

**DIVISION OF EMERGENCY MANAGEMENT
CONTRACT DEVELOPMENT OR MODIFICATION ~ REQUEST**

PROJECT NUMBER: HLMP17-002

NEW CONTRACT: PROGRAM:
 CONTRACT MODIFICATION #: 2 CONTRACT #: 18SR-3D-03-11-02-044

SECTION 1: Contact Information

(New or Existing)

Recipient: City of Gainesville

Project Title: Shelter Retrofit Grant

POC :

Name: Edward Gable Title: Facilities Manager

E-mail: GableEE@cityofgainesville.org FEIN 59-6000325

Address: 405 NW 39th Avenue Gainesville, FL 32609

Phone #: (352) 393-7979 Fax #: (352) 393-7985

Remittance:

Same as POC

Recipient: Belinda Morris

Address: PO Box 490, Mail Station 14 Gainesville, FL 32627

Phone #: (352) 393-8602 Fax #: _____

Global Match: Yes No (If yes, Match Project #): _____

Pre-Award Cost: Yes No (If yes Add Authorized Start Date):

Authorized Start Date: 17-Aug-17 or Upon Execution (new contract)

Date of Contract Execution : 17-Aug-17

Current Ending Date of Agreement (POP): 31-Dec-18

SECTION 2: Contract Modification: (Type and Information)

Administrative:
 POP Extension: Expired _____ & Reinstate Not Expired
 Budget: Decrease Increase Share Change
 Scope of Work:
 Termination: w/ Funds disbursed w/o Funds disbursed
 Other: Exhibit I Pre-Award Attachments #(s):

Notes: _____

New Ending Date of Agreement (POP): _____

BUDGET:	Current	Revised
Project Costs:	<u>\$ 200,000.00</u>	Project Costs: <u>\$ 260,196.00</u>
Federal Share:	_____	Federal Share: _____
Non-Federal Share:	<u>\$ 200,000.00</u>	Non-Federal Share: <u>\$ 260,196.00</u>
Admin Costs:	<u>\$ 0.00</u>	Admin Costs: <u>\$ 0.00</u>

Project Manager's Signature Brianna Beynart Date: 17-Jul-18

Legally authorized by Brianna Beynart
 Director, Division of Emergency Management, State of Florida
 One Bureau of Management, 1000 North West 17th Street, Room 1000
 Tallahassee, Florida 32304-1000
 Date: 2018.07.17 10:11:47 AM