

Assistance Award/Amendment

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

1 Assistance Instrument <input checked="" type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Grant		2 Type of Action <input checked="" type="checkbox"/> Award <input type="checkbox"/> Amendment	
3 Instrument Number FF204K214011	4 Amendment Number	5 Effective Date of this Action	6 Control Number
7 Name and Address of Recipient Jacksonville Human Rights Commission 117 West Duval Street, Suite 350 Jacksonville, Florida 32202		8 HUD Administering Office U. S. Department of HUD/FHEO Five Points Plaza, 16 th Floor 40 Marietta Street Atlanta, GA 30303-2806	
10 Recipient Project Manager Wendy E. Byndloss, Executive Director		8a Name of Administrator Carlos Osegueda	8b Telephone Number 678-732-2905
11 Assistance Arrangement <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input checked="" type="checkbox"/> Fixed Price		9 HUD Government Technical Representative Anne Marie Dolce	
12 Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input checked="" type="checkbox"/> Automated Clearinghouse		13 HUD Payment Office Fort Worth Field Accounting P. O. Box 2905 Fort Worth, TX 76113-2905	
14 Assistance Amount		15 HUD Accounting and Appropriation Data	
Previous HUD Amount	\$0.00	15a Appropriation Number 8621/220144 (A, 21)	15b Reservation number FHEO-04-20-1
HUD Amount this action	\$7,000.00	Amount Previously Obligated	\$0.00
Total HUD Amount	\$7,000.00	Obligation by this action	\$7,000.00
Recipient Amount	\$0.00	Total Obligation	\$7,000.00
Total Instrument Amount	\$7,000.00		

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	\$7,000.00
	Total	\$7,000.00

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 A: Criteria for Processing
- 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 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 <input checked="" type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office		18 <input type="checkbox"/> Recipient is not required to sign this document.	
19 Recipient (By Name) Wendy E. Byndloss, Executive Director Jacksonville Human Rights Commission		20 HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO	
Signature & Title <i>Wendy Byndloss</i> Executive Director	Date (mm/dd/yyyy) 9/7/2021	Signature & Title	Date (mm/dd/yyyy)

Assistance Award/Amendment

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

1 Assistance Instrument <input checked="" type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Grant		2 Type of Action <input checked="" type="checkbox"/> Award <input type="checkbox"/> Amendment	
3 Instrument Number FF204K214001	4 Amendment Number	5 Effective Date of this Action	6 Control Number
7 Name and Address of Recipient Jacksonville Human Rights Commission 117 West Duval Street, Suite 350 Jacksonville, Florida 32202		8 HUD Administering Office U. S. Department of HUD/FHEO Five Points Plaza, 16 th Floor 40 Marietta Street Atlanta, GA 30303-2806	
10 Recipient Project Manager Wendy E. Byndloss, Executive Director		8a. Name of Administrator Carlos Osegueda	8b Telephone Number 678-732-2905
9 HUD Government Technical Representative Anne Marie Dolce		11 Assistance Arrangement <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input checked="" type="checkbox"/> Fixed Price	
12 Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input checked="" type="checkbox"/> Automated Clearinghouse		13 HUD Payment Office Fort Worth Field Accounting P. O. Box 2905 Fort Worth, TX 76113-2905	
14 Assistance Amount		15 HUD Accounting and Appropriation Data	
Previous HUD Amount	\$0.00	15a. Appropriation Number 8620/210144 (I, 21) 8621/220144 (A, 21)	15b Reservation number FHCO-04-20-1
HUD Amount this action	\$45,200.00	Amount Previously Obligated	\$0.00
Total HUD Amount	\$45,200.00	Obligation by this action	\$45,200.00
Recipient Amount	\$0.00	Total Obligation	\$45,200.00
Total Instrument Amount	\$45,200.00		

16 Description

This instrument authorizes the following funds to be obligated to the Agency.

