# Assistance Award/Amendment

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

	<del></del>							
Assistance Instrument X Cooperative Agreement Grant			2 Type of Action Award Amendment					
3 Instrument Num	_ ~	·h			140			
FF204K21401		ider	) Litecti	ve Date of this Action	6 Control Number			
7 Name and Addre			8-HHD	Administering Office				
	uman Rights Commission			epartment of HUD/FHEO				
	l Street, Suite 350		Five Po	ints Plaza, 16th Floor				
Jacksonville, F	lorida 32202		40 Marietta Street					
				Atlanta, GA 30303-2806				
			O. M.	CAL	In. *** 1 1 1			
				of Administrator	8b. Telephone Number 678-732-2905			
10 Recipient Proje	ct Manager	<del> </del>	Carlos Osegueda 678-732-2905  9 HUD Government Technical Representative					
Wendy E. Byne	dloss, Executive Director		Anne Marie Dolce					
11 Assistance Arra	ingement 12 Payment Method			Payment Office				
Cost Reimbu	1 😑	nbursement		orth Field Accounting				
Cost Sharing    Cost Sharing	Advance Check  Automated Clearingle	tauca		ox 2905 orth, TX 76113-2905				
14 Assistance Am				Accounting and Appropriation E	)nta			
Previous HUD				ropriation Number	15b Reservation number			
HUD Amount	this action \$7,000.00	**************************************	8621/220	144 (A, 21)	F1(EO-04-20-1			
Total HUD An	nount \$7,000.00		Amou	\$0.00				
Recipient Amo	unt \$0.00		Obligation by this action \$7,000,00					
Total Instrume	nt Amount \$7,000,00	(5/0) 40	Total Obligation \$7,000.00					
This instrumen Agency.	t authorizes the following funds to t	be obligated to th	ť	The Cooperative Agreement/Arr following documents:  1 Cover Page – HUD				
Fund Code	Fund Code Description Amount			Agreement				
	<u> </u>	Obligated	in this 3 Appendix A: Stat 4 Attachment A:Cr		ement of vyork teria for Processing			
		Action		5 Attachment 9 Standards for Timeliness				
ADD	Administrative Cost Funds		00.00	Processing	ment Amounts for FHAP Case			
	Total		00.00	CCS Security Procedures				
				and ends <u>September 30, 2021</u> , instrument expire ave years from must comply with all rules and in Fair Housing Assistance Progra	n the data in block 20. The recipient egulations in accordance with the m regulations (24 CFR § 115), the between the Recipient and HUD			
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)					
Wendy E. Byndloss, Executive Director Jacksonville Human Rights Commission			Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO					
Signature & Title Byndloss Date (mm/dd/yyyy) Wardy Byndloss Executive Dinacton 9/7/202			Signature & Title Date (mm/dd/yyyy)					

# Assistance Award/Amendment

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

Assistance Instrument			2. Type of Action						
X Cooperative		Grant		Award Amendment					
3 Instrument Num		4 Amendment Number		5. Effective Date of this Action 6 Control Number			umber		
FF204K21400	-								
7 Name and Address					dministering Office				
	uman Rights Cor al Street, Suite 35			U. S. Department of HUD/FHEO					
Jacksonville, F	*	U		Five Points Plaza, 16th Floor					
340,3011 41110, 1	101144 32202			40 Marietta Street Atlanta, GA 30303-2806					
				111111111111111111111111111111111111111	ON 50505-20	50			
				Ru Name	of Administrator		8b Telephor	- No-shar	
				1			l '		
10 Recipient Proje	ert Mannage			Carlos Osegueda 678-732-2905  9 HUD Government Technical Representative					
	dloss, Executive	Diesetae	i		arie Dolce	ai Representany	C		
11 Assistance Am		Payment Method			arre Doice				
Cost Reimbu		Freasury Check Reimburs	ement			unting			
Cost Sharing		Advance Check		Fort Worth Field Accounting P. O. Box 2905					
□ Price     □ Price		Automated Clearinghouse	:	Fort Wo	rth, TX 76113	-2905			
14 Assistance Am	ount			I.S. HUD	Accounting and Ap	propriation Data	1		
Previous HUD	Amount	\$0.00			optiation Number	. •		ition number	
HUD Amount	this uction	\$45,200,00		8620/210144 (1, 21) 8621/220144 (A, 21) FHEO-04-20-1			)-1		
Total HUD An	nount	\$45,200,00		Amount Previously Obligated \$0.00					
Recipient Amo	Recipient Amount \$0,00			Obligation by this action \$45,200.00					
Total Instrume	nt_Amount	\$45,200.00		Total Obligation \$45,200.00				0	
r		wing funds to be obligated	<del>-</del>		following docume		·	sed of the	
Fund Code	Description		Amount Obl		2 2021 Contributions Agreement				
TIN	Case Processing	Carryover Funds)	\$35.	700.00					
TIO	Case Processing			500 00 5 Attachment B:Standards to		ls for Timeliness	or Timeliness		
TIN		ement (Carryover)			Attachment C: Payment Amounts for FHAP Case				
	Total			8,000 00 Processing 5,200.00 7. Altachment D: eLOCCS Security Procedures			dures		
					ends June 30, 20 five years from the all rules and regul Assistance Program of Understanding	period for this Agr 21 The funds obt e date in block 20 lations in accordar am regulations (24 between the Reci nda), and the FY2	igated by this in: The recipient in noe with the Fair I CFR § 115), th prent and HUD (	strument expire nust comply with Housing a Memorandum including att	
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.						
17 Recipient (	19 Recipient (By Name)			20 HUD (By Name)					
Wendy E. Byndloss, Executive Director Jacksonville Human Rights Commission			Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO						
Signature & Ti Wend Execu	twe Di	leaso Necton 9/2	mm/dd/yyyy) 7/2°12/	Signal	ure & Title			Date (mm/dd/yyyy)	

