

AMENDMENT TO AGREEMENT

THIS AMENDMENT, made and entered into on this ____ day of _____, 2012, by and between **LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**, an urban county government pursuant to KRS Chapter 67A, and located at 200 East Main Street, Lexington, Fayette County, Kentucky 40507 (hereinafter referred to as "GOVERNMENT"), and **AIDS VOLUNTEERS, INC.**, a Kentucky non-stock non-profit corporation pursuant to KRS Chapter 273, and whose post office address is 225 Walton Avenue, Lexington, Kentucky 40502 (hereinafter referred to as "SUBRECIPIENT".)

WHEREAS, Government and SUBRECIPIENT entered into a Tenant Based Rental Assistance Agreement dated December 20, 2010 ("Agreement"), in which the SUBRECIPIENT was allocated \$55,000 in federal HOME Investment Partnerships Program funds as provided by the 2010 Consolidated Plan for the operation of a Tenant Based Rental Assistance program for very low income persons infected with HIV/AIDS,

WHEREAS, SUBRECIPIENT has requested additional time to complete the approved Tenant Based Rental Assistance Program;

WHEREAS, the Agreement provides for all amendments to be in writing executed by Government and SUBRECIPIENT;

NOW, THEREFORE, in consideration of the foregoing and mutually agreed upon promises, conditions, and covenants hereinafter set forth, the parties hereto agree as follows:

1. Article II, entitled "TIME OF PERFORMANCE" of the Agreement shall be amended in its entirety to read as follows:

"The SUBRECIPIENT agrees to complete all activities under this agreement no later than December 31, 2013.

2. In all other respects, except as specifically modified herein, the terms of the Agreement dated December 20, 2010, shall remain in full force and effect with respect to the provisions outlined therein.

IN WITNESS WHEREOF, the parties executed this Amendment at Lexington, Kentucky, the day, month, and year above written.

**LEXINGTON-FAYETTE URBAN COUNTY
GOVERNMENT**

Jim Gray, Mayor

ATTEST:

Clerk of Urban County Council

AIDS VOLUNTEERS, INC.

BY: _____

Signature of Authorized Official

MARK J. ROYSE

Printed Name of Authorized Official