

SECOND AMENDMENT TO GRANT AGREEMENT BETWEEN

SHELTERING HANDS, INC.

AND

MARION COUNTY, FLORIDA

This **Second Amendment to the Grant Agreement** is made and entered into this 17 day of December, 2024, by and between **Marion County, a political subdivision of the State of Florida**, with its principal place of business located at 601 SE 25th Ave., Ocala, FL 34471 (hereinafter referred to as "COUNTY") and **Sheltering Hands, Inc.**, with its principal place of business located at 10397 N US Highway 27, Ocala, FL 34482 (hereinafter referred to as "RECIPIENT")(individually "Party"," collectively "Parties").

RECITALS

WHEREAS, COUNTY and RECIPIENT entered into a Grant Agreement ("Agreement") on December 19, 2023, whereby COUNTY authorized a grant of Funds (the "Grant") to RECIPIENT subject to the terms and conditions provided in the Agreement in the amount of **Twenty-five thousand (\$25,000) Dollars** (the "Award Amount") for funding to be disbursed and distributed by RECIPIENT for low-cost spay and neutering, vaccination and microchipping services to eligible low-income Marion County residents seeking RECIPIENT's assistance in connection with its animal care program (the "Program"); and

WHEREAS, COUNTY and RECIPIENT entered into a First Amendment of the Grant Agreement ("First Amendment") on August 20, 2024, whereby COUNTY authorized a replenishment grant of Funds (the "Replenishment Grant") to RECIPIENT subject to the terms and conditions provided in the Agreement in the amount of **Five thousand (\$5,000) Dollars** (the "Replenishment Award Amount") for funding to be disbursed and distributed by RECIPIENT for low-cost spay and neutering, vaccination and microchipping services to eligible low-income Marion County residents seeking RECIPIENT's assistance in connection with its animal care program (the "Program"); and

WHEREAS, the dollar amount of assistance awarded to RECIPIENT (the "Award Amount") may be further replenished by providing RECIPIENT with an additional **Thirty thousand (\$30,000) Dollars** in replenishment grant funding for fiscal year commencing on October 1, 2024, by amending the Agreement depending upon the showing of need and the successful operation of RECIPIENT's Program; and

WHEREAS, RECIPIENT has demonstrated to COUNTY a satisfactory showing of continuing grant funding need and the successful operation of its Program; and

WHEREAS, COUNTY and RECIPIENT desire to further amend the Agreement in order to replenish RECIPIENT's Award Amount thereunder;

NOW THEREFORE, in consideration of the mutual covenants in this Amendment, the Agreement is amended as follows:

SECTION 1. RECITALS. The recitals stated above are true, correct, and incorporated herein as material provisions of this Agreement.

SECTION 2. REPLENISHMENT. The Agreement is hereby further amended to reflect that the dollar amount of assistance awarded to RECIPIENT (the "Award Amount") is being replenished with an additional **Thirty Thousand (\$30,000) Dollars** in replenishment grant funding, to be disbursed and distributed by RECIPIENT for continuing low-cost spay and neutering, vaccination and microchipping services to eligible low-income Marion County residents seeking RECIPIENT's assistance in connection with its animal care program.

SECTION 3. Except as expressly further modified herein, the Agreement shall continue in full force and effect and be binding upon the Parties thereto.

[Remainder of this page intentionally left blank; Signature page follows]

IN WITNESS WHEREOF, COUNTY and RECIPIENT have entered into this Agreement as of the date of the last signature below.

SHELTERING HANDS, INC.

By: Leslie Hinson
Leslie Hinson
President

Date: 12/4/2024

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of X physical presence or
____ online notarization, this 4th day of December, 2024, by Leslie Hinson as
President of **SHELTERING HANDS, INC.**
(SEAL)



APRILL L. LESAGE
Commission # HH 387758
Expires August 18, 2027

April L. Lesage
Notary Public, State of Florida

X Personally Known
OR
____ Produced Identification
Type of Identification Produced: _____

[This portion of page intentionally left blank. Signature page follows.]

COUNTY

**MARION COUNTY, FLORIDA, a political
subdivision of the State of Florida, by its
Board of County Commissioners**

By: Kathy Bryant
Kathy Bryant, Chairman

BCC Approved: December 17, 2024

ATTEST:

GCH
Gregory C. Harrell, Clerk of Court
and Comptroller

For use and reliance of Marion County only,
approved as to form and legal sufficiency:

For: Matthew G. Minter
Matthew G. Minter, County Attorney