

Housing & Neighborhood Development Division
Housing Development Section
P.O. Box 9005, Drawer HS04
Bartow, FL 33831-9005

**SHIP PROGRAM
REHABILITATION/REPLACEMENT GRANT AGREEMENT
MODIFICATION**

This Modification to the State Housing Initiatives Partnership (SHIP) Rehabilitation/Replacement Grant Agreement ("Grant Agreement") dated April 3, 2025 **by and between Polk County, a political subdivision of the State of Florida ("COUNTY"), and Sherry Yvonne Smith, ("OWNER")** (each a "Party" and collectively "Parties"), is entered as of this ____ day of _____, 2025

WHEREAS the Parties wish to increase the original grant agreement to cover cost of additional recording fees.

NOW, THEREFORE, for and in consideration of the premises and the mutual promises and agreements herein, the parties hereto agree as follows:

1. Section 1 is hereby amended to read as follows:

The OWNER(S) agree(s) to accept an increase of \$30.00 to the original grant agreement to be used for construction soft costs and temporary relocation benefits. This reduction is a result of modifications made to the original estimated recording costs.

2. This Amendment 1 is hereby made a part of the Grant Agreement. All provisions of the Grant Agreement not in conflict with this amendment are still in effect.

[SIGNATURES APPEAR ON NEXT PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized officers.

ATTEST:

OWNER(s):

Witness

Sherry Yvonne Smith

Printed name of Witness

Address of Witness:

Housing & Neighborhood Development-
1290 Golfview Avenue, Suite 167
P. O. Box 9005 Drawer HS04
Bartow, FL 33831-9005

Attest:
Stacy M. Butterfield, Clerk

Polk County, Florida, a political
subdivision of the State of Florida

BY: _____
Deputy Clerk

T R. Wilson, Chair, Date
Board of County Commissioners

**STATE OF FLORIDA
COUNTY OF POLK**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20__, by **Sherry Yvonne Smith**, who ☐ is personally known to me or ☐ has produced _____ as identification.

(AFFIX NOTARY SEAL)

Notary Public
Print Name _____
My Commission Expires _____