PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

MEETING DATE:	October 19, 2021	[X] Consent	[] Regular
2		[] Workshop	[] Public Hearing
Department:	Office of Equal Opport	unity	
Submitted By:	Office of Equal Opport	unity	
		=========	=======================================

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) ratify the Mayor's signature on three cooperative agreements with the U.S. Department of Housing and Urban Development (HUD) totaling \$230,500 allowing the Office of Equal Opportunity (OEO) to receive revenue for the period of July 1, 2020 through June 30, 2021 for:
 - 1. case processing (Cooperative Agreement No FF204K214003 in the amount of \$149,100);
 - 2. administrative cost (Cooperative Agreement No. FF204K214035 in the amount of \$55,000); and
 - 3. training funds (Cooperative Agreement No. FF204K214036 in the amount of \$26,400).
- **B) approve** a Budget Amendment in the General Fund (Fund 0001) in the amount of \$27,100 to recognize the decreased award amount from \$257,600 to \$230,500.

Summary: In order for OEO to receive revenue from HUD for processing and resolving housing discrimination complaints, execution of Cooperative Agreements No. FF204K214003; FF204K214035 and FF204K214036 was required prior to September 9, 2021 to meet HUD's FY 2021 federal funding deadlines. The emergency signature process was utilized because there was insufficient time to meet the application deadline under the regular agenda process. The current individual awards total \$230,500 and include \$149,100 for cases processed; \$26,400 for training funds; and \$55,000 for administrative costs, each for the period July 1, 2020 through June 30, 2021. Board ratification of the Mayor's signature will ensure the receipt of revenue under these Agreements. Countywide (DO)

Background and Justification: On February 4, 1997, the BCC approved an Agreement between OEO and HUD, which provided for the processing and referral of housing discrimination complaints between the respective agencies. In each year since 1997, HUD has provided revenue to OEO for the processing of dual-filed complaints of housing discrimination. Under the terms of the FY 2020-2021 contracts, HUD will provide funds to OEO in the total amount of \$230,500.

Attachments:

1. Cooperative Agreements (HUD Form 1044) with walkthrough Memo

2. Budget Amendment

Recommended by:	28 September 2021
Department Director	Date
Approved by:Assistant County Administrator	10/13/21

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II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:
Fiscal Years 2021 2022 2023 2024 2025 Capital Expenditures Operating Costs 230,500 External Revenues (230,500) Program Income (County) In-Kind Match (County)
NET FISCAL IMPACT 0 0
ADDITIONAL FTE POSITIONS (Cumulative) 0 0 0
Is Item Included in Current Budget? Yes Nox
Does this item include the use of federal funds? Yes X No
Budget Account No.: Revenues: Fund 0001 Agency 400 Org. 4130 Object 3169 Expenses: Fund 0001 Agency 400 Org. 4130 Object 1201 B. Recommended Sources of Funds/Summary of Fiscal Impact: These funds are to be paid to the County by the U.S. Department of Housing and Urban Development for Fair Housing activities. The funds being received are to reimburse for fiscal year 2021 expenses and they were budgeted in that year. The budget amendment will recognize the actual award in funding by decreasing the budget by \$27,100. Due to vacant positions, lapsed salaries are available and will be utilized to absorb the difference in projected and actual funding. Because funds are appropriated annually by HUD, revenue for future years are indeterminable at this time.
C. Departmental Fiscal Review:
III. REVIEW COMMENTS
A. OFMB Fiscal and/or Contract Dev. and Control Comments: OFMB (4.30.21) Contract Administration OFMB (10/4/2) Accident Country Atternacy
Assistant County Attorney
C. Other Department Review:
Department Director

THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT



Office of Equal Opportunity

301 N. Olive Avenue, 10th Floor West Palm Beach, FL 33401 (561) 355-4884

Fax: (561) 355-4932

www.pbcgov.com/equalopportunity

Palm Beach County Board of County Commissioners

Dave Kerner, Mayor Robert S. Weinroth, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Maria Sachs

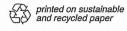
Melissa McKinlay

Mack Bernard

County Administrator

Verdenia C. Baker

"An Equal Opportunity Affirmative Action Employer'



MEMORANDUM

TO:

Dave Kerner, Mayor

Board of County Commissioners

THRU:

Verdenia C. Baker, County Administrator

Board of County Commissioners

FROM:

Pamela Guerrier, Director

Office of Equal Opportunity

DATE:

3 September 2021

RE:

HUD FY 2021 Cooperative Agreements

The U.S. Department of Housing and Urban Development (HUD), Office of Fair Housing and Equal Opportunity, has awarded the Office of Equal Opportunity (OEO) a total of \$230,500.00 for processing and resolving dual-filed housing discrimination complaints. This revenue is for cases processed during the period of July 1, 2020 through June 30, 2021.

In order for OEO to receive this revenue, the agreement requires approval by the Board of County Commissioners. To meet HUD's fiscal year end funding deadlines, these funds must be obligated immediately. Therefore, urgent approval is needed so that we can meet HUD's deadline.

It is requested that the attached HUD cooperative agreements (HUD Form 1044) be signed by the Mayor of the Board of County Commissioners so that it can be forwarded to HUD. Enclosed for signature are six (6) 1044s.

Pursuant to Palm Beach County Administrative Code Section 309.00, your signature is requested on the attached HUD cooperative agreements (HUD Form 1044) to forward to HUD. The emergency signature process is being utilized because there is not sufficient time to submit this funding request through the regular Board of County Commissioners' agenda process before the due date. OEO will prepare an agenda item to present this agreement to the Board for ratification of the Mayor's signature at the next available BCC meeting.

Please contact me at <u>pguerrie@pbcgov.org</u> or 355-2558 if there are any questions concerning this request.

Approved:

Nancy L. Bolton

Assistant County Administrator

David R.F. Ottey, Chief Assistant County Attorney

Attachment: HUD Form 1044 (6)

