**GRANT AMENDMENT REQUEST**

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| Date |  | Amendment # |  |
| Grantee Name |  | | |
| Grant # |  | | |
| Project Title |  | | |
| Type of Amendment Request(s) | 1. Budget  2. Grant Extension  3. Milestone Extension  4. Scope | | |

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| 1. | **BUDGET**  Reason and justification:  Attach  cost estimate,  bid tabulation,  change order, OR  other supporting documentation.  If UGLG or Private match increase, attach  verification of additional funding. | | | | | | | | | | |
| **COMPLETE BUDGETS BELOW AND LIST ALL GRANT AGREEMENT ACTIVITIES** | | | | | | | | | | | | | |
| **A. ACTIVITY DESCRIPTION** | | | **B. CURRENT APPROVED BUDGET** | | | | | **C. REQUESTED BUDGET** | | | | | |
| **CDBG** | **LOCAL** | **STATE** | **PRIVATE** | **OTHER** | **CDBG** | **LOCAL** | **STATE** | **PRIVATE** | **OTHER** | |
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| **SUBTOTAL** | | |  |  |  |  |  |  |  |  |  |  | |
| **TOTAL** | | | **$** **and** **% of CDBG funds (not admin)** | | | | | **$       and      % of CDBG funds (not admin)** | | | | | |

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| 2. | **GRANT EXTENSION** | |
| Current Approved Grant Period  Proposed Grant Period | to  to |
| Reason and justification: | |
|  | |  |  |  | | --- | --- | --- | | **ACTIVITIES** | **CURRENT END DATE** | **REQUESTED END DATE** | | Engineering and/or Design |  |  | | Property Acquisition |  |  | | Bidding |  |  | | Construction |  |  | | Job Creation |  |  | | Other Activities: |  |  | |  |  |  | | **COMMENCEMENT** | **CURRENT START DATE** | **REQUESTED START DATE** | | Commencement Date |  |  | | |
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| 3. | **MILESTONE EXTENSION (for Job Creation Projects)** |
| Reason and justification: |
|  | |  |  |  | | --- | --- | --- | | **MILESTONES** | **CURRENT END DATE** | **REQUESTED END DATE** | | Milestone # |  |  | | Milestone # |  |  | | Milestone # |  |  | |
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| 4. | **SCOPE**  Describe any changes in project scope:  Reason and justification: |

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| **CERTAIN SUBSTANTIVE CHANGE(S) MAY REQUIRE THE FOLLOWING:** | |
| 5. | **New/Updated Environmental Review**  Yes  No If yes, attach documentation.  Comments: |
| 6. | **Revised Map**  Yes  No If yes, attach revised maps, highlighting changes.  Comments: |
| 7. | **Public Hearing**  Yes  No If yes, attach publication, minutes from meeting and brief description.  Comments: |
| 8. | **Background Review**  Yes  No  Initial BR BEFORE 6/12/23: need BR for budget increase, applicant change, or new co-applicant added.  Initial BR AFTER 6/12/23: need BR for applicant change or new co-applicant added.  If yes, select reason:  the award amount increased,  an applicant changed, or  co-applicant is added. |

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| 9. | **REQUESTED BY:**  Sign: |  |
|  | Type Name and Title of Authorized Representative | Date |

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| **FOR STATE USE ONLY** | **Approved By** | **Disapproved By** | **Date** |
| Program Specialist |  |  |  |
| Program Director or Program Manager |  |  |  |
| Comments: | | | |