



**U. S. Department of Housing and Urban Development**  
Jacksonville Field Office  
Charles Bennett Federal Building  
400 West Bay Street  
Suite 1015  
Jacksonville, Florida 32202-4439

**Recipient Name:** Indian River County Board of County Commissioners  
**Grant Number/ (FAIN):** FL0418L4H092210  
**Tax ID Number:** 59-6000674  
**UEI Number:** FB3SLJJZ38K9  
**Federal Award Date:** 5/26/2023

## AMENDMENT TO THE CONTINUUM OF CARE GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Indian River County BOCC, Inc., (the Recipient), of 1801 27<sup>th</sup> St., Vero Beach, FL 32960, and Treasure Coast Homeless Services Council, (the Replacement Recipient), of 2525 St. Lucie Ave., Vero Beach, FL 32960.

### RECITALS

1. HUD and the Recipient entered into a Grant Agreement dated May 26, 2023, having Grant No. FL0418L4H092210 (the Grant Agreement).
2. The Recipient will no longer continue to be the Recipient of the Grant Agreement because the Recipient will no longer serve as the HMIS Data Quality Lead Agency.
3. The Replacement Recipient has submitted evidence acceptable to HUD that the Replacement Recipient is eligible to be a recipient of a Continuum of Care program grant and meets the capacity criteria in the Notice of Funding of Availability under which the grant was awarded.
4. The Replacement Recipient has submitted to HUD all required Application documents and certifications; and all required Technical Submission documents, including certifications, assurances, information and documentation required to meet any conditions, which HUD has approved.
5. HUD has determined the Replacement Recipient should assume the obligations of the Recipient at the beginning of the period of performance for the FY22 grant term; 01/01/2024-12/31/2024.
6. The parties are desirous of amending the Grant Agreement to change the recipient.

### AGREEMENTS

The Grant Agreement is hereby amended as follows:

*HUD's mission is to create strong, sustainable, inclusive communities and quality, affordable homes for all.*

1. The Recipient is hereby removed as recipient and replaced with the Replacement Recipient.
2. The definition of the term “Application” is amended to include all certifications and documents submitted by the Replacement Recipient to HUD, on the basis of which HUD approved replacing the Recipient with the Replacement Recipient.
3. Notices to the Replacement Recipient shall be directed to Rayme Nuckles, Executive Director, 2525 St. Lucie Ave.; Vero Beach, FL 32960, [rayme@tchelpspot.org](mailto:rayme@tchelpspot.org).

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 Grant Agreement, as follows:

**UNITED STATES OF AMERICA,  
Secretary of Housing and Urban Development**



Digitally signed by: LARRY HAYES  
 DN: CN = LARRY HAYES C = US  
 O = U.S. Government OU =  
 Department of Housing and Urban  
 Development, Office of Community  
 Planning and Development  
 Date: 2023.07.25 14:45:10 -04'00'

BY: \_\_\_\_\_

(Signature)

Larry T. Hayes, MBA CPD Director

(Typed Name and Title)

07/25/2023

(Date)

**RECIPIENT**

Indian River County Board of County Commissioners

(Name of Organization)

BY: \_\_\_\_\_

(Signature of Authorized Official)

Joseph H. Earman, Chairman

(Typed Name and Title of Authorized Official)

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

**Approved by BCC: August 29, 2023**

**ATTEST:** Ryan L. Butler, Clerk of Court and Comptroller

By: \_\_\_\_\_  
Deputy Clerk

Approved:

Approved as to form and legal sufficiency:

By: \_\_\_\_\_  
John A. Titkanich, Jr., County Administrator

By: \_\_\_\_\_  
William K. Debraal, County Attorney

**REPLACEMENT RECIPIENT**

Treasure Coast Homeless Services Council

(Name of Organization)

BY:



(Signature of Authorized Official)

Rayme Nuckles, Executive Director

(Typed Name and Title of Authorized Official)

9. 21-23

(Date)