1. Assistance Instru		П			2. Type of Act					
	e Agreemen				Award Amendment					
3. Instrument Numb		4. Amendment No	ımber	i	5. Effective Date of this Action 6. Control Number					
FF204K214003 7. Name and Addre					8. HUD Administering Office					
Palm Beach Co	unty Office	of Equal Opportunity	,		U.S. Depart	ment of HUD/FHEO	i			
301 N. Olive A	venue, 10 th	Floor			Five Points Plaza, 40 Marietta Street., NW					
West Palm Bea					Atlanta, GA					
					8a. Name of Administrator 8b. Telephone Number					
					Carlos Oseg	gueda	678-732-290	5		
10. Recipient Project	ct Manager				9. HUD Gover	nment Technical Represen	ntative			
Pamela Guerrie	r, Executive	e Director			Isabel Marr	ero				
11. Assistance Arra	_	12. Payment Method			13. HUD Pay	ment Office	TO THE REAL PROPERTY OF THE PERTY OF THE PER			
Cost Reimbu	rsement	Treasury Check Re	imburse			field Accounting				
Cost Sharing		Advance Check Automated Clearin			P. O. Box 29	05 X 76113-2905				
Fixed Price		Automated Clearin	ghouse							
14. Assistance Amo						ounting and Appropriation		1		
Previous HUD	Amount	\$0.00			15a. Appropri	ation Number	15b. Reservation	number		
HUD Amount I	his action	\$149,100.00	••••••		8621/22014	4 (A 21)	FHEO-04-20	-1		
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Recipient Amo	unt	\$0.00			***************************************	by this action	\$149,100	.00		
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16. Description)	TARANSE STREET COLUMN STREET S			
This instrument a	uthorizes the	e following funds to be o	bligated	to the Agency		The Cooperative Agreem	ent/Amendment is co	mprised of the following		
Fund Code	Description			Amount Oblig this Action	pated in	documents: 1. Cover Page	HIID-1044			
TIO	Case Proce	ssing (Current Funds)			149,100.00	2. 2021 Contrib	utions Agreement			
	Total	oung (our unit units)			149,100.00		Statement of Work A:Criteria for Process	ing		
1	Total			Ψ.	143,100.00		3:Standards for Time			
1							C: Payment Amounts	for FHAP Case		
						Processing 7. Attachment I	D: eLOCCS Security	Procedures		
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						The performance period tends June 30, 2021. The				
						five years from the date in	block 20. The recip	ient must comply with		
						all rules and regulations in Assistance Program regulations				
						Understanding between t	he Recipient and HU	D (including all		
	,					subsequent addenda), ar	nd the FY2021 FHAP	Guidance.		
			-							
		ired to sign and return the to the HUD Administer			18 1	Recipient is not required	d to sign this doc	ument.		
19. Recipient (I	By Name)	TO THE TANK OF THE PARTY OF THE	ng out		20. HUD	(By Name)				
Dave Kerne						Osegueda, Regional D				
Palm Beach	County, Bo	oard of County Comm	issioner	:S	Region	IV, Office of FHEO/	CAO			
Signature & Ti	tle		Date (n	ım/dd/yyyy)	Signature	& Title		Date (mm/dd/yyyy)		
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0						form HUD-10	C A 340 D A 340	ref. Handbook 2210.17		
Approved as to	o terms and	conditions			Approved	as to form and legal	sufficiency			
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Pamela Guerr Office of Equa					County A	ttorney				
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S. Israelines S. Israeline	1. Assistance Instr						2. Type of Action				
Secretive Fines of the Actions Secretive Fines of the Action				Grant			Award Amendment				
7. Name and Address of Recipient Palm Beach County Office of Equal Opportunity 301 N. Olive Avenue, 10 th Floor West Palm Beach County Office of Equal Opportunity 301 N. Olive Avenue, 10 th Floor West Palm Beach Florida 33401 8a. Name of Administrator Carlos Osogueda Carlos Osogueda 678-732-2905 9. HUD Government Technical Representative Isabel Marror 11. Assistance Arrangement Cost Schiaburissment Cost Schiaburissment Advance Check Fixed Price 12. Payment Medid 13. HUD Payment Office Fort Worth Field Accounting P. O. Box 2905 Fix Worth, TX 76113-2905 14. Assistance Armount Trevious HUD Amount \$0.00 15. HUD Accounting and Appropriation Data 15b. Reservation number Frow Worth Field Accounting P. O. Box 2905 Fix Worth, TX 76113-2905 15 HUD Amount his action S55,000.00 Amount Previously Obligated S0.00 Cotal Instrument Amount S55,000.00 Amount Previously Obligated S0.00 Obligation by this action S55,000.00 Total Instrument Amount S55,000.00 Total Instrument Amount S55,000.00 Amount Obligation Total Obligation Total Obligation Total Obligation The Cooperative Agreement/Amount of the following funds to be obligated to the Agency. The Cooperative Agreement/Amount of the following funds to be obligated to the Agency. The Cooperative Agreement/Amount of the following funds to be obligated to the Agency. The Cooperative Agreement/Amount of the following funds to be obligated in this Action ADD Administrative Cost Funds S55,000.00 Total Obligation Total Total Total 8 Recipient is required to sign and return three (3) copies of this Agenment begins Cuchber 1, 2009, and and Saglenburg 30, 2021. The Huse obligated by the Memorature of Understanding between the Recipient and HUD (including all subsequent addenda), and the Frigat Huse of Saglenburg 30, 2021. The Maccondition in accordance with the Frist Husen Amount of Understanding between the Recipient and HUD (including all subsequent addenda), and the Frigat Saglenburg 30, 2021. The Maccondition in accordance with the Frist Husen Amount Saglen			4. A	Amendment Nu	ımber		5. Effective Date of this Action 6. Control Number				
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Carlos Osegueda 678-732-2905 Recipient Project Munager 9. HUD Government Technical Representative Isabel Marrero 11. Assistance Arrangement 12. Payment Method 13. HUD Payment Office Cost Reimbursement Advance Check P. O. Box 2905 Fixed Price Automated Clearinghouse 15. HUD Accounting and Appropriation Data Previous HUD Amount S0.00 15. Appropriation Number 15. Appropriation Number HUD Amount this action \$55,000.00 Amount Previous HUD Amount \$55,000.00 Recipient Amount \$0.00 Obligation by this action \$55,000.00 Recipient Amount \$50,000 Amount Previously Obligated \$0.00 Recipient Amount \$55,000.00 Amount Previously Obligated \$0.00 Recipient Amount \$55,000.00 Total Obligation \$55,000.00 Found Code Description Total Obligation \$55,000.00 Administrative Cost Funds \$55,000.00 ADD Administrative Cost Funds \$55,000.00 Administrative Cost Funds \$55,000.00 Administrative Cost Funds \$55,000.00 Administrative Cost Funds \$55,000.00 Total All Solution \$60,000 Total Obligation \$60,000 Administrative Cost Funds \$60,000 Total Wis Action \$60,000 Administrative Cost Funds \$60,000											
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of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) Form HUD-1044 (8/90) ref. Handbook 2210.17								(inci	uding all subsequent	addenda), and the F	2021 FMAP Guidance.
of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) Form HUD-1044 (8/90) ref. Handbook 2210.17	17 N Pag	inlant is nasule	ad to sian	and nature the	(7) -		Гип	D 1 - 1		1	
19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) Form HUD-1044 (8/90) ref. Handbook 2210.17							18.	Recipio	ent is not required	i to sign this doct	iment.
Palm Beach County, Board of County Commissioners Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) form HUD-1044 (8/90) ref. Handbook 2210.17	19. Recipient ((By Name)				*****					
Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy)			1 60								
α ως/οη/2) form HUD-1044 (8/90) ref. Handbook 2210.17			ird of Coi	unty Comm						CAO	
form HUD-1044 (8/90) ref. Handbook 2210.17	Signature & Title Date (mm/dd/yyy						Signatu	re & Title			Date (mm/dd/yyyy)
form HUD-1044 (8/90) ref. Handbook 2210.17											
form HUD-1044 (8/90) ref. Handbook 2210.17											
form HUD-1044 (8/90) ref. Handbook 2210.17	A.	~			cser/	01/21					l
			Marine, grant see a see		- (/	-(/ -/			6 1115 10	44 (0/00)	1
Approved as to form and legal sufficiency	Approved as to terms and conditions						Annroy	ed as t			rer, Handbook 2210.17
(XXXIII XIX)	MEDIN	-		Applo	100 II	o ionn and legal	Gamolenoy	
Harris Ola ATT	to an of	tamolo total					(1/4	Q X	1021	×	
Pamela Guerrier, Director County Attorney	Pamela Gue	rrier. Director					Counti		3-4		
Office of Equal Opportunity			у				County	AUDITE	, Y		

1. Assistance Instrument					2. Type of Action					
Cooperative Agreeme	nt	Grant			\triangle A	ward		Amendment		
3. Instrument Number FF204K214036		4. Amendment Nu	ımber '		5. Effect	ive Date	of this	Action	6. Control Numl	per
7. Name and Address of Recipient Palm Beach County Office of Equal Opportunity 301 N. Olive Avenue, 10 th Floor West Palm Beach, Florida 33401						8. HUD Administering Office U.S. Department of HUD/FHEO Five Points Plaza, 40 Marietta Street., NW Atlanta, GA 30303				
				ŀ	8a. Name of Administrator 8b. Telephone Number Carlos Osegueda 678-732-2905					
10. Recipient Project Manager								chnical Represen	678-732-290	5
Pamela Guerrier, Executi	ve Dire	ctor				Marrer		chinear Represen	itative	
11. Assistance Arrangement		yment Method) Payme		fice		
Cost Reimbursement		reasury Check Re	imburse	ment	Fort We	orth Fiel	ld Acc	ounting		
☐ Cost Sharing ☐ Fixed Price		dvance Check utomated Clearin	ghouse			ox 2905 th, TX		-2905		
14. Assistance Amount					15. HUE	Accoun	iting an	d Appropriation	Data	
Previous HUD Amount		\$0.00			15a. App	propriatio	on Num	ber.	15b. Reservation	number
HUD Amount this action		\$26,400.00			8621/2	20144	(A 21)	FHEO-04-20	-1
Total HUD Amount		\$26,400.00			Amo	ınt Prev	iously	Obligated	\$0.00	
Recipient Amount		\$0.00			Oblig	ation by	y this a	ction	\$26,400.0	00
Total Instrument Amount		\$26,400.00			Total	Obligat	tion		\$26,400.0	00
16. Description						,				The state of the s
This instrument authorizes		ring funds to be of	oligated t						ent/Amendment is co	mprised of the following
Fund Code Description	n			Amount Obligathis Action	gated in		docume 1		HID-1014	
TRI Training F	unds				26,400.0	00	2	. 2021 Contribu	utions Agreement	
Total	undo				\$26,400.0		3 4		Statement of Work :Criteria for Process	ing
1914			•		Ψ20,400.	,,,,	5 6	 Attachment B Attachment C Processing 	:Standards for Time : Payment Amounts :: eLOCCS Security	liness for FHAP Case
							and end instrum must co Housing Memori	ds <u>September 30, 3</u> ent expire five yea omply with all rules g Assistance Progr andum of Understa	2021. The funds obl rs from the date in b and regulations in a ram regulations (24 G anding between the f	lock 20. The recipient ccordance with the Fair DFR § 115), the
17. Recipient is re-	uired to	sign and return th	ree (3) c	opies	18.	Red	cipient	is not required	to sign this doc	ument.
19. Recipient (By Name)	n to the	HOD Administer	ing Offic		20. 1	HUD (By	y Name)		
Dave Kerner, Mayor Palm Beach County, I	Board o	f County Comm	issioner	'S				a, Regional D ce of FHEO/C		
Signature & Title			Date (m	ım/dd/yyyy)	Sign	ature &	Title			Date (mm/dd/yyyy)
α										, , , , , , , , , , , , , , , , , , , ,
07/09/2										
Approved as to terms a The province of Equal Opports	or	litions				roved a	À	form HUD-104		ref. Handbook 2210.17

