition, with the following;

a. CoC Planning costs	\$-0-
b. Acquisition	\$-0-
c. New construction	\$-0-
d. Rehabilitation	\$-0-
e. Leasing	\$-0-
f. Rental Assistance	\$ 67,968
g. Supportive Services	\$116,009
h. Operating costs	\$-0-
i. HMIS	\$-0-
j. Administration	\$12,766

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.

The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to the Grant Agreement as follows:

**UNITED STATES OF AMERICA**

**Department of Housing and Urban Development**

**By:** The Secretary

By: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Maria F. Cremer, Director, CPD

(Typed Name and Title)

**RECIPIENT**

Pima County

(Name of Organization)

By: \_\_\_\_\_

(Signature of Authorized Official)

\_\_\_\_\_  
(Date)

Sharon Bronson, Chair, Pima County Board of Supervisors

(Typed Name and Title of Authorized Official)

**APPROVED AS TO CONTENT:**



\_\_\_\_\_  
Art Eckstrom, Director

Community Services, Employment and Training

**APPROVED AS TO FORM:**



\_\_\_\_\_  
Karen S. Friar, Deputy County Attorney