

## ATTACHMENT I

**Grant Number:** IL1887L5T142300  
**Tax ID Number:** .  
**UEI Number:** W7KRN7E54898  
**Operating Start Date:** 9/1/2024

### AMENDMENT TO THE FY 2023 CONTINUUM OF CARE PROGRAM GRANT AGREEMENT

This Amendment to the Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Thresholds (the Recipient).

#### RECITALS

1. HUD and the Recipient entered into a Grant Agreement on August 2, 2024, having Grant No. IL1887L5T142300 (the Grant Agreement).
2. The parties are desirous of amending the Grant Agreement to allow Recipients to extend the term of the Grant Agreement ending August 31, 2025, and permit Recipient to use funds that would have been unspent at the end of the original term for eligible costs.
3. The need for the assistance provided by the project continues to exist within the jurisdiction where the project is located.
4. HUD has reviewed the performance of the Recipient and has determined that the grant funds remaining at the end of the term should not be deobligated.

#### AGREEMENTS

The Grant Agreement is hereby amended as follows:

1. The term of the Grant Agreement is extended through October 31, 2025.

This Amendment to the Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect. The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to the Grant Agreement, as follows:

**UNITED STATES OF AMERICA,**  
**Secretary of Housing and Urban Development**

Signature on File

Digitally signed by DONALD KATHAN  
DN: CN = DONALD KATHAN C = US O = U.S.  
Government OU = Department of Housing and  
Urban Development, Office of Community  
Planning and Development  
Date: 2025.07.17 13:34:56 -05'00'

BY: \_\_\_\_\_  
(Signature)

Donald Kathan, CPD Director  
(Typed Name and Title)

July 17, 2025  
(Date)

**RECIPIENT**

DuPage, County of

Signature on File

BY: \_\_\_\_\_  
(Signature of Authorized Official)

Mary A. Keating, Director of Community Services  
(Typed Name and Title of Authorized Official)

July 21, 2025  
(Date)