1. Assistance Instrument				2. Type of Action						
Cooperative Agre	eement	Grant		Awai						
FF204K214003		4. Amendment Number		5. Effective I	Date of this Action	6. Control Numb	er			
7. Name and Address of Re Palm Beach County C 301 N. Olive Avenue West Palm Beach, Flo	Office of Ed , 10 th Floor			8. HUD Administering Office U.S. Department of HUD/FHEO Five Points Plaza, 40 Marietta Street., NW Atlanta, GA 30303						
				8a. Name of	Administrator	8b. Telephone N	umber			
				Carlos Ose		678-732-290				
10. Recipient Project Mana	ager				ernment Technical Represe					
Pamela Guerrier, Exe				Isabel Mai						
11. Assistance Arrangement Cost Reimbursemen		ayment Method	rament		yment Office Field Accounting					
☐ Cost Reimbursement ☐ Treasury Check Reimbursement ☐ Advance Check				P. O. Box 2						
Fixed Price	-	Automated Clearinghous	e	Ft. Worth,	TX 76113-2905					
14. Assistance Amount					counting and Appropriation	· · · · · · · · · · · · · · · · · · ·				
Previous HUD Amou	nt	\$0.00		15a. Appropi	iation Number	15b. Reservation	number			
HUD Amount this act	ion	\$149,100.00		8621/2201	44 (A 21)	FHEO-04-20	-1			
Total HUD Amount		\$149,100.00		Amount I	Previously Obligated	\$0.00				
Recipient Amount \$0.00					n by this action	\$149,100	.00			
Total Instrument Amo	ount	\$149,100.00		Total Obl	igation	\$149,100	.00			
16. Description										
This instrument authoriz		ving funds to be obligate			The oboperative Agreement Amendment is comprised of the following					
Fund Code Desc	ription		Amount Obli this Action	gated in	1. Cover Page – HUD-1044					
TIO Case	Processing (Current Funds)		149,100.00	2. 2021 Contrib	utions Agreement				
Total				149,100.00		Statement of Work A:Criteria for Processi	na			
				5. Attachment B:Standards for Timeliness 6. Attachment C: Payment Amounts for FHAP Case Processing 7. Attachment D: eLOCCS Security Procedures The performance period for this Agreement begins July 1, 2020, an ends June 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. The recipient must comply with all rules and regulations in accordance with the Fair Housing Assistance Program regulations (24 CFR § 115), the Memorandum Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2021 FHAP Guidance.						
		sign and return three (3 HUD Administering Of		18.	Recipient is not require	d to sign this docu	iment.			
19. Recipient (By Nam Dave Kerner, May	ne) /Or	f County Commission		Carlos	(By Name) Osegueda, Regional I IV, Office of FHEO/	Director CAO	194			
Signature & Title		Date	(mm/dd/yyyy)	Signature	& Title		Date (mm/dd/yyyy)			
					` '					
Pamela Guerrier, Di Office of Equal Opp	irector	ditions			form HUD-10 ad as to form and legal		ref. Handbook 2210.17			

Assistance Instru Cooperativ		Пст		e	2. Type of Act Award				
3. Instrument Numb	e Agreement	Grant 4. Amendment Nu	umbar				6. Control Number		
FF204K214035		4. Amendment Nu	moer		5. Effective Da	ate of this Action	o. Control Number		
7. Name and Addre	ess of Recipien unty Office venue, 10 th	of Equal Opportunity Floor			8. HUD Administering Office U.S. Department of HUD/FHEO Five Points Plaza, 40 Marietta Street., NW Atlanta, GA 30303				
				<u> </u>	0 11 01	1			
					8a. Name of A		8b. Telephone Number		
10. Recipient Proje	ct Manager				Carlos Oseg	gueda mment Technical Represe	678-732-2905		
Pamela Guerrie	-	Director			Isabel Marr		inative		
11. Assistance Arra		12. Payment Method			13. HUD Pay				
Cost Reimbu		Treasury Check Re	imburse	ment	Fort Worth F	ield Accounting			
Cost Sharing		Advance Check			P. O. Box 29				
Fixed Price		Automated Clearin	ghouse			X 76113-2905	•		
14. Assistance Amo	ount					ounting and Appropriation			
Previous HUD	Amount	\$0.00			15a. Appropria	uion Number	15b. Reservation number		
HUD Amount	this action	\$55,000.00			8621/22014	4 (A 21)	FHEO-04-20-1		
Total HUD Am	ount	\$55,000.00			Amount Pr	eviously Obligated	\$0.00		
Recipient Amo	unt	\$0.00			Obligation	by this action	\$55,000.00		
Total Instrume	nt Amount	\$55,000.00	•••••••••••	······	Total Oblig	gation	\$55,000.00		
16. Description						?			
This instrument a	uthorizes the	following funds to be of	oligated	to the Agency		The Cooperative Agreem	nent/Amendment is comprised of the following		
Fund Code	Description			Amount Oblig	ated in	documents:			
				this Action		1. Cover Page	- HUD-1044		
ADD	Administrati	ve Cost Funds		\$:	55,000.00		butions Agreement Statement of Work		
	Total		·		55,000.00	4. Attachment	A:Criteria for Processing		
							B:Standards for Timeliness C: Payment Amounts for FHAP Case		
						Processing			
						7. Attachment	D: eLOCCS Security Procedures		
						and ends <u>September 30</u> instrument expire five ye must comply with all rule Housing Assistance Pro Memorandum of Unders	for this Agreement begins October 1, 2020, 2021. The funds obligated by this lars from the date in block 20. The recipient is and regulations in accordance with the Fair gram regulations (24 CFR § 115), the landing between the Recipient and HUD taddenda), and the FY2021 FHAP Guidance.		
17. Reci	ipient is requ	ired to sign and return th	ree (3) c	copies	18. T F	Recipient is not require	d to sign this document.		
of th	nis document	to the HUD Administeri					3		
19. Recipient (,				By Name)	2:		
Dave Kerne		oard of County Comm	iccione	are.		Osegueda, Regional I IV, Office of FHEO/			
Signature & Ti	tle		Date (n	nm/dd/yyyy)	Signature	& Title	Date (mm/dd/yyyy)		
						form HUD-10	044 (8/90) ref. Handbook 2210.17		
Appτoved as to	terms and	conditions					orm and legal sufficiency		
()		*				MANA	,		
Tamel	VI	-				MANA			
Pamela Guerri	er, Director					County Attorney			
Office of Equal		1				,	V		
							1		

