

**FIRST AMENDMENT TO MARION COUNTY  
STANDARD PROFESSIONAL FACILITIES AGREEMENT  
HOME INVESTMENT PARTNERSHIPS-AMERICAN RESCUE PLAN PROGRAM  
(HOME-ARP)**

**THIS FIRST AMENDMENT TO MARION COUNTY STANDARD PROFESSIONAL FACILITIES AGREEMENT** ("Amended Agreement"), made and entered into by and between Marion County, a political subdivision of the State of Florida, (hereinafter called the COUNTY), and **Wear Gloves, Inc.**, a not-for-profit corporation organized under the laws of the state of Florida, whose corporate address is: 98 NE 9<sup>th</sup> Street, Ocala, Florida 34470, FEIN # 27-3644705, (hereinafter called the SUBRECIPIENT).

**WITNESSETH:**

**WHEREAS**, COUNTY has received Home Investment Partnership Program–American Rescue Plan (HOME-ARP) funds through the US Department of Housing and Urban Development (HUD) as an Entitlement COUNTY; and

**WHEREAS**, the primary Community Development goal of the COUNTY's Five Year 2024-2028 Consolidated Plan for funding through HUD, and in furtherance of the national objective, is to develop viable communities by providing decent housing, a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income, and/or presumed benefit; and

**WHEREAS**, SUBRECIPIENT's program provides housing and/or services to low income residents, along with those that are defined as chronically homeless. There is continued need for emergency shelter, supportive housing and access to basic wraparound services. The Project is located at 2001 SW 3<sup>rd</sup> Avenue, Ocala, Florida, (Parcel ID# 30918-001-00); and

**WHEREAS**, it is necessary for COUNTY and SUBRECIPIENT (individually "Party", collectively "Parties") to enter into this Agreement for the implementation of the Project; and

**WHEREAS**, the parties seek to enter into this Amended Agreement to reflect this new understanding of funding sources, providing additional HOME-ARP funds in the amount of \$100,000.00 for renovation and additional time in the use of HOME-ARP funds to cover all associated costs through September 30, 2025; now,

**THEREFORE, IN CONSIDERATION** of the mutual covenants and conditions contained herein, and other good and valuable consideration acknowledged by both Parties, the Parties hereto do covenant and agree as follows:

1. **STANDARD TERMS.** The Parties mutually agree to abide by the Standard Terms, attached hereto as *Exhibit A*, with the exception of the following non-applicable sections:

***No exceptions are incorporated by reference and made a part of this Agreement.***

The Standard Terms are subject to change if and when the National and/or State orders, including notices from the HUD.

2. **FUNDING.** The Parties mutually agree to abide by the Funding as amended in this First Amendment and Scope of Work as listed in the original Agreement, the Amended Mortgage and Promissory Note as listed in **Exhibit C**, and income qualifications as outlined in the application for funding in the original **Exhibit E**. COUNTY agrees to pay on SUBRECIPIENT's behalf for the Project's allowable costs as amended:

A. For Phase 2 – Renovation (upon HUD approval of the Amended HOME-ARP Plan, up to **One Hundred Thousand Dollars and Zero Cents (\$100,000.00)** additional funds as detailed in **Section H** of this Amended Agreement. The FAIN # is: M-21-DP-12-0232, with the award date of November 24, 2021, and a CFDA # of 14.239.

3. INFORMATION REQUIRED BY 2 C.F.R. § 200.332. (PHASE 2 – Renovation of Facility)

- A. The Subrecipient's name (must match with its unique entity identifier): **Wear Gloves Inc**
- B. The Subrecipient's unique entity: **L5H1U6DFNWN5**.
- C. Federal Award Identification Number ("FAIN"): **M-21-DP-12-0232**.
- D. Federal Award Date of the award to the County: **November 24, 2021**.
- E. Amended Period of Performance from and to end: The amended period of performance shall change from **August 1, 2024**, and shall end on **September 30, 2025**, unless terminated earlier in accordance with the provisions of this Agreement.
- F. Amended Budget Period shall start and end on: The Amended budget period shall begin on **August 1, 2024**, and shall end on **September 30, 2025**.
- G. Amount of Federal Funds Obligated by this Amended Agreement by the County to the Subrecipient increases by: **One Hundred Thousand Dollars and Zero Cents (\$100,000.00)**.
- H. Total Amount of Federal Funds Obligated by the County to the SUBRECIPIENT, including the amounts in this Agreement: **One Million One Hundred Thirty-five Thousand Dollars and Zero Cents (\$1,135,000.00)**.

