



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): FL0116L4H092215
Tax ID Number: 59-6000674
UEI Number: FB3SLJJZ38K9
Federal Award Date: 6/7/2023

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 27th 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 June 7, 2023, having Grant No. FL0116L4H092215 (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; 09/01/2023-08/31/2024.
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.

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 14:44:00 -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

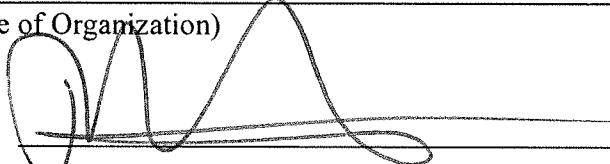
By: _____
William K. Debraal, County Attorney

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)

8-21-23

(Date)