1. Assistance Instr			_			2. Type of A		_			
Cooperati		t _	Grant			Award Amendment					
3. Instrument Nun		0	4. Amendment No	umber		5. Effective Date of this Action 6. Control Number					
FF204K21403 7. Name and Addi			~			0.11110.4.1		000	<u> </u>		
Palm Beach C			al Opportunity	,		8. HUD Administering Office U.S. Department of HUD/FHEO					
301 N. Olive A	Avenue, 10th	Floor	11			Five Points Plaza, 40 Marietta Street., NW					
West Palm Be	ach, Florida	33401				Atlanta, GA 30303					
					-	o w o			T		
						8a. Name of Administrator 8b. Telephone Number Carlos Osegueda 678-732-2905					
10. Recipient Project Manager								cchnical Represer	678-732-290	3	
Pamela Guerrier, Executive Director						Isabel Mar		connear represer	native		
11. Assistance Ar			ment Method			13. HUD Pa		ffice			
Cost Reimbursement Treasury Check Reimbursement					ement	Fort Worth	Field Ac				
Cost Sharing Fixed Price	3		vance Check tomated Clearin	ahauaa		P. O. Box 2 Ft. Worth, 7		3-2905			
14. Assistance An	nount	⊠ Au	iomated Clearm	ignouse				and Appropriation	Data		
Previous HUE			\$0.00			15a. Appropr			15b. Reservation	n number	
HUD Amount			\$26,400.00	•••••		9621/2201	44 (4)	1)	EILEO 04 20	. 1	
***************************************						8621/2201			FHEO-04-20)-1	
Total HUD A			\$26,400.00			Obligation	***************	y Obligated	\$0.00	00	
	Recipient Amount \$0.00 Total Instrument Amount \$26,400.00						***************************************	action	\$26,400.		
16. Description	ant Amount		\$26,400.00			Total Obl	igation		\$20,400.	00	
This instrument	authorizes the	e followin	g funds to be o	bligated	to the Agency	<i>'</i> .	The	Connerative Agreem	ent/Amendment is or	emprised of the following	
Fund Code	Description				Amount Oblig	The Cooperative Agreement Amendment is comprised of the					
					this Action			1. Cover Page -			
TRI	Training Fu	nds			\$	26,400.00			utions Agreement Statement of Work		
	Total					\$26,400.00		 Attachment A 	A:Criteria for Process		
									3:Standards for Time C: Payment Amounts		
								Processing 7. Attachment D	o al OCCS Samurity	Dragaduras	
									D: eLOCCS Security		
									for this Agreement be 2021. The funds ob	egins October 1, 2020,	
							instru	ment expire five yea	ars from the date in b	lock 20. The recipient	
									s and regulations in a ram regulations (24	ccordance with the Fair	
							Memo	orandum of Understa	anding between the	Recipient and HUD	
							(inclu	ding all subsequent	addenda), and the F	Y2021 FHAP Guidance.	
🔽 -						18. Recipient is not required to sign this document.					
			ign and return the			18.	Recipiei	nt is not required	to sign this doc	ument.	
19. Recipient	(By Name)	10 1110 11	0.20 1 10/////////////////////////////////	,			(By Nan				
Dave Kern		1 6						da, Regional D			
	-	oard of (County Comm					fice of FHEO/	CAO		
Signature & T	itle			Date (n	nm/dd/yyyy)	Signature	e & Title			Date (mm/dd/yyyy)	
						1					
						<u> </u>		form HUD-10	44 (8/90)	ref. Handbook 2210.17	
									(6.20)		
Approved as t	Approved as to terms and conditions							pproved ag to	form and legal	sufficiency	
10 1000 D								CATAL	λ,		
yalner	Pamela Guerrier, Director							/WHAT	00		
Office of Equa							C	ounty Attorney	' Y		
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U.S. Department of Housing and Urban Development Office of Administration

1. Assistance Instru		Па			2. Type of Ac		MINING WARREN			
Cooperativ					Awar	d Amendment	· · · · · · · · · · · · · · · · · · ·			
3. Instrument Num FF204K214036		4. Amendment N	umber		5. Effective D	ate of this Action	6. Control Nu	mber		
7. Name and Addre	ess of Recipien	t			8. HUD Admi	inistering Office	J			
Palm Beach Co	unty Office	of Equal Opportunity	У		U.S. Depar					
301 N. Olive A	venue, 10th	Floor			Five Points	Plaza, 40 Marietta S	treet., NW			
West Palm Bea	ch, Florida	33401			Atlanta, GA	A 30303				
					8a. Name of A		8b. Telephone			
10 5 11 15					Carlos Osegueda 678-732-2905					
10. Recipient Project Manager Pamela Guerrier, Executive Director					9. HUD Government Technical Representative					
					Isabel Marrero 13. HUD Payment Office					
11. Assistance Arrangement Cost Reimbursement 12. Payment Method Treasury Check Reimburse				ment		yment Office Field Accounting				
Cost Reimbursement Treasury Check Reimburse Advance Check			ment	P. O. Box 29						
☐ Cost Sharing ☐ Advance Check ☐ Automated Clearinghouse						X 76113-2905				
14. Assistance Am	ount		8		15. HUD Acc	ounting and Appropriation	Data			
Previous HUD Amount \$0.00						ation Number	15b. Reservat	ion number		
HUD Amount this action \$26,400.00					8621/2201	44 (A 21)	FHEO-04-2	20-1		
Total HUD Amount \$26,400.00					Amount P	reviously Obligated	\$0.00	The state of the s		
Recipient Amount \$0.00					Obligation	by this action	\$26,40	0.00		
Total Instrume	nt Amount	\$26,400.00			Total Obli	gation	\$26,40	0.00		
Description						From the state of				
This instrument a	authorizes the	following funds to be o	bligated	to the Agenc	у	The Cooperative Agreem	ent/Amendment is	comprised of the following		
Fund Code	Description			Amount Obli this Action	gated in	documents: 1. Cover Page	– HUD-1044			
TRI	Training Fu	nds		9	\$26,400.00	2. 2021 Contributions Agreement Appendix A: Statement of Work				
	Total				\$26,400.00		A:Criteria for Proce			
							B:Standards for Tir			
						6. Attachment Processing	C: Payment Amoui	nts for FHAP Case		
							D: eLOCCS Securi	ty Procedures		
						71	5 D 4			
,						The performance period and ends September 30,	for this Agreement 2021 The funds i	begins October 1, 2020,		
						instrument expire five year				
								n accordance with the Fair		
						Housing Assistance Prog Memorandum of Underst				
								FY2021 FHAP Guidance.		
		ired to sign and return th			18.	Recipient is not require	d to sign this d	ocument.		
19. Recipient (to the HUD Administer	ing Offic	ce	20 HHD	(By Name)				
Dave Kerne					Carlos (Osegueda, Regional I	Director			
Palm Beach County, Board of County Commissioners					Region	IV, Office of FHEO/	CAO			
Signature & Title Date (mn				ım/dd/yyyy)	Signature	& Title		Date (mm/dd/yyyy)		
	0									
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0	5 9	-1	09/	09/21						
	(8-)	······································		-, ,		form HUD-10	44 (8/90)	ref. Handbook 2210.17		
							,			

			omee o	1 / tollillionat					
1. Assistance Instru	ment			2. Type of Act					
	e Agreement	Grant		M Award	Amendment				
3. Instrument Numb	oer	4. Amendment Number		5. Effective Da	ate of this Action	6. Control Number			
FF204K214035									
7. Name and Addre					nistering Office				
		qual Opportunity		U.S. Department of HUD/FHEO					
	venue, 10 th Floor			Five Points Plaza, 40 Marietta Street., NW Atlanta, GA 30303					
West Palm Bea	ch, Florida 3340	L		Atlanta, GA	30303				
			1		····				
				8a. Name of Administrator 8b. Telephone Number					
10.0.11.0.1				Carlos Osegueda 678-732-2905					
10. Recipient Project Manager					mment Technical Represer	itative			
	r, Executive Dire			Isabel Marr					
11. Assistance Arra		ayment Method		13. HUD Pay					
Cost Reimbur		Ггеаѕигу Check Reimburse Advance Check	ment	P. O. Box 29	ield Accounting				
Fixed Price		Automated Clearinghouse			X 76113-2905				
14. Assistance Amo		Automated Clearinghouse							
		\$0.00		15a. Appropria	ounting and Appropriation	15b. Reservation nu	ımber		
Previous HUD Amount \$0.00 HUD Amount this action \$55,000.00									
				8621/22014		FHEO-04-20-1			
Total HUD Am Recipient Amo		\$55,000.00 \$0.00		Amount Previously Obligated \$0.00 Obligation by this action \$55,000.00					
						\$55,000.00	•••••••••••••••••••••••••••••••••••••••		
Total Instrumer	nt Amount	\$55,000.00		Total Oblig	gation	\$55,000.00			
			4 - 4h - A						
		wing funds to be obligated			The Cooperative Agreeme	ent/Amendment is comp	rised of the following		
Fund Code	Description		Amount Oblig	gated in	documents:	101D 4044			
455			this Action		 Cover Page - 2021 Contrib 	- HOD-1044 utions Agreement			
ADD	Administrative Cos	st Funds		55,000.00	3. Appendix A:	Statement of Work	1		
	Total	·		\$55,000.00		Criteria for Processing			
						S:Standards for Timelines C: Payment Amounts for			
					Processing	,			
					7. Attachment D): eLOCCS Security Pro	cedures		
					The performance period f	or this Agreement begin	s October 1, 2020.		
					and ends September 30,	2021. The funds obligat	ed by this		
					instrument expire five year				
					must comply with all rules Housing Assistance Prog	and regulations in acco	rdance with the Fair		
					Memorandum of Understa	anding between the Reci	ipient and HUD		
					(including all subsequent	addenda), and the FY20	21 FHAP Guidance.		
				Т					
		sign and return three (3) o		18 I	Recipient is not required	l to sign this docum	ent.		
		HUD Administering Office	ce						
19. Recipient (By Name) Dave Kerner, Mayor					(By Name) Osegueda, Regional D	linaatan			
Palm Beach County, Board of County Commissioners			re	Region I	IV, Office of FHEO/	CAO			
Signature & Ti	lle	Date (n	ım/dd/yyyy)	Signature	& Title		Date (mm/dd/yyyy)		
d		ne l	01/21						
	~_/_		01/6/						
					form HUD-104	44 (8/90) ref	: Handbook 2210.17		

