Contract No.: 308-11
Termination Date: 9-30-2013
Amendment No. 1

AMENDMENT TO A
FUNDING AGREEMENT
Between
ARIZONA DEPARTMENT OF HOUSING
and
Gila County

This **Agreement**, is made and entered into by and between the **Arizona Department of Housing (ADOH)**, and *Gila County* **(Recipient)**.

RECITALS

1) **ADOH** and **Recipient** have entered into a Contract, stipulating to an award through the State Housing Fund Program or Community Development Block Grant Programs by **ADOH** to **Recipient** for the purpose as outlined in the above referenced Funding Agreement; and

2) A revision to said Agreement is necessary, and;

3) **ADOH** and **Recipient** agree that the revision is in the best interest of all parties, including beneficiary low-income households; **ADOH** and **Recipient** hereby agree to amend the subject agreement as follows:

AGREEMENT

Extends the contract to September 30, 2013.

The agreement incorporates the Recital paragraphs set forth above.

The Following Attachments are amended and attached hereto:

B	**Performance Report/Schedule of Completion**
C	**Budget**
D	**Request for Payment Form**

Any and all portions of subject Agreement that are not herein specifically amended shall remain unchanged.

In Witness Whereof, **ADOH** and **Recipient** have executed this Amendment that shall become effective when signed by ADOH.

THE ARIZONA,
DEPARTMENT OF HOUSING

BY: _____ BY: _____
Michael Trailor Michael A. Pastor
TITLE: Director TITLE: Chairman, Gila County Board of Supervisors

DATE: _____ DATE: _____

Manager's Approval: _____

ATTEST:

_____ Date:_____

Marian E. Sheppard
Clerk of the Board

Approved as to form:

_____ Date:_____

Bryan B. Chambers
Deputy Attorney Principal

HOUSING PERFORMANCE REPORT

ATTACHMENT B

Recipient: Gila County **Report Period** **Year 2013**

Contract #308-11 ☐October ☐January ☐April ☐July

APPLICANT/BENEFICIARY DATA

☐Homeownership Activity
Homeownership activities are deemed completed when the mortgage closing has taken place. Homeownership counseling activities are deemed complete when the persons have completed all required counseling sessions.

☐Housing - New Construction Activity
New construction activities are deemed completed when construction is complete, final payment has been issued to all contractors and a certificate of occupancy has been issued.

☐Rehabilitation Activity ***(including wells/septic installations for individual households; replacement of manufactured homes (mobile homes); private sewer/water hookups and meters)***
Housing rehabilitation activities are deemed complete when the rehabilitation of the unit is complete, the release of liens is signed and final payments have been issued to all contractors.

RACIAL CATEGORIES (HUD DESIGNATED)	TOTAL NUMBER OF ELIGIBLE APPLICANTS **		TOTAL HOUSEHOLDS BENEFITING***		TOTAL PERSONS BENEFITING***	
	RACIAL GROUP	*HISPANIC	RACIAL GROUP	*HISPANIC	RACIAL GROUP	* HISPANIC
WHITE						
BLACK/AFRICAN AMERICAN						
ASIAN						
AMERICAN INDIAN/ALASKAN NATIVE						
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER						
AMERICAN INDIAN/ALASKAN NATIVE AND WHITE						
ASIAN AND WHITE						
BLACK/AFRICAN AMERICAN AND WHITE						
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN						
OTHER MULTI-RACIAL						
TOTALS						

*Hispanic HUD has designated Hispanic as an ethnic group. A household or person can be identified as both a member of a racial group and an ethnic group.

** Applicant A person/household who has applied for and has been determined to be eligible to receive assistance based on the requirements specific to that program regarding income, location of home, type of home, type of rehab needed, age, family size, etc. or a person/household who has applied for a specific public service. The "applicant" may or may not receive a benefit, depending on the length of the program and the availability of funds. If multiple persons apply for housing or public services under one household application form, only one person can be deemed "applicant" and thus determines the race and ethnicity of the household. This determination can be made by the recipient.

Benefiting A household/person that meets the eligibility requirements of the program ***and has actually received the benefit, e.g. received a rehab loan/grant, homeownership assistance or public service being offered.

