## **Assistance Award/Amendment**

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

OMB Approval No.: 2502-0447 Expiration Date: 11/30/2018

	Office of Administration								
1 /	Assistance Instrument			2. Type of Action					
<i>,</i>	Cooperative Agreement	Grant		2. 19P	Award	Ame	ndment		
3. I	nstrument Number	4. Amendment Numb	er	5. Effe	ctive Date of this		6. Control Number		
7. Name and Address of Recipient				8. HUD Administering Office					
				8a. Na	me of Administra	itor	8b. Telephone Numb	er	
10. Recipient Project Manager					HUD Government Technical Representative				
11. Assistance Arrangement Cost Reimbursement Cost Sharing Fixed Price  12. Payment Method Treasury Check Reimb Advance Check Automated Clearinghout				13. HUD Payment Office					
14. Assistance Amount				15. HUD Accounting and Appropriation Data					
	Previous HUD Amount	\$			ppropriation Num		15b. Reservation Nu	mber	
	HUD Amount this action	\$		1					
	Total HUD Amount	\$		Amou	nt Previously	Obligated	\$		
	Recipient Amount	\$			ation by this		\$		
	Total Instrument Amount	\$			Obligation		\$		
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. HUD (By Name)					
Sign	nature & Title		Date (mm/dd/yyyy)		Signature 8	& Title		Date (mm/dd/yyyy)	