1. Assistance Instr				2. Type of Ac		1			
	ve Agreement	Grant		X Award	d	Amendment			
3. Instrument Num		4. Amendment Number		5. Effective Date of this Action 6. Control Number					
FF204K21400		<u> </u>		8. HUD Administering Office					
7. Name and Addr	css of Recipient ounty Office of E	ual Opportunity					,		
301 N. Olive A	venue, 10 th Floor	quai Opportunity		U.S. Department of HUD/FHEO Five Points Plaza, 40 Marietta Street., NW					
	ach, Florida 3340			Atlanta, GA 30303					
.,	, 1 101144 55 10			riciania, Or	1 30303				
			-	8a. Name of A	Administra	tor	8b. Telephor	ne Number	
				Carlos Ose			678-732-2		
10. Recipient Proje	ect Manager					echnical Represen			
		Isabel Mari		*					
Pamela Guerrier, Executive Director 11. Assistance Arrangement 12. Payment Method				13. HUD Pay		fice			
Cost Reimbursement Treasury Check Reimbursemer				Fort Worth I					
Cost Sharing		P. O. Box 29							
Fixed Price		Automated Clearinghouse		Ft. Worth, T	X 76113	3-2905			
14. Assistance Am				nd Appropriation					
Previous HUD Amount \$0.00				15a. Appropri	ation Nun	nber	15b. Reserva	ation number	
HUD Amount this action \$149,100.00				8621/22014	44 (A 21)	FHEO-04	-20-1	
Total HUD Amount \$149,100.00				Amount P	reviously	Obligated	\$0.00		
Recipient Amount \$0.00				Obligation by this action \$149,100.00					
Total Instrume	ent Amount	\$149,100.00		Total Obligation \$149,100.00					
16. Description					r			***************************************	
This instrument	authorizes the follow	ving funds to be obligated	to the Agency	<u>'. </u>	The Co	operative Agreem	ent/Amendment	is comprised of the following	
Fund Code	Description		Amount Oblig this Action	gated in					
TIO	Case Processing (Current Funds)	\$	149,100.00		 2. 2021 Contrib 3. Appendix A: 	utions Agreement Statement of Wo	nt	
	Total		\$	149,100.00		4. Attachment	A:Criteria for Pro	cessing	
1							3:Standards for T		
3						 Attachment (Processing 	2: Payment Amo	unts for FHAP Case	
							D: eLOCCS Secu	urity Procedures	
					Th	· · · · · · · · · · · · · · · · · · ·		-	
								nt begins <u>July 1, 2020</u> , and by this instrument expire	
					five ye	ars from the date in	n block 20. The	recipient must comply with	
					all rule	s and regulations i	n accordance wi	th the Fair Housing	
								§ 115), the Memorandum of I HUD (including all	
						quent addenda), ar			
				1					
17. 🔀 Rec	cipient is required to	sign and return three (3)	copies	18.	Recipien	t is not required	d to sign this	document.	
		HUD Administering Office	ce						
19. Recipient				20. HUD					
Dave Kerner, Mayor Palm Beach County, Board of County Commissioners						a, Regional D			
						ce of FHEO/	CAU		
Signature & T	nm/dd/yyyy)	Signature	& Title			Date (mm/dd/yyyy)			
0-	/-	OSC	109/21			*			
		0 1/	01/01						
						form HUD-10	44 (8/90)	ref. Handbook 2210.17	

1. Assistance Instru Cooperation	iment ve Agreemen	Grant		2. Type of Ac					
3. Instrument Num		4. Amendment Num	ber		ate of this Action	6. Control Num	iber		
FF204K21403	5			5. Ellective D	ate of this Action				
7. Name and Addr	ess of Recipien				nistering Office				
		of Equal Opportunity			tment of HUD/FHEC				
301 N. Olive A					Plaza, 40 Marietta S	treet., NW			
West Palm Bea	ch, Florida	33401		Atlanta, GA	A 30303				
				8a. Name of Administrator		8b. Telephone Number			
				Carlos Ose	gueda	678-732-290)5		
10. Recipient Proje	ect Manager			9. HUD Gove	rnment Technical Represe	ntative			
Pamela Guerrio		e Director		Isabel Mari	rero				
11. Assistance Arr		12. Payment Method		13, HUD Pay					
Cost Reimbu		Treasury Check Rein	bursement		Field Accounting				
☐ Cost Sharing ☐ Fixed Price		Advance Check		P. O. Box 29	X 76113-2905				
	-	Automated Clearingh	ouse						
14. Assistance Am		40.00		15. HUD Acc 15a. Appropri	ounting and Appropriation	Data 15b. Reservation	n number		
Previous HUD		\$0.00							
HUD Amount Total HUD Ar	*************************	\$55,000.00 \$55,000.00		8621/220144 (A 21) FHEO-04-20- Amount Previously Obligated \$0.00			0-1		
Recipient Amo		\$0.00		Obligation	.00				
Total Instrume	•••••••	\$55,000.00		Total Obli		\$55,000	***************************************		
16. Description	nt Amount	\$33,000.00		Total Ooli	gation	\$33,000	.00		
	authorizes the	e following funds to be oblig	rated to the Agend	21/					
Fund Code	Description	richeming faries to be oblig	Amount Ob	ligated in documents:			comprised of the following		
ADD	Administrati	ve Cost Funds	this Action	\$55,000.00	Cover Page – HUD-1044 2021 Contributions Agreement				
ADD	Total	ve oost i ulius		\$55,000.00	3. Appendix A: Statement of Work				
	Total			\$55,000.00 4. Attachment A:Criteria for Processing 5. Attachment B:Standards for Timeliness					
					Attachment C: Payment Amounts for FHAP Case				
					Processing 7. Attachment D: eLOCCS Security Procedures				
					The performance period and ends <u>September 30</u> ,	for this Agreement t	pegins October 1, 2020,		
					instrument expire five year	ars from the date in	block 20. The recipient		
					must comply with all rule	s and regulations in	accordance with the Fair		
					Housing Assistance Prog Memorandum of Underst	ram regulations (24	CFR § 115), the		
					(including all subsequent	addenda), and the	FY2021 FHAP Guidance.		
									
		ired to sign and return three to the HUD Administering		18.	Recipient is not require	d to sign this do	cument.		
19. Recipient (to the HOD Authinistering	Office	20: HUD	(By Name)				
Dave Kerne	r, Mayor			Carlos (Osegueda, Regional I	Director			
Palm Beach	County, Bo	oard of County Commiss	sioners		IV, Office of FHEO/				
Signature & T	itle		Date (mm/dd/yyyy)	Signature	& Title		Date (mm/dd/yyyy)		
	7								
					form HUD-10	44 (8/90)	ref. Handbook 2210.17		

