

**Assistance Award/
Amendment**

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

1. Assistance Instrument <input type="checkbox"/> Cooperative Agreement <input checked="" type="checkbox"/> Grant		2. Type of Action <input type="checkbox"/> Award <input checked="" type="checkbox"/> Amendment	
3. Instrument Number WA01DEP0360196		4. Amendment Number 2	6. Control Number 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	
10. Recipient Project Manager DEBORAH HOWARD		8a. Name of Administrator Barbara Jenkins	8b. Telephone Number (206) 220-5292
11. Assistance Arrangement <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input type="checkbox"/> Fixed Price		12. Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input checked="" type="checkbox"/> Automated Clearinghouse	9. HUD Government Technical Representative
13. HUD Payment Office LOCCS-VRS		14. Assistance Amount	
15. HUD Accounting and Appropriation Data		15a. Appropriation Number	
15b. Reservation Number		Amount Previously Obligated \$	
Previous HUD Amount \$ 63,000.00		Obligation by this action \$	
HUD Amount this action \$		Total Obligation \$	
Total HUD Amount \$ 63,000.00			
Recipient Amount \$			
Total Instrument Amount \$ 63,000.00			

16. Description

THIS AMENDMENT #2 ACKNOWLEDGES COMPLETION OF THE SUBJECT PROGRAM BASED ON SATISFACTORY PERFORMANCE AND COMPLIANCE WITH THE GRANT AGREEMENT AND APPLICABLE HUD REGULATIONS 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 REPORT SUBMISSION WHICH WAS SEPTEMBER 17, 1999.

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

17. <input type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office.		18. <input checked="" type="checkbox"/> Recipient is not required to sign this document.	
19. Recipient (By Name):		20. HUD (By Name): LYNN F. MARTIN	
Signature & Title:	Date:	Signature & Title: <i>[Signature]</i> DIRECTOR, OFFICE OF PUBLIC HOUSING	Date: 09.21.99

Previous editions are obsolete

form HUD-1044 (8/90)
ref. Handbook 2210.1