Title	Year	Amount	Project
Home Investment Partnerships American Rescue Plan Community Development Block Grant (HOME-ARP)	2021	\$635,000.00	Acquisition
Home Investment Partnerships American Rescue Plan Community Development Block Grant (HOME-ARP)	2021	\$400,000.00	Renovation
Home Investment Partnerships American Rescue Plan Community Development Block Grant (HOME-ARP)	2025	\$100,000.00	Renovation
<b>TOTAL:</b>		<b>\$1,135,000.00</b>	

I. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act ("FFATA"): Funding will be used to acquire and renovate a building to allow clients to move quickly from an emergency shelter into supported living. The focus would be on providing comprehensive services such as temporary housing, meals, healthcare access, job training and counseling. This will enable the residents to move into stable housing and achieve independence. SUBRECIPIENT will also coordinate with local government agencies, community organizations and volunteers to create a supportive environment to those experiencing homelessness.

J. Contact information: Name of Federal Awarding Agency and Contact Information: U.S. Department of Housing and Urban Development (HUD), 400 W. Bay Street, Suite 1015, Jacksonville, FL 32202

Contact Information for the COUNTY: Cheryl Martin, Director, Marion County Community Services, 2710 East Silver Springs Blvd., Ocala, Florida 34470  
 Contact Information for the Subrecipient: Wendy Kebrdle, Chief Executive Officer, Wear Gloves Inc., 98 NE 9<sup>th</sup> Street, Ocala, Florida 34470

Assistance Listing Number and Title: 14.239, HOME, and HOME-ARP.

ALN #	Title	Year	Amount
14.239	Home Investment Partnerships American Rescue Plan Community Development Block Grant (HOME-ARP)	2021	\$635,000.00
14.239	Home Investment Partnerships American Rescue Plan Community Development Block Grant (HOME-ARP)	2021	\$400,000.00
14.239	Home Investment Partnerships American Rescue Plan Community Development Block Grant (HOME-ARP)	2021	\$100,000.00
	<b>TOTAL:</b>		<b>\$1,135,000.00</b>

- K. The amount made available under the Federal award and the Assistance Listings Number at time of disbursement is: **One Million One Hundred Thirty-Five Thousand Dollars and Zero Cents (\$1,135,000.00)**
- L. This is a program grant and not for Research and Development.
- M. Indirect Cost Rate: (de minimis cost rate) maximum of 10% of direct costs if indicated in the budget.

4. **TERM AMENDED.** Paragraph 5 of the Agreement is hereby amended to read as follows.

**TERM.**

- A. Unless otherwise provided herein or by Supplemental Agreement or Amendment, the provisions of this First Amended Agreement will remain in full force and effect through **September 30, 2025**.
- B. The Project Services to be rendered by SUBRECIPIENT (the "Work") will continue, subsequent to the execution of this Amended Agreement, on the date specified in the written notice to proceed from COUNTY's Community Services Department, which will become part of this Agreement.

*(Remainder of page intentionally left blank. Signature page follows)*

IN WITNESS WHEREOF, the Parties have entered into this Agreement by their duly authorized officers on the date of the last signature below.

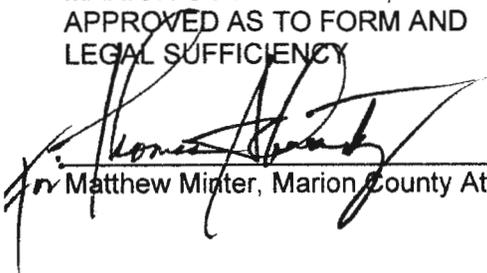
ATTEST:

MARION COUNTY, A POLITICAL  
SUBDIVISION OF THE STATE OF FLORIDA

\_\_\_\_\_  
Gregory C. Harrell, Clerk      Date

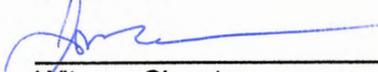
\_\_\_\_\_  
Chairman Bryant      Date

FOR USE AND RELIANCE OF  
MARION COUNTY ONLY,  
APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

 4/4/25  
for Matthew Minter, Marion County Attorney      Date

WITNESS:

Wear Gloves, Inc.

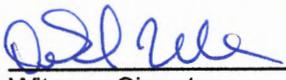
 4/1/25  
\_\_\_\_\_  
Witness Signature      Date  
Seannelle Wade

By: W. K. K.

\_\_\_\_\_  
Print Name  
2710 E. Silver Spring Blvd  
Witness Address      Ocala, FL 34470

Print Name: Wendy Kebratte

Title: Executive Director

 4/24/25  
\_\_\_\_\_  
Witness Signature      Date  
Deborah Lambcke

Date: 4.4.2025

\_\_\_\_\_  
Print Name  
2210 E. Silver Spring Blvd  
Witness Address      Ocala, FL 34470