1. Assistance Instru	ment		———	2. Type of Ac	tion					
Cooperativ		Grant		Award						
3. Instrument Numb		4. Amendment Number		5. Effective Date of this Action 6. Control Number						
FF204K214003										
7. Name and Addre	ss of Recipient			8. HUD Admi	inistering Office	1				
		of Equal Opportunity			tment of HUD/FHEO					
301 N. Olive A					Plaza, 40 Marietta St	reet., NW				
West Palm Bead	ch, Florida 3	3401		Atlanta, GA	A 30303					
				8a. Name of A	Administrator	8b. Telephone l				
				Carlos Ose		678-732-290)5			
10. Recipient Project					anment Technical Represen	ntative				
Pamela Guerrie				Isabel Mari						
11. Assistance Arra		12. Payment Method			yment Office					
Cost Reimbur	rsement	Treasury Check Reimburse	ement	P. O. Box 29	Field Accounting					
☐ Cost Sharing ☐ Fixed Price		☐ Advance Check ☐ Automated Clearinghouse			X 76113-2905					
		Automated Clearinghouse								
14. Assistance Amo			1		ounting and Appropriation iation Number	Data 15b. Reservation	un numbar			
Previous HUD		\$0.00								
HUD Amount t		\$149,100.00		8621/22014		FHEO-04-20	0-1			
Total HUD Amount \$149,100.00				Amount Previously Obligated \$0.00						
Recipient Amo	unt	\$0.00		Obligation	by this action	\$149,100	0.00			
Total Instrumer	nt Amount	\$149,100.00		Total Obli	gation	\$149,100	0.00			
16. Description					and the second of the contract that the property of the contract of the contract to the contra	والمنافقة والمنافقة والمرواح والمتاولة المتاوية والمتاوية والمتاوية والمتاوية والمتاوية				
	uthorizes the	following funds to be obligated			The Cooperative Agreeme	ent/Amendment is o	comprised of the following			
Fund Code	Description		Amount Oblig this Action	ated in	documents: 1. Cover Page – HUD-1044 2. 2021 Contributions Agreement 3. Appendix A: Statement of Work 4. Attachment A:Criteria for Processing					
TIO	Case Process	sing (Current Funds)	\$1	149,100.00						
	Total		\$1	149,100.00						
						Attachment B:Standards for Timeliness				
					6. Attachment C	: Payment Amounts	s for FHAP Case			
					7. Attachment D: eLOCCS Security Procedures					
					The performance period fends June 30, 2021. The					
					five years from the date in	block 20. The reci	pient must comply with			
					all rules and regulations in	n accordance with the	he Fair Housing			
					Assistance Program regul Understanding between the					
					subsequent addenda), an					
17. Reci	pient is requir	ed to sign and return three (3)	copies	18.	Recipient is not required	to sign this do	cument.			
		the HUD Administering Offi								
19. Recipient (I				20. HUD	(By Name)					
Dave Kerner		1 20 . 0 . 1 .			Osegueda, Regional D					
Palm Beach	County, Boa	rd of County Commissione	rs	Region	IV, Office of FHEO/	CAO				
Signature & Tit	lle	Date (r	nm/dd/yyyy)	Signature	& Title	***************************************	Date (mm/dd/yyyy)			
					form HUD-104	44 (8/90)	ref. Handbook 2210.17			

	tance Instru		Г	7.	3000		2. Type of Action				
		e Agreement		Grant			Award	Amendment	T		
		ent Number 4. Amendment Number			ł	5. Effective Date of this Action 6. Control Number					
FF204K214036 7. Name and Address of Recipient Palm Beach County Office of Equal Opportunity							nistering Office	<u> </u>			
Palm I	Beach Co	unty Office venue, 10 th	of Equ	ial Opportunity				tment of HUD/FHEO			
		ch, Florida				1	Atlanta, GA	Plaza, 40 Marietta St	reet., NW		
VV CS1 1	umi Deut	ni, i toriua .	55401								
						l	8a. Name of A		8b. Telephone N		
10.5							Carlos Oseg		678-732-2905	5	
	ipient Projec		Diman	*~#				rnment Technical Represer	itative		
	istance Arra	r, Executive		ment Method			Isabel Marr 13. HUD Pay				
	st Reimbur			easury Check Rein	nbursen	nent	Fort Worth F	Field Accounting			
Co:	st Sharing			ivance Check			P. O. Box 29	005			
	ed Price		⊠ Aı	tomated Clearingl	ouse	l	Ft. Worth, T.	X 76113-2905			
14. Assi	istance Amo	unt						ounting and Appropriation			
Previ	ious HUD	Amount	***************************************	\$0.00			15a. Appropri	ation Number	15b. Reservation	number	
HUD	Amount t	his action	***************************************	\$26,400.00			8621/22014	14 (A 21)	FHEO-04-20-	-1	
Total HUD Amount \$26,400.00					Amount Pr						
Recipient Amount \$0.00					*************************	by this action	\$26,400.0				
	l Instrumer	t Amount		\$26,400.00			Total Obligation \$26,400.00				
16. Des			£=11=			- 4b - A		And the same of th	and the same and the same are supplied to the same and th		
			TOHOW	ng funds to be obli	gated to			The Cooperative Agreemedocuments:	ent/Amendment is co	mprised of the following	
Fun	nd Code	Description				Amount Oblig this Action	1. Cover Page – HUD-1044				
TRI		Training Fur	ıds			\$	26,400.00		utions Agreement Statement of Work		
		Total					\$26,400.00	4. Attachment A	:Criteria for Processi		
									Standards for Timeli Payment Amounts		
								Processing	•		
								7. Attachment D): eLOCCS Security F	rocedures	
								The performance period f	or this Agreement be	gins October 1, 2020,	
								and ends September 30,	2021. The funds obli	gated by this	
								instrument expire five year must comply with all rules	irs from the date in bl and regulations in a	ock 20. The recipient	
								Housing Assistance Prog	ram regulations (24 C	FR § 115), the	
								Memorandum of Understa (including all subsequent			
						(moracing all outbodges it	addinay, and mo i	120211114 Oddano.			
17. Recipient is required to sign and return three (3) copies			opies	18.	Recipient is not required	l to sign this docu	iment.				
	of th	is document		IUD Administering							
19. Recipient (By Name) Dave Kerner, Mayor			20. HUD	(By Name)							
Palm Beach County, Board of County Commissioners					Osegueda, Regional D IV, Office of FHEO/0						
	nature & Tit						Signature			Date (mm/dd/yyyy)	
Signature & Title Date (mm/dd/yyyy)							Digitature	a rine		Date (manda yyyy)	
							1	*			
								form HUD-10	14 (0/00)	ref Handbook 2210 17	

