

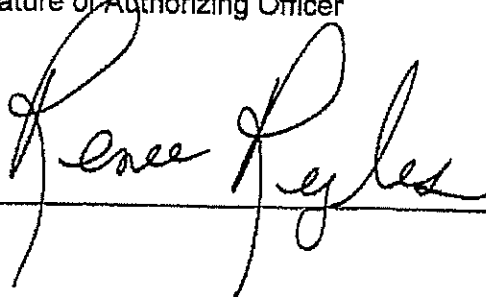
**Authority to Use  
Grant Funds**

**U.S. Department of Housing and Urban Development  
Office of Community Planning & Development**

<b>To:</b> (name & address of Grant Recipient & name & title of Chief Executive Officer)		<b>Copy To:</b> (name & address of SubRecipient or Secondary Contact)	
Jennie Proctor, Program Manager Washington Co. Office of Community Development 328 W. Main Street, Suite 100, MS # 7 Hillsboro, OR 97123			
We received your Request for Release of Funds and Certification, form HUD-7015.15 on		June 21, 2017	
Your Request was for HUD/State Identification Number		OR0216L0E061500	

All objections, if received, have been considered. And the minimum waiting period has transpired. You are hereby authorized to use funds provided to you under the above HUD/State Identification Number. File this form for proper record keeping, audit, and inspection purposes.

Continuum of Care funds, and potentially HOME funds, will be used to develop a 6-unit affordable housing project for homeless persons with disabilities at SW 170<sup>th</sup> and Bany Road in Beaverton, Oregon.

<b>Typed Name of Authorizing Officer:</b> Renee Ryles, Acting Director, Office of Community Planning and Development	<b>Signature of Authorizing Officer</b> 	<b>Effective Release Date:</b>  7/10/17
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Previous editions are obsolete.