# Grant Number: **FL0261L4D021910**

**Tax ID Number: 38-3913077**

**DUNS Number: 32429330**

SPECIAL COVID-19 AMENDMENT TO THE

FY 2019 CONTINUUM OF CARE PROGRAM GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Gulf Coast Partnership Inc (the Recipient).

RECITALS

1. HUD and the Recipient entered into a Grant Agreement, having Grant No. FL0261L4D021910 (the Grant Agreement).

(*Recitals are below. One amendment can include more than one change, such as both a change in budget and adding an eligible activity. Keep the recitals that apply to the amendments you are making and delete the others. Delete this paragraph once you have read and understood it*).

(*recitals for adding eligible activities - Delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to add eligible activities and to shift funds between eligible activities in response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area  and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

(*recitals for shifting funds from one activity to another without adding eligible activities -* *delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to shift more than 10% from one eligible activity to another to assist in the response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

(*if eligible activities are being added or funds are being shifted between BLIs include this – delete section if not using)*

1. (*if the recipient is not a sole recipient or UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds for project number FL0261L4D021910 are now allocated as follows:

(*if the recipient is the sole recipient or an UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds are now allocated as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Line Items** | | **Original Budget** | **Change** | **Amended Budget** |
| a. | Continuum of Care planning activities |  |  |  |
| b. | UFA costs |  |  |  |
| c. | Acquisition |  |  |  |
| d. | Rehabilitation |  |  |  |
| e. | New construction |  |  |  |
| f. | Leasing | $0 |  |  |
| g. | Rental assistance | $0 |  |  |
| h. | Supportive services | $0 |  |  |
| i. | Operating costs | $0 |  |  |
| j. | Homeless Management Information System | $65,497 |  |  |
| k. | Administrative costs | $4,564 |  |  |
| l. | Relocation costs |  |  |  |
| m. | HPC homelessness prevention activities: |  |  |  |
|  | Housing relocation and stabilization services | $0 | $0 | $0 |
| Short-term and medium-term rental assistance | $0 | $0 | $0 |
| **Total Award:** | | $70,061 |  | $70,061 |

(*the rest of this form must appear in all amendments)*

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.   The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

**UNITED STATES OF AMERICA,**

**Secretary of Housing and Urban Development**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

**RECIPIENT**

**Gulf Coast Partnership Inc**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

# Grant Number: **FL0660L4D021903**

**Tax ID Number: 59-2693318**

**DUNS Number: 795256627**

SPECIAL COVID-19 AMENDMENT TO THE

FY 2019 CONTINUUM OF CARE PROGRAM GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Jewish Family and Children's Services of the Suncoast (the Recipient).

RECITALS

1. HUD and the Recipient entered into a Grant Agreement, having Grant No. FL0660L4D021903 (the Grant Agreement).

(*Recitals are below. One amendment can include more than one change, such as both a change in budget and adding an eligible activity. Keep the recitals that apply to the amendments you are making and delete the others. Delete this paragraph once you have read and understood it*).

(*recitals for adding eligible activities - Delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to add eligible activities and to shift funds between eligible activities in response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area  and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

(*recitals for shifting funds from one activity to another without adding eligible activities -* *delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to shift more than 10% from one eligible activity to another to assist in the response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

(*if eligible activities are being added or funds are being shifted between BLIs include this – delete section if not using)*

1. (*if the recipient is not a sole recipient or UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds for project number FL0660L4D021903 are now allocated as follows:

(*if the recipient is the sole recipient or an UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds are now allocated as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Line Items** | | **Original Budget** | **Change** | **Amended Budget** |
| a. | Continuum of Care planning activities |  |  |  |
| b. | UFA costs |  |  |  |
| c. | Acquisition |  |  |  |
| d. | Rehabilitation |  |  |  |
| e. | New construction |  |  |  |
| f. | Leasing | $0 |  |  |
| g. | Rental assistance | $18,240 |  |  |
| h. | Supportive services | $11,653 |  |  |
| i. | Operating costs | $0 |  |  |
| j. | Homeless Management Information System | $0 |  |  |
| k. | Administrative costs | $2,750 |  |  |
| l. | Relocation costs |  |  |  |
| m. | HPC homelessness prevention activities: |  |  |  |
|  | Housing relocation and stabilization services | $0 | $0 | $0 |
| Short-term and medium-term rental assistance | $0 | $0 | $0 |
| **Total Award:** | | $32,643 |  | $32,643 |