Lastiatace Instrument				Office of	i rammonan	1011				
3. Instrument Number FEPGAMC14035 S. Efficiento Date of this Action C. Control Number FEPGAMC14035 S. HUD Administering Office U.S. Department of HUD/FHEO Five Points Plazar, 40 Marietta Street, NW Allanta, QA 30303 Solid Project Manager Sa. Name of Administrator Sa. Name	6-3									
FF204Kc14035 Shi/2021 Tht: 59-6900785 The: 59-6900785 Th					X Award					
7. Name and Address of Recipient Plan Beach County Office of Equal Opportunity 301 N. Olive Avenue, 10th Floor West Palm Beach, Florida 33401 U.S. Department of HUD/FHEO Five Points Plaza, 40 Marietta Street, NW Atlanta, GA 30303 8a. Name of Administrator Carlos Osegueda 678-732-2905 10. Recipient Preject Manager 9. HUD Government Technical Representative Isabel Marrero 11. Assistance Arrangement 1 Cost Sharing 2 Fixed Price 12. Payment Method 13. HUD Payment Office Fort Worth Field Accounting Previous HUD Amount 15a. Appropriation Number 15b. Reservation number Previous HUD Amount 15a. Appropriation Number 15b. Reservation 15b. Res			4. Amendment Number		5. Effective Date of this Action					
Palm Beach, Florida 33401 DUNS# 078470481 8a. Name of Administrator Carlos Osegueda Forevenment Technical Representative 10. Recipient Project Manager Pamela Guerrier, Executive Director I. Assistance Arrangement Cost Sharing Advanace Cheek Fixed Price Fixed Price Advanace Cheek Fixed Price Fixed Price Advanace Cheek Fixed Price Fixed Price Fixed Price Advanace Cheek Fixed Price Fixed Price Fixed Price Fixed Price Advanace Cheek Fixed Price Fixed Price Fixed Price Fixed Price Advanace Cheek Fixed Price	7. Name and Addre			nistering	Office					
Atlanta, GA 30303 DUNS# 078470481 Sa. Name of Administrator Rb. Telephone Number Carlos Osegueda Carlos Osegue	Palm Beach Co	unty Office of E	qual Opportunity	1	U.S. Depart	ment o	f HUD/FHEO			
Sa. Name of Administrator Sa. Name of								reet., NW		
Carlos Osegueda 678-732-2905 One of this document Project Manager Pamela Guerrier, Executive Director Isabel Marrero Isabel Marr			1		Atlanta, GA	30303	3			
New Parcel and Superrier, Executive Director 19, HUD Government Technical Representative Isabel Marrero 11, Assistance Arrangement 12, Payment Method 17 teasury Check Reimbursement 12, Payment Method 18, HUD Fayment Office Fort Worth Field Accounting 19, Nox 2905 18, HUD Amount 19, Nox 2905 18, HUD Amount 150, Appropriation Data 15, HUD Amount 150, Appropriation Number 15, Reservation				Ī	8a. Name of A	dministr	ator	8b. Telephone N	lumber	
Pamela Guerrier, Executive Director Isabel Marrero									5	
1.1. Assistance Arrangement					9. HUD Gover	nment T	echnical Represer	itative		
Cost Reimbursement										
Advance Check Automated Clearinghouse P. O. Box 2905										
Fixed Price				ement			counting			
15. HUD Accounting and Appropriation Data 15a. Appropriation Number 15b. Reservation number 15b. Reser		-					3-2905			
Previous HUD Amount \$0.00			rutomated Clearinghouse					Data		
Amount Previously Obligated \$0.00			\$0.00					•	number	
Recipient Amount \$0.00 Obligation by this action \$55,000.00 Total Instrument Amount \$55,000.00 Total Instrument Amount \$55,000.00 Total Obligation \$55,000.00 Total Obligation \$55,000.00 This instrument authorizes the following funds to be obligated to the Agency. Fund Code Description Amount Obligated in this Action ADD Administrative Cost Funds \$55,000.00 Total \$55,000.00 The Cooperative Agreement/Amendment is comprised of the following documents: 1. Cover Page – HUD-1044 2. 2021 Contributions Agreement 3. Appendix A: Statement of Work 4. Attachment B-Standards for Timeliness 5. Attachment B-Standards for Timeliness 6. Attachment B-Standards for Timeliness 7. Attachment C-Payment Amounts for FHAP Case Processing 7. Attachment C-Payment Amounts for FHAP Case Processing 8. Attachment C-Payment Amounts for FHAP Case Processing 9. Attachment C-Payment Amounts	HUD Amount t	this action	\$55,000.00		8621/22014	4 (A 2	1)	FHEO-04-20	-1	
Total Instrument Amount \$55,000.00 16. Description This instrument authorizes the following funds to be obligated to the Agency. Fund Code Description Amount Obligated in this Action ADD Administrative Cost Funds \$55,000.00 Total Cover Page — HUD-1044 2. 2021 Contributions Agreement Work 4. Atlachment A-Criteria for Processing 5. Atlachment C: Payment Amounts for FHAP Case Processing 7. Atlachment C: Payment Amounts for FHAP Case Processing The performance period for this Agreement begins October 1, 2020, and ends September 30, 2021. The funds obligated by this instrument explore five years from the date in block 20. The recipient must comply with all rules and regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addende), and the F72021 FHAP Guidance. 17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners The Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy)	Total HUD Am		Amount Previously Obligated \$0.00							
16. Description This instrument authorizes the following funds to be obligated to the Agency. Fund Code Description Amount Obligated in this Action ADD Administrative Cost Funds S55,000.00 Total S55,000.00 Total Total S55,000.00 Total S55,000.00 Total S55,000.00 Total S55,000.00 Total Total S55,000.00 Total To	Recipient Amo	unt	\$0.00		Obligation	by this	action	\$55,000.0	00	
This instrument authorizes the following funds to be obligated to the Agency. Fund Code Description Amount Obligated in this Action ADD Administrative Cost Funds S\$5,000.00 Total S\$5,000.00 S\$55,000.00 Total Total Total The Cooperative Agreement/Amendment is comprised of the following documents: 1. Cover Page – HUD-1044 2. 2021 Contributions Agreement 3. Appendix A: Statement of Work 4. Attachment A: Criteria for Processing 5. Attachment B: Standards for Timeliness 6. Attachment B: Standards for Timeliness 6. Attachment D: eLOCCS Security Procedures The performance period for this Agreement begins October 1, 2020, and ends September 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. The recipient must comply with all rules and regulations in accordance with the Fair House Assistance Program regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2021 FHAP Guidance. 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. 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyyy) Signature & Title Date (mm/dd/yyyyy)	Total Instrumer	nt Amount	\$55,000.00		Total Obligation \$55,000.00					
Fund Code Description Amount Obligated in this Action ADD Administrative Cost Funds \$55,000.00 Total \$55,000.00 \$55,000.00 Total \$55,000.00 Attachment B:Standards for Timeliness 6. Attachment B:Standards for Timeliness 6. Attachment B:Standards for Timeliness 7. Attachment D: eLOCCS Security Procedures The performance period for this Agreement begins October 1, 2020, and ends September 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. The recipient must comply with all rules and regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2021 FHAP Guidance. 17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners 18. Recipient is not required to sign this document. 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy)	16. Description					paramona.				
Amount Obligated in this Action Amount Obligated in this Action	This instrument a	uthorizes the follo	wing funds to be obligated	to the Agency	The cooperative Agreement Attendment is comprised of the following					
ADD Administrative Cost Funds \$55,000.00 Total \$55,000.00 \$55,000.00 \$55,000.00 Total \$55,000.00 \$55,000.00 Total \$55,000.00 \$55,000.00 Attachment Acriteria for Processing 5. Attachment B:Standards for Timeliness 6. Attachment B:Standards for Timeliness 6. Attachment B:Standards for Timeliness 7. Attachment B:Standards for Timeliness 7. Attachment B:Standards for Timeliness 8. Attachment B:Standards for Timeliness 9. Attachment B:Stand	Fund Code	Description								
Total \$55,000.00 3. Appendix A: Statement of Work 4. Attachment A:Criteria for Processing 5. Attachment B:Standards for Timeliness 6. Attachment B:Standards for Timeliness 7. Attachment D: Payment Amounts for FHAP Case Processing 7. Attachment D: eLOCCS Security Procedures The performance period for this Agreement begins October 1, 2020, and ends September 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. The recipient must comply with all rules and regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2021 FHAP Guidance. 17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy)										
5. Attachment C: Payment Amounts for FHAP Case Processing 7. Attachment D: eLOCCS Security Procedures The performance period for this Agreement begins October 1, 2020, and ends September 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. 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 FY2021 FHAP Guidance. 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. 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) 9/9/2021	ADD		st Funds		\$55,000.00 3. Appendix A: Statement of Work 4. Attachment A:Criteria for Processing					
6. Attachment C: Payment Amounts for FHAP Case Processing 7. Attachment D: eLOCCS Security Procedures The performance period for this Agreement begins October 1, 2020, and ends September 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. 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 FY2021 FHAP Guidance. 17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy)		Total								
Processing 7. Attachment D: eLOCCS Security Procedures The performance period for this Agreement begins October 1, 2020, and ends September 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. 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 FY2021 FHAP Guidance. 17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) 9/9/2021						1				
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and ends September 30, 2021. The funds obligated by this instrument expire five years from the date in block 20. The recipient must comply with all rules and regulations (a correction must comply with all rules and regulations (a correction the Fair Housing Assistance Program regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2021 FHAP Guidance. 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. 20. HUD (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) 9/9/2021							7. Attachment D	: eLOCCS Security	Procedures	
instrument expire five years from the date in block 20. 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 FY2021 FHAP Guidance. 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. 18. Recipient is not required to sign this document. 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy)										
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 FY2021 FHAP Guidance. 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) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy)						and e	nds <u>September 30, i</u>	2021. The funds obl	igated by this	
Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2021 FHAP Guidance. 17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office 19. Recipient (By Name)						must	comply with all rules	and regulations in a	ccordance with the Fair	
(including all subsequent addenda), and the FY2021 FHAP Guidance. 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. 18. Recipient is not required to sign this document. 20. HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) 9/9/2021						Housi	ng Assistance Progr	ram regulations (24 (CFR § 115), the	
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.						(include	ding all subsequent	addenda), and the F	Y2021 FHAP Guidance.	
of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) 9/9/2021						<u> </u>				
of this document to the HUD Administering Office 19. Recipient (By Name) Dave Kerner, Mayor Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) 9/9/2021	17. Reci	copies	18. T F	Recipier	nt is not required	l to sign this doc	ument.			
Dave Kerner, Mayor Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Palm Beach County, Board of County Commissioners Signature & Title Date (mm/dd/yyyy) Palm Beach County, Board of County Commissioners Signature & Title Palm Beach County, Board of County Commissioners Palm Beach County, Board of County Commissioners Signature & Title Palm Beach County, Board of County Commissioners Palm Beach County Beach County Commissioners Palm Beach County Beach County Commissioners Palm Beach County	of th	is document to the								
Palm Beach County, Board of County Commissioners Region IV, Office of FHEO/CAO Signature & Title Date (mm/dd/yyyy) 9/9/2021	19. Recipient (By Name)									
Signature & Title Date (mm/dd/yyyy) Signature & Title Date (mm/dd/yyyy) 9/9/2021										
a (04/2) ICA 9/9/2021					ice of FHEO/C	JAO				
	Signature & Ti	tle	Date (n	nm/dd/yyyy)	Signature a	& Title			Date (mm/dd/yyyy)	
							116	\mathcal{Q}	0/0/2024	
	d	~ _ ^	(SC)	101/21				8	9/9/2021	
				-(/ -/	L		Comme LILID 10	14 (9/00)	and Handbark 2010 17	

