


**Form Corporate 2015 Amend: to be used only for amendment to Delegate Agency Grant Agreements funded wholly by Corporate funds and not involving construction or loans (Rev 11/16)**

	<b>Amendment to Delegate Agency Grant Agreement</b> of the City of Chicago (“City”)	Title of the Program
Contract (P.O.) Number:	Specification Number:	Vendor Number:
Name and address <sup>1</sup> of Delegate Agency (“You”):  Email: _____	City Department (“ <b>Department</b> ”) and Address: Chicago Department of Public Health DePaul Center, Room 200, 333 South State Street, Chicago, Illinois 60604 Attn: Commissioner Attn: Commissioner	Term of Agreement:  Start Date/ Date of Agreement: January 1, 2016  End Date: December 31, 2017
Maximum Compensation (subject to the availability and appropriation of funds and satisfactory performance):	Committed Compensation:	

Fund Numbers and amounts:
Special Conditions: the above grant is subject to the Special Conditions or limitations as are set forth in the attached page(s)

<p><b>Brief Description of Program (the “Program”):</b></p> <p>Grant funds are to develop viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income.</p>
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<p style="text-align: center;"><b>SPECIAL CONDITIONS</b></p> <p>You and the City desire to amend the Agreement as set forth below:</p> <table border="1" style="width: 100%;"> <tr> <td data-bbox="181 1696 1040 1730"> <b>Amendment (applicable if the box in the next column is</b> </td> <td data-bbox="1045 1696 1442 1730"> <b>Applicable to this</b> </td> </tr> </table>	<b>Amendment (applicable if the box in the next column is</b>	<b>Applicable to this</b>
<b>Amendment (applicable if the box in the next column is</b>	<b>Applicable to this</b>	

<sup>1</sup> Address must be a street address (Post Office boxes are not acceptable) from which you administer programs providing Services principally to low and moderate income residents of the City of Chicago.

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<b>checked "Yes")</b>	<b>Amendment (check one)?</b>
If applicable, the <b>Compensation</b> in the Agreement is deleted and replaced by the amount set forth in the cover page to this Amendment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If applicable, a revised <b>Budget</b> is attached to this Amendment as Exhibit A-1 and incorporated by this reference.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If applicable, a revised <b>Scope of Services and Time Limits for Performance</b> is attached to this Amendment as Exhibit B-1 and incorporated by this reference.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If applicable, the Agreement is extended through the <b>End Date</b> listed on the cover page to this Amendment.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Except as and to the extent that the terms of the Agreement are amended and modified by this Amendment, all terms of the Agreement remain in full force and effect.

[remainder of page intentionally left blank]

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**EXHIBIT A-1**

**BUDGET**

**(Attached)**

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**EXHIBIT B-1**

**SCOPE OF SERVICES**  
**(WORK PROGRAM(S))**

(Attached)

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**Signature page to Amendment to Delegate Agency Grant Agreement**

Name of Delegate Agency:	Contract (P.O.) Number:
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Signed at Chicago, Illinois:

<b>City Approval</b>	<b>Delegate Agency Acceptance</b>
Typed Name and Title of Approving City Official:  Commissioner, Department of _____	Typed Name and Title of Authorized Delegate Agency Official (executive director or corp. president) <sup>1</sup> :
Signature of Approving City Official:	Signature of Approving Delegate Agency Official:
Date of Signature:	Date of Signature:

Notarization of signature of Delegate Agency Official:

State of \_\_\_\_\_  
 County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name/s of person/s) as \_\_\_\_\_ (type of authority, e.g., officer, trustee, etc.) of \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

Signature of Notary Public

SEAL:

<sup>1</sup> If this Amendment is signed by any individual other than the corporate president or the executive director of Delegate Agency, attach a copy of that section of Corporate By-Laws or other authorization, such as a resolution by the Board of Directors, that permits the individual to sign the Amendment for Delegate Agency.