### Assistance Award/Amendment

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

I Assistance Institu	meni		2 Tune	of Action				
X Cooperative Agreement Grant			2 Type of Action Amendment					
3 Instrument Numb				ive Date of this Action	6 Control Number			
FF204K204024					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, 16th Floor 40 Marietta Street Atlanta, GA 30303-2806					
			8a Nam	e of Administrator	8b Telephone Number			
				Osegueda	678-732-2905			
10. Recipient Proje	•		9 HUD Government Technical Representative					
	lloss, Executive Director		Aphrodite McCarthy 202-236-7871					
11 Assistance Arrangement  ☐ Cost Reimbursement ☐ Cost Sharing X Fixed Price  12 Payment Method ☐ Treasury Check Reimbursement ☐ Advance Check ☑ Automated Clearinghouse			13 HUD Payment Office Fort Worth Field Accounting P. O. Box 2905 Fort Worth, TX 76113-2905					
14 Assistance Ame	ount			Accounting and Appropriation Data				
Previous HUD	Amount \$0.00		15ա. Aրբ	15b Reservation number				
HUD Amount (	HUD Amount this action \$91,800.00			8620/2±0144 (1, 20) FHEO-04-20-03				
Total HUD Am	ount \$91,800.00		Amount Previously Obligated \$0.00					
Recipient Amo	Recipient Amount \$0,00			Obligation by this action \$91,800.00				
Total Instrumer	nt Amount \$91,800,00	_	Total Obligation \$91,800.00					
	uthorizes the following funds to be obligated	<del>-</del>		The Cooperative Agreement/Amen following documents:	•			
Fund Code	Description	Amount Obl in this Action			reement			
TIN	Case Processing (Carryover Funds)		\$0.00	Criteria for Processing				
TIN	Case Processing (Current Funds)	\$66,	100.00	<ol> <li>Attachment B: FY2020 Standards for Timeliness</li> <li>Attachment C: Payment Amounts for FHAP Case</li> </ol>				
TIN	Post-Cause Supplement (Carryover)		\$0.00	Processing				
TIN	Post-Cause Supplement (Current Funds)	-	\$0.00	S Security Procedures				
ADC	Administrative Costs		200.00	<b>-</b>				
TRG	Training	\$12,	and ends <u>September 30, 2020</u> . The funds obligated instrument expire five years from the date in block 2					
PA2	Partnership		\$0.00	must comply with all rules and regulations in accordance with the				
_SE3	Special Enforcement Effort		Memorandum of Understanding t					
	Total	\$91,1	800.00	(including all subsequent addenda), and the FY2020 FHAP Guidance.				
oft	pient is required to sign and return three (3) is document to the HUD Administering Off		18	Recipient is not required to	sign this document.			
19 Recipient (l	19 Recipient (By Name)			20 HUD (By Name)				
Wendy E. Byndloss, Executive Director Jacksonville Human Rights Commission			Carlos Osegueda, Regional Director Region IV, Office of FHEO/CAO					
Signature & Tiple Byndlyss Date (mm/dd/yyyy) Wendy Byndlyss 9/9/20 Executive Director 9/9/20								