1. Assistance Instru				1	2. Type of Act						
3. Instrument Num	e Agreement	Grant	1		Award Amendment						
FF204K214003						5. Effective Date of this Action 9/9/2021 6. Control Number TIN: 59-6000785					
7. Name and Addre			*****			nistering Office					
Palm Beach Co	unty Office of E	qual Opportunity	/			ment of HUD/FHEO					
	venue, 10th Floor					Plaza, 40 Marietta S	reet., NW				
	ch, Florida 3340	1		1.	Atlanta, GA	x 30303					
DUNS# 07847	70481			_			1				
					8a. Name of A		8b. Telephone N				
10 0 11 10 1					Carlos Oseg		678-732-290	5			
10. Recipient Proje	•					mment Technical Represer	ılative				
11. Assistance Arra	er, Executive Dire	ector Payment Method			Isabel Marr						
Cost Reimbu		rayment Method Freasury Check Re	inhurseme			ment Office Tield Accounting					
Cost Sharing		Advance Check	A THOUSE CHIC		P. O. Box 29						
Fixed Price	-	Automated Clearin	ghouse			X 76113-2905					
14. Assistance Ame					15. HUD Acco	ounting and Appropriation	Data				
Previous HUD	Amount	\$0.00			15a. Appropri		15b. Reservation	number			
HUD Amount	this action	\$149,100.00	***************************************		8621/22014	14 (A 21)	FHEO 04-21-1				
Total HUD An	nount	\$149,100.00			Amount Previously Obligated \$0.00						
Recipient Amo	unt	\$0.00	***************************************		Obligation	.00					
Total Instrume	nt Amount	\$149,100.00			Total Obligation \$149,100.00						
16. Description						produce analysis and account of the control of the					
This instrument a	uthorizes the follo	wing funds to be o	bligated to	the Agency.		The Cooperative Agreem	ent/Amendment is co	mprised of the following			
Fund Code	Description			Amount Obligation	ated in	documents:	1. Cover Page HUD-1044				
TIO	Case Processing	Current Funds)			49,100.00	2. 2021 Contributions Agreement 3. Appendix A: Statement of Work 4. Attachment A:Criteria for Processing					
	Total				49,100.00						
1							3:Standards for Timel				
1						6. Attachment 0	: Payment Amounts	for FHAP Case			
						7. Attachment D: eLOCCS Security Procedures					
						The automore and di		-l l-l4 0000l			
						The performance period tends June 30, 2021. The					
						five years from the date in	block 20. The recip	ient must comply with			
						all rules and regulations in Assistance Program regulations					
						Understanding between t					
						subsequent addenda), ar	d the FY2021 FHAP	Guidance.			
		sign and return the HUD Administer		oics	18 I	Recipient is not required	l to sign this doc	ament.			
19. Recipient (1.02 rammater	, Ollico		20. HUD	(By Name)					
Dave Kerne	r, Mayor					Dsegueda, Regional D	irector				
Palm Beach	County, Board	of County Comm	issioners		Region	IV, Office of FHEO/	CAO				
Signature & Title Date (mm/dd/y			/dd/yyyy)	Signature	& Title		Date (mm/dd/yyyy)				
						1.1	0	9/9/2021			
<i>a</i>	/_	ANTICLIANO VALLACIONA	vert.	19/21		Cah (*				
			01/0	1101							
						form HUD-10	44 (8/90)	ref. Handbook 2210.17			

					Office o	r Administrati	ion					
1. Assistance Instru			2. Type of Action									
Cooperative Agreement Grant						Award Amendment						
3. Instrument Number 4. Amendment Number						5. Effective Date of this Action 6. Control Number						
FF204K214036						9/9/202			TIN: 59-60007	85		
7. Name and Addre Palm Beach Co			1 Opportunity			8. HUD Admir		ng Office of HUD/FHEO				
301 N. Olive A			ГОррогини		ı			a, 40 Marietta St				
West Palm Bea						Atlanta, GA			10011, 1111			
DUNS# 07847												
					T I	8a. Name of A	dminis	strator	8b. Telephone	Number		
						Carlos Oseg	gueda		678-732-29	05		
10. Recipient Projec	ct Manager					9. HUD Gover	nment	Technical Represer	tative	10		
Pamela Guerrie		Directo	or			Isabel Marre	ero					
11. Assistance Arra			nent Method			13. HUD Pay						
Cost Reimbur			sury Check Re	imburse	ment	Fort Worth F P. O. Box 29		Accounting				
☐ Cost Sharing ☐ Fixed Price			ance Check omated Clearin	abouse		Ft. Worth, T		13-2905				
14. Assistance Amo	t	M Aut	omated Clearing	gnouse				and Appropriation	Dete			
Previous HUD			\$0.00			15a. Appropria			15b. Reservation	on number		
HUD Amount	•••••	***************************************	\$26,400.00			8621/22014			FHEO-04-2	0-1		
Total HUD Am	***************************************		\$26,400.00			Amount Previously Obligated \$0.00						
Recipient Amo	***************************************	******************	\$0.00	•••••		Obligation	************		\$26,400	.00		
Total Instrumer	nt Amount	••••••	\$26,400.00	***************************************		Total Oblig			\$26,400	.00		
16. Description						·						
This instrument a	uthorizes the	following	g funds to be of	oligated	to the Agency	'.	The	Cooperative Agreem	ent/Amendment is	comprised of the following		
Fund Code	Description				Amount Oblig	The Cooperative Agreement/Amendment is compris documents:				on prised of the following		
					this Action			Cover Page – HUD-1044 2. 2021 Contributions Agreement				
TRI	Training Fu	nds				3. Appendix A: Statement of Work						
	Total					\$26,400.00 4. Attachment A:Criteria for Processing 5. Attachment B:Standards for Timeliness						
									: Payment Amount			
								Processing	o al OCCC Camusit	. Orono duron		
								7. Attachment D); eLOCCS Security	Procedures		
										pegins October 1, 2020,		
								ends September 30,		bligated by this block 20. The recipient		
							mus	st comply with all rules	and regulations in	accordance with the Fair		
							Hou	using Assistance Prog morandum of Underst	ram regulations (24	CFR § 115), the		
										FY2021 FHAP Guidance.		
17. Recipient is required to sign and return three (3) copies					opies	18. F	Recipi	ent is not required	l to sign this do	cument.		
of this document to the HUD Administering Office							•					
19. Recipient (By Name)					20. HUD (
Dave Kerner, Mayor				•••			eda, Regional D					
Palm Beach County, Board of County Commissioners												
Signature & Ti	tle			Date (n	ım/dd/yyyy)	Signature	& Title	e		Date (mm/dd/yyyy)		
,	d							1.1	d			
C		_			/ /			Cato (X	0/0/2024		
017		-1/		091	09/21				-	9/9/2021		
- ((* /					1		form HUD-10	14 (8/90)	rcf. Handbook 2210.17		

21- 1142

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

BGRV 091721*601 BGEX 091721*1889

FUND 0001 - General Fund - Office of Equal Opportunity (OEO)

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 9/16/2021	REMAINING BALANCE
REVENUES 400-4130-3169	Fod Growt Othor Trop or ortation	257.600	257 600	0	27.100	220 500		y.
400-4130-3109	Fed Grant Other Transportation Total	257,600 1,580,713,837	257,600 1,596,078,431	0	27,100 27,100	230,500 1,596,051,331		
EXPENDITURES								
400-4130-1201	Sal & Wages Regular Total	441,574 1,580,713,837	441,574 1,596,078,431	0	27,100 27,100	414,474 1,596,051,331	242,230	172,244
Office of Financial Management & Budget INITIATING DEPARTMENT/DIVISION Signatures & Dates At Meeting of October 19, 2021							issioners	
Administrat	tion/Budget Department Approval TMB Department - Posted	Juse Ment	3	10/4/21			Deputy Clerk to the	