Complete chart below to show how many of the total number of households/persons benefiting were in these categories:

OTHER BENEFICIARY DATA		
TOTAL NUMBER BENEFITING:	HOUSEHOLDS BENEFITING***	PERSONS BENEFITING***
FEMALE HEAD OF HOUSEHOLDS		
ELDERLY		
DISABLED		

NARRATIVE

PART I.

In the space below, provide a summary of the current status including significant accomplishments and milestones of each grant including, but not limited to the following specific project type information:

- For Housing activities, number of applications received, being processed and awarded; projects out to bid; under construction; status of loan portfolio; closings scheduled; persons on wailing list; etc.

PART II.

A. Explain any variances between accomplishments (proposed and actual beneficiaries) previously reported and the accomplishments being reported this period.

B. When will the project be completed? Describe the steps to be taken to ensure the completion of the project within the required timeframes.

C. Provide a detailed description of any problems that are impeding the progress and/or schedule of the project and the efforts taken to resolve the problems.

Prepared by (print)_____

Signature_____ Date_____

Phone_____ email_____

Part III. Financial Activity & Demographic Information

Contract #:

ID/S #	Name	Address, Zip Code	* Lead Abate?	Amount Expended ($)	After Rehab Value ($)	Project Completion Date (month/yr)	# of Bedrooms	Gross Monthly Income ($)	* HH % of Area Median Income	* Race of HH	Persons in HH (#)	* Head of Household	* HH Type	Hispanic (Y/N)

Total # of Units Set Up:	NA
Total # of Units Completed:	NA
Total Amount of HTF/ HOME Funds Expended:	$0.00
Total Expenses:	

* Demographic Codes				
Race of HH	HH Type (Select ALL that apply)	HH % of Area Median Income	Head of Household	Lead Abatement?
11- White 12- Black/African American 13- Asian	1- Single, Non-Elderly	1- 0 to 30%	M - Male	Y - Yes
14- American Indian or Alaskan Native	2- Elderly (62+)	2- 31 to 50%	F - Female	N - No
15- Native Hawaiian or other Pacific Islander	3- Single Parent	3- 51 to 60%		
16- American Indian or Alaskan Native & White	4- Two parent	4- 61 to 80%		
17- Asian & White 18- African American & White	5- Not Related			
19- American Indian or Alaskan Native & Black	6- Female Head of House			
20- Other Multi-racial	7- Disabled			

FOR HOUSING TRUST FUND PROGRAM USE ONLY: On Site M

Contract Closed: Date: ADOR Signature

* Demographic Codes				
Race of HH	HH Type (Select ALL that apply)	HH % of Area Median Income	Head of Household	Lead Abatement?
11- White 12- Black/African American 13- Asian	1- Single, Non-Elderly	1- 0 to 30%	M - Male	Y - Yes
14- American Indian or Alaskan Native	2- Elderly (62+)	2- 31 to 50%	F - Female	N - No
15- Native Hawaiian or other Pacific Islander	3- Single Parent	3- 51 to 60%		
16- American Indian or Alaskan Native & White	4- Two parent	4- 61 to 80%		
17- Asian & White 18- African American & White	5- Not Related			
19- American Indian or Alaskan Native & Black	6- Female Head of House			
20- Other Multi-racial	7- Disabled			

Part IV. Schedule of Completion

Program Schedule			
Major Program activities:	Contract Date (expected completion)	Complete Yes/No	Modification Date
	Include additional copy of this chart if more room needed.		
Execute Contract			
Unit # _____Project Scope out to Bid			
Unit # _____ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____Contractor Selection			
Unit # _____Rehab construction			
Unit # _____Final inspection			
Unit # _____Rehab Loan Closing			
Unit # _____Individual Project Close out			
Unit # _____Project Scope out to Bid			
Unit # _____ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____Contractor Selection			
Unit # _____Rehab construction			
Unit # _____Final inspection			
Unit # _____Rehab Loan Closing			
Unit # _____Individual Project Close out			
Unit # _____Project Scope out to Bid			
Unit # _____ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____Contractor Selection			
Unit # _____Rehab construction			
Unit # _____Final inspection			
Unit # _____Rehab Loan Closing			
Unit # _____Individual Project Close out			
Unit # _____Project Scope out to Bid			