(*the rest of this form must appear in all amendments)*

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.   The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

**UNITED STATES OF AMERICA,**

**Secretary of Housing and Urban Development**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

**RECIPIENT**

**Jewish Family and Children's Services of the Suncoast**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

# Grant Number: **FL0751D4D021901**

**Tax ID Number: 59-2435059**

**DUNS Number: 783432537**

SPECIAL COVID-19 AMENDMENT TO THE

FY 2019 CONTINUUM OF CARE PROGRAM GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Center for Abuse and Rape Emergencies, Inc. (the Recipient).

RECITALS

1. HUD and the Recipient entered into a Grant Agreement, having Grant No. FL0751D4D021901 (the Grant Agreement).

(*Recitals are below. One amendment can include more than one change, such as both a change in budget and adding an eligible activity. Keep the recitals that apply to the amendments you are making and delete the others. Delete this paragraph once you have read and understood it*).

(*recitals for adding eligible activities - Delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to add eligible activities and to shift funds between eligible activities in response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area  and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

(*recitals for shifting funds from one activity to another without adding eligible activities -* *delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to shift more than 10% from one eligible activity to another to assist in the response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

(*if eligible activities are being added or funds are being shifted between BLIs include this – delete section if not using)*

1. (*if the recipient is not a sole recipient or UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds for project number FL0751D4D021901 are now allocated as follows:

(*if the recipient is the sole recipient or an UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds are now allocated as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Line Items** | | **Original Budget** | **Change** | **Amended Budget** |
| a. | Continuum of Care planning activities |  |  |  |
| b. | UFA costs |  |  |  |
| c. | Acquisition |  |  |  |
| d. | Rehabilitation |  |  |  |
| e. | New construction |  |  |  |
| f. | Leasing | $0 |  |  |
| g. | Rental assistance | $0 |  |  |
| h. | Supportive services | $45,910 |  |  |
| i. | Operating costs | $0 |  |  |
| j. | Homeless Management Information System | $0 |  |  |
| k. | Administrative costs | $4,090 |  |  |
| l. | Relocation costs |  |  |  |
| m. | HPC homelessness prevention activities: |  |  |  |
|  | Housing relocation and stabilization services | $0 | $0 | $0 |
| Short-term and medium-term rental assistance | $0 | $0 | $0 |
| **Total Award:** | | $50,000 |  | $50,000 |

(*the rest of this form must appear in all amendments)*

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.   The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

**UNITED STATES OF AMERICA,**

**Secretary of Housing and Urban Development**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

**RECIPIENT**

**Center for Abuse and Rape Emergencies, Inc.**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

# Grant Number: **FL0813L4D021900**

**Tax ID Number: 59-2380770**

**DUNS Number: 21474730**

SPECIAL COVID-19 AMENDMENT TO THE

FY 2019 CONTINUUM OF CARE PROGRAM GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Society of St. Vincent de Paul South Pinellas, Inc. (the Recipient).

RECITALS

1. HUD and the Recipient entered into a Grant Agreement, having Grant No. FL0813L4D021900 (the Grant Agreement).

(*Recitals are below. One amendment can include more than one change, such as both a change in budget and adding an eligible activity. Keep the recitals that apply to the amendments you are making and delete the others. Delete this paragraph once you have read and understood it*).

