Assistance Award/Amendment

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

1. Assistance Instrument ☒ Cooperative Agreement ☐ Grant	2. Type of Action ☒ Award ☐ Amendment
3. Instrument Number FF206K166002	4. Amendment Number
5. Effective Date of this Action May 20 ,2016	6. Control Number EIN #75-6000528
7. Name and Address of Recipient Fort Worth Human Relations Commission Hazel Harvey Peace Center of Neighborhoods 818 Missouri Avenue Fort Worth, TX 76104 DUNS #824614754	8. HUD Administering Office Fort Worth Regional Office of Fair Housing 801 Cherry St., Unit #45 Suite 2500 Fort Worth, TX 76102
	8a. Name of Administrator Garry L. Sweeney
	8b. Telephone Number (817) 978-5868
10. Recipient Project Manager Angela Rush, Administrator	9. HUD Government Technical Representative Darlene Freeman (817) 978-5884
11. Assistance Arrangement ☐ Cost Reimbursement ☐ Cost Sharing ☒ Fixed Price	12. Payment Method ☐ Treasury Check Reimbursement ☐ Advance Check ☒ Automated Clearinghouse
	13. HUD Payment Office U.S. Department of Housing and Urban Development Field Accounting Center, Unit #45, Suite 2500 Ft. Worth, TX 76102

14. Assistance Amount		15. HUD Accounting and Appropriation Data	
Previous HUD Amount	$0.00	15a. Appropriation Number 8615/160144 (TIN) (F,15)	15b. Reservation number FHEO-06-16-01
HUD Amount this action	$15,000.00		
Total HUD Amount	$15,000.00	Amount Previously Obligated	$0.00
Recipient Amount	$	Obligation by this action	$15,000.00
Total Instrument Amount	$15,000.00	Total Obligation	$15,000.00

16. Description

These partnership funds are being provided in accordance with the FY16 partnership award guidance.

This agreement consists of the following attachments:

1. FY16 FHAP Partnership Award Guidance
2. Statement of Work
3. Payment Schedule (if applicable)

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) Fort Worth Human Relations Commission	20. HUD (By Name) Garry L. Sweeney
Signature & Title / Date (mm/dd/yyyy)	Signature & Title / Date (mm/dd/yyyy) Grant-Cooperative Agreement Officer

form HUD-1044 (8/90)
ref. Handbook 2210.17