Unit # _____ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____Contractor Selection			
Unit # _____Rehab construction			
Unit # _____Final inspection			
Unit # _____Rehab Loan Closing			
Unit # _____Individual Project Close out			
Unit # _____Project Scope out to Bid			
Unit # _____ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____Contractor Selection			
Unit # _____Rehab construction			
Unit # _____Final inspection			
Unit # _____Rehab Loan Closing			
Unit # _____Individual Project Close out			
Unit # _____Project Scope out to Bid			
Unit # _____ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____Contractor Selection			
Unit # _____Rehab construction			
Unit # _____Final inspection			
Unit # _____Rehab Loan Closing			
Unit # _____Individual Project Close out			
Unit # _____Project Scope out to Bid			
Unit # _____ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____Contractor Selection			
Unit # _____Rehab construction			
Unit # _____Final inspection			
Unit # _____Rehab Loan Closing			
Unit # _____Individual Project Close out			
Contract Close Out			

ARIZONA DEPARTMENT OF HOUSING

State Housing Fund - HOME

Attachment C

Budget

Recipient	Gila County			Date	
Contract No./File No.	308-11	Contract Period: 5/15/11 to 9/30/13		Revision No.	
Activity	OOHR				
Recipient Address	5515 S Apache Ave Suite 200			City	Globe
Contact Person	Malissa Buzan			ZIP	85501
Phone	928-425-7631 x8693	Email	mbuzan@co.gila.az.us	Fax	928-425-9468
Program Specialist	LaJerald Jackson	Email	lajerald.jackson@azhousing.gov	County	Gila

a	c	d	e	f	g	h
Budget Line Item or Activity No.	HTF 2011	HOME 2010	Source Program Year	Source Program Year	Source Program Year	Source Program Year
1. Administration	$30,000.00					
2. Project Specific		$300,000.00				
Total	$30,000.00	$300,000.00				

ARIZONA DEPARTMENT OF HOUSING

State Housing Fund - HOME

Attachment D

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT SUMMARY SHEET PAGE 1 OF 2

Recipient	Gila County		
Contract No	308-11	Contract Period: 5/15/11 to 9/30/13	
Activity	OOHR		
Recipient Address	5515 S Apache Ave Suite 200		
Contact Person	Malissa Buzan		
Phone	928-425-7631 x8693	Email	mbuzan@co.gila.az.us
Program Specialist	LaJerald Jackson	Email	lajerald.jackson@azhousing.gov

Date	
Pay Req. No/Mo	
Direct Wire Dep	Yes No
City	Globe
ZIP	85501
Fax	928-425-9468
County	Gila

Itemized Payment Statement (Sheet 2 of 2) must accompany this form. Actual receipts, invoices, bank statements or copies of such items should not be included unless requested. ORIGINAL SIGNATURES are required for processing.

Please use these rows to list the last name and street address of each assisted homeowner.

a	b	c	d	e	f	g	h
Budget Line Item or Activity No.	IDIS Act No.	Admin. - HTF 2011	Setup/HOME $ 2010	Total Amount Req. to Date	Balance in Account	Amount of this Request	New Balance
Administration		$30,000.00			30,000.00		$30,000.00
Activity Total Award			$300,000.00				
[redacted]	4988		40,000.00		40,000.00		40,000.00
[redacted]	4989		25,000.00		25,000.00		25,000.00
[redacted]	4990		30,000.00		30,000.00		30,000.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			0.00		0.00		0.00
			Balance to be set up				
Total Page 1		$30,000.00	$205,000.00	$0.00	$125,000.00	$0.00	$125,000.00
Total Page 1 + Additional			$205,000.00	$0.00	$125,000.00	$0.00	$125,000.00
						Contract Balance*	$330,000.00

*(HTF+Tot Award HOME) - (Tot Amt Req to Date+Amt this Req)

Recipient Authorized Signature | Date | Title

Recipient Authorized Signatory certifies that all activities undertaken by the contractor with funds provided under this contract have been carried out in accordance with the contract. Attach wiring information if not previously submitted. Attach alternate mailing address if necessary.

Performance Reports		Current ☐	Not Current ☐

For ADOH Use Only

ADOH Program Specialist Approval | Date

ADOH Program Manager Approval | Date