Assistance Award/ Amendment

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

1. Assistance Instrument	2. Type of Action
☐ Cooperative Agreement ☒ Grant	☐ Award ☒ Amendment

3. Instrument Number	4. Amendment Number	5. Effective Date of this Action	6. Control Number
WA01DEP0360197	1		91-0908098

7. Name and Address of Recipient

KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY
9265 BAYSHORE DRIVE, NW
SILVERDALE, WA 98383-9106

8. HUD Administering Office
WASHINGTON STATE OFFICE
PUBLIC HOUSING MANAGEMENT DIVISION
909 FIRST AVENUE, SUITE 360
SEATTLE, WA 98104-1000

8a. Name of Administrator	8b. Telephone Number
Barbara Jenkins	(206)220-5292

10. Recipient Project Manager	9. HUD Government Technical Representative
DEBORAH HOWARD	

11. Assistance Arrangement	12. Payment Method	13. HUD Payment Office
☒ Cost Reimbursement	☐ Treasury Check Reimbursement	LOCCS-VRS
☐ Cost Sharing	☐ Advance Check	
☐ Fixed Price	☒ Automated Clearinghouse	

14. Assistance Amount

Previous HUD Amount	$	37,800.00
HUD Amount this action	$	
Total HUD Amount	$	37,800.00
Recipient Amount	$	
Total Instrument Amount	$	37,800.00

15. HUD Accounting and Appropriation Data

15a. Appropriation Number	15b. Reservation Number

Amount Previously Obligated	$	
Obligation by this action	$	
Total Obligation	$	

16. Description

THIS AMENDMENT #1 ACKNOWLEDGES COMPLETION OF THE SUBJECT PROGRAM BASED ON SATISFACTORY PERFORMANCE AND COMPLIANCE WITH THE GRANT AGREEMENT AND APPLICABLE HUD REGUALTIONS AND GUIDELINES.

THIS GRANT IS NOW CLOSED SUBJECT TO FINAL AUDIT BY AN INDEPENDENT AUDITOR AT THE HOUSING AUTHORITY'S NEXT REGULARLY SCHEDULED AUDIT.

BASED ON 24 CFR 85.42(B)(1) AND (C)(1), THE HA MUST RETAIN GRANT PROGRAM RECORDS FOR THREE YEARS FROM THE DATE OF ITS FINAL FINANCIAL REORT SUBMISSION WHICH WAS JULY 28, 1999.

THE GRANTEE AGREES TO ABIDE BY ANY CONTINUING REQUIREMENTS WHICH MAY EMANATE FROM THIS GRANT.

17.	18.
☐ Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office.	☒ Recipient is not required to sign this document.

19. Recipient (By Name):		20. HUD (By Name): LYNN F. MARTIN	
Signature & Title:	Date:	Signature & Title: DIRECTOR, OFFICE OF PUBLIC HOUSING	Date: 10/22/99

Previous editions are obsolete

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