



Date: April 9, 2020

**APPROVING AND AUTHORIZING EXECUTION OF A CONTRACT
(COOPERATIVE AGREEMENT) WITH THE
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)**

WHEREAS, the Des Moines Civil & Human Rights Commission desires to enter into a cooperative agreement with HUD effective March 27, 2020 to receive a partnership fund award to enhance fair housing education and outreach in Des Moines; and

WHEREAS, the agreement is for a fixed price award of \$10,000.00 provided in accordance with the FY2020 FHAP partnership award guidance; and

WHEREAS, the agreement is in the best interest of the City of Des Moines; and

NOW, THEREFORE, IT IS HEREBY RESOLVED BY THE CITY COUNCIL OF THE CITY OF DES MOINES, IOWA,

That the Cooperative Agreement, instrument number FF207K207010, a copy of which is now on file in the office of the City Clerk between The City of Des Moines Civil and Human Rights Commission and the U.S. Department of Housing and Urban Development be approved and that the Mayor is authorized and directed to execute said Agreement for and on behalf of the City of Des Moines, Iowa and the Des Moines Civil and Human Rights Commission may take all further action to carry out its terms or amendments thereto.

MOVED BY Gatto TO ADOPT.

APPROVED AS TO FORM:

/s/ Douglas P. Philiph
Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE	✓			
BOESEN	✓			
GATTO	✓			
GRAY	✓			
MANDELBAUM	✓			
VOSS	✓			
WESTERGAARD	✓			
TOTAL	7	0		

CERTIFICATE

I, P. Kay Cmelik, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

J. M. Frankhu Cownie
Mayor

P. Kay Cmelik
City Clerk


1. Assistance Instrument <input checked="" type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Grant		2. Type of Action Award <input checked="" type="checkbox"/> Amendment <input type="checkbox"/>	
3. Instrument Number FF207K207010	4. Amendment Number N/A	5. Effective Date of this Action March 27, 2020	6. Control Number 42-6004514
7. Name and Address of Recipient Des Moines Human Rights Department 602 Robert D. Ray Drive Des Moines, IA 50309		8. HUD Administering Office Kansas City, Kansas Regional Office 400 State Avenue Kansas City, KS 66101-2406	
10. Recipient Project Manager Joshua V. Barr, Director (515) 237-1457		8a. Name of Administrator Betty J. Bottiger, Regional Dir.	8b. Telephone Number 913-551-6857
11. Assistance Arrangement <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input checked="" type="checkbox"/> Fixed Price		9. HUD Government Technical Representative Kathryn A. Amaya, GTR (913) 551-5540	
12. Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input checked="" type="checkbox"/> Automated Clearinghouse		13. HUD Payment Office Fort Worth Field Accounting, P.O. Box 2905 Fort Worth, TX 76113-2905	
14. Assistance Amount		15. HUD Accounting and Appropriation Data	
Previous HUD Amount	0	15a. Appropriation Number 8620/210144	15b. Reservation number FHEO-07-20-01
HUD Amount this action	\$10,000.00	Amount Previously Obligated 0	
Total HUD Amount	\$10,000.00	Obligation by this action	\$10,000.00
Recipient Amount	0	Total Obligation	\$10,000.00
Total Instrument Amount	\$10,000.00		

16. Description:

This instrument authorizes the following Partnership Funds to be obligated to the Agency.

Fund Code	Description	Amount Obligated in this Action
TIN	Case Processing (Carryover Funds)	0
TIN	Case Processing (Current Funds)	0
TIN	Post-Cause Supplement (Carryover)	0
TIN	Post-Cause Supplement (Current Funds)	0
ADC	Administrative Costs	0
TRG	Training	0
PA1	Partnership	\$10,000.00
SEE	Special Enforcement Effort	0
Total		\$10,000.00

The recipient must comply with all rules and regulations in accordance with the Fair Housing Assistance Program regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2020 FHAP Guidance.

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) T.M. Franklin Cownie, Mavor		20. HUD (By Name) Betty J. Bottiger, Regional Director	
Signature & Title 	Date 4/10/2020	Signature & Title	Date (___/___/2020)