Fund Code	Description	Amount Obligated in this Action
TIN	Case Processing (Carryover Funds)	\$35,700.00
TIO	Case Processing (Current Funds)	\$1,500.00
TIN	Post-Cause Supplement (Carryover)	\$8,000.00
	Total	\$45,200.00

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 A: Criteria for Processing
- 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, and 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 of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2021 FHAP Guidance

17 <input checked="" type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office		18 <input type="checkbox"/> Recipient is not required to sign this document.	
19 Recipient (By Name) Wendy E. Byndloss, Executive Director Jacksonville Human Rights Commission		20 HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO	
Signature & Title <i>Wendy Byndloss</i> Executive Director	Date (mm/dd/yyyy) 9/7/2021	Signature & Title	Date (mm/dd/yyyy)

Assistance Award/Amendment

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

1 Assistance Instrument <input checked="" type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Grant		2 Type of Action <input checked="" type="checkbox"/> Award <input type="checkbox"/> Amendment	
3 Instrument Number FF204K204024	4 Amendment Number	5 Effective Date of this Action	6 Control Number TIN: 59-6000344
7 Name and Address of Recipient Jacksonville Human Rights Commission 117 West Duval Street, Suite 350 Jacksonville, Florida 32202 DUNS #004076998		8 HUD Administering Office U. S. Department of HUD/FHEO Five Points Plaza, 16 th Floor 40 Marietta Street Atlanta, GA 30303-2806	
10 Recipient Project Manager Wendy E. Byndloss, Executive Director		8a Name of Administrator Carlos Osegueda	8b Telephone Number 678-732-2905
11 Assistance Arrangement <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input checked="" type="checkbox"/> Fixed Price		9 HUD Government Technical Representative Aphrodite McCarthy 202-236-7871	
12 Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input checked="" type="checkbox"/> Automated Clearinghouse		13 HUD Payment Office Fort Worth Field Accounting P. O. Box 2905 Fort Worth, TX 76113-2905	
14 Assistance Amount		15 HUD Accounting and Appropriation Data	
Previous HUD Amount	\$0.00	15a. Appropriation Number 8620/210144 (I, 20)	15b Reservation number FH00-04-20-03
HUD Amount this action	\$91,800.00	Amount Previously Obligated	\$0.00
Total HUD Amount	\$91,800.00	Obligation by this action	\$91,800.00
Recipient Amount	\$0.00	Total Obligation	\$91,800.00
Total Instrument Amount	\$91,800.00		

16 Description

This instrument authorizes the following funds to be obligated to the Agency.

Fund Code	Description	Amount Obligated in this Action
TIN	Case Processing (Carryover Funds)	\$0.00
TIN	Case Processing (Current Funds)	\$66,100.00
TIN	Post-Cause Supplement (Carryover)	\$0.00
TIN	Post-Cause Supplement (Current Funds)	\$0.00
ADC	Administrative Costs	\$13,200.00
TRG	Training	\$12,500.00
PA2	Partnership	\$0.00
SE3	Special Enforcement Effort	\$0.00
	Total	\$91,800.00

The Cooperative Agreement/Amendment is comprised of the following documents:

- 1 Cover Page – HUD-1044
- 2 2020 Contributions Agreement
- 3 Appendix A: FY2020 Statement of Work
- 4 Attachment A: FY2020 Criteria for Processing
- 5 Attachment B: FY2020 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 October 1, 2019, and ends September 30, 2020. 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 FY2020 FHAP Guidance.

7 <input checked="" type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office		18 <input type="checkbox"/> Recipient is not required to sign this document.	
19 Recipient (By Name) Wendy E. Byndloss, Executive Director Jacksonville Human Rights Commission		20 HUD (By Name) Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO	
Signature & Title <i>Wendy Byndloss</i> Executive Director	Date (mm/dd/yyyy) 9/9/2020	Signature & Title	Date (mm dd/yyyy)