

**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 checked="" type="checkbox"/> Award <input type="checkbox"/> Amendment	
3. Instrument Number HC170821025	4. Amendment Number	5. Effective Date of this Action October 1, 2016	6. Control Number HC170821025
7. Name and Address of Recipient CITY OF SAN ANTONIO/DEPARTMENT OF HUMAN SERVICES 106 S. Saint Marys St, 7th Floor SAN ANTONIO, TX 78205-3601  TIN NUMBER: 74-6002070 DUNS NUMBER: 066428400		8. HUD Administering Office U.S. Department of Housing and Urban Development Office of Housing Counseling HUD 34 Civic Center Plaza, Rm 7015 Santa Ana, CA 92701	
10. Recipient Project Manager Melody Woosley 210-207-5910		8a. Name of Administrator Jerrold H. Mayer	8b. Telephone Number 714-955-0888
11. Assistance Arrangement <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input type="checkbox"/> Fixed Price		9. HUD Government Technical Representative Billie Mireles 817-978-5526	
12. Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input checked="" type="checkbox"/> Automated Clearinghouse		13. HUD Payment Office CFO Accounting Center/HUD PO Box 901013 Fort Worth, TX 76101	
14. Assistance Amount		15. HUD Accounting and Appropriation Data	
Previous HUD Amount	\$	15a. Appropriation Number 8617/180156	15b. Reservation number HC170821025
HUD Amount this action	\$24,661.00	Amount Previously Obligated	\$
Total HUD Amount	\$24,661.00	Obligation by this action	\$24,661.00
Recipient Amount	\$	Total Obligation	\$24,661.00
Total Instrument Amount	\$24,661.00		

16. Description

FY 2017 - HOUSING COUNSELING GRANT VOUCHER UNDER LOCCS BUDGET LINE ITEM 9500.

GRANT TYPE: COMPREHENSIVE COUNSELING

**LOCCS Draw Down Expiration Date: 9/30/2018**

**Period of Performance: 10/1/2016 to 3/31/2018**

17. <input checked="" type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office		18. <input type="checkbox"/> Recipient is not required to sign this document.	
19. Recipient (By Name)		20. HUD (By Name) Jerrold H. Mayer	
Signature & Title	Date (mm/dd/yyyy)	Signature & Title	Date (mm/dd/yyyy)
		Director, Office of Outreach and Capacity Building	07/14/2017