(*recitals for adding eligible activities - Delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to add eligible activities and to shift funds between eligible activities in response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area  and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

(*recitals for shifting funds from one activity to another without adding eligible activities -* *delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to shift more than 10% from one eligible activity to another to assist in the response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

(*if eligible activities are being added or funds are being shifted between BLIs include this – delete section if not using)*

1. (*if the recipient is not a sole recipient or UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds for project number FL0813L4D021900 are now allocated as follows:

(*if the recipient is the sole recipient or an UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds are now allocated as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Line Items** | | **Original Budget** | **Change** | **Amended Budget** |
| a. | Continuum of Care planning activities |  |  |  |
| b. | UFA costs |  |  |  |
| c. | Acquisition | $0 |  |  |
| d. | Rehabilitation | $0 |  |  |
| e. | New construction | $0 |  |  |
| f. | Leasing | $0 |  |  |
| g. | Rental assistance | $50,832 |  |  |
| h. | Supportive services | $44,780 |  |  |
| i. | Operating costs | $0 |  |  |
| j. | Homeless Management Information System | $733 |  |  |
| k. | Administrative costs | $9,091 |  |  |
| l. | Relocation costs |  |  |  |
| m. | HPC homelessness prevention activities: |  |  |  |
|  | Housing relocation and stabilization services | $0 | $0 | $0 |
| Short-term and medium-term rental assistance | $0 | $0 | $0 |
| **Total Award:** | | $105,436 |  | $105,436 |

(*the rest of this form must appear in all amendments)*

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.   The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

**UNITED STATES OF AMERICA,**

**Secretary of Housing and Urban Development**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

**RECIPIENT**

**Society of St. Vincent de Paul South Pinellas, Inc.**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

# Grant Number: **FL0814L4D021900**

**Tax ID Number: 38-3913077**

**DUNS Number: 32429330**

SPECIAL COVID-19 AMENDMENT TO THE

FY 2019 CONTINUUM OF CARE PROGRAM GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Gulf Coast Partnership Inc (the Recipient).

RECITALS

1. HUD and the Recipient entered into a Grant Agreement, having Grant No. FL0814L4D021900 (the Grant Agreement).

(*Recitals are below. One amendment can include more than one change, such as both a change in budget and adding an eligible activity. Keep the recitals that apply to the amendments you are making and delete the others. Delete this paragraph once you have read and understood it*).

(*recitals for adding eligible activities - Delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to add eligible activities and to shift funds between eligible activities in response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area  and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

(*recitals for shifting funds from one activity to another without adding eligible activities -* *delete section if not using*)

1. The parties are desirous of amending the Grant Agreement to shift more than 10% from one eligible activity to another to assist in the response to the COVID-19 pandemic.
2. HUD has determined that the change is necessary to better serve eligible persons within the geographic area and to ensure that the priorities established under the Notice of Funding Availability in which the grant was originally awarded, or the most recent NOFA, are met.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

(*if eligible activities are being added or funds are being shifted between BLIs include this – delete section if not using)*

1. (*if the recipient is not a sole recipient or UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds for project number FL0814L4D021900 are now allocated as follows:

(*if the recipient is the sole recipient or an UFA use this)* HUD’s total funding obligation for this grant remains the same, however the funds are now allocated as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Line Items** | | **Original Budget** | **Change** | **Amended Budget** |
| a. | Continuum of Care planning activities | $8,820 |  |  |
| b. | UFA costs |  |  |  |
| c. | Acquisition |  |  |  |
| d. | Rehabilitation |  |  |  |
| e. | New construction |  |  |  |
| f. | Leasing | $0 |  |  |
| g. | Rental assistance |  |  |  |
| h. | Supportive services |  |  |  |
| i. | Operating costs |  |  |  |
| j. | Homeless Management Information System |  |  |  |
| k. | Administrative costs |  |  |  |
| l. | Relocation costs |  |  |  |
| m. | HPC homelessness prevention activities: |  |  |  |
|  | Housing relocation and stabilization services | $0 | $0 | $0 |
| Short-term and medium-term rental assistance | $0 | $0 | $0 |
| **Total Award:** | | $8,820 |  | $8,820 |

(*the rest of this form must appear in all amendments)*

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.   The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

**UNITED STATES OF AMERICA,**

**Secretary of Housing and Urban Development**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)

**RECIPIENT**

**Gulf Coast Partnership Inc**

BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Signature of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Typed Name and Title of Authorized Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Date)