

REQUEST FOR AMENDMENT

NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS

SFN 52355 (11/11)

1. Recipient Name & Address	2. Instrument Number	3. Amendment Number
	4. Approved Grant Period	5. Date of Request

6. Type of Amendment
 A. Special Condition B. Budget Revisions C. Scope of Work D. Extension of Time - Revised Date _____

7. Explanation for Request (Attach Additional Page if Necessary)

8. Housing Approved # of Units _____ Revised # of Units _____

9. Effect of Request

a. Approved Budget	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Local	Private	Other*	Total
Administration									
Total									

*Source of Other Funds _____

b. Additions and Deletions	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Local	Private	Other*	Total
Administration									
Total									

*Source of Other Funds (if different from Budget) _____

c. Revised Budget	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Local	Private	Other*	Total
Administration									
Total									

*Source of Other Funds (if different from Budget) _____

<p>10. Submitted By (Chief Elected Official)</p> <p>Signature _____</p> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p>	<p>11. Regional Council Concurrence</p> <p>Signature _____</p> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p>	<p>12. Action Taken (DCS USE ONLY)</p> <p>Approved <input type="checkbox"/> Signature _____</p> <p>Name _____</p> <p>Disapproved <input type="checkbox"/> Title _____</p> <p>Date _____</p>
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REQUEST FOR AMENDMENT DIRECTIONS

- Block 1: Enter the official mailing address of the grantee.
- Block 2: Enter the DCS assigned Instrument Number on the Financial Award.
- Block 3: Amendment requests are to be numerically accounted for locally. Indicate the appropriate request number.
- Block 4: Enter the Approved Budget/Project Period from the Financial Award.
- Block 5: Enter date of the preparation of the Request for Amendment.
- Block 6: Place a mark in the appropriate space to reflect the type of amendment being requested.
- Block 7: Provide a detailed explanation of the amendment, to include the reason and the results. For instance, if the request is for an increase in the number of homes to be rehabilitated, indicate the number of homes completed, the number of additional homes to be rehabilitated, the amount of funds available to rehabilitate the additional homes, and provide an explanation of why additional funds are available.
- Block 8: To be completed if a change in the number of homes to be rehabilitated occurs.
- Block 9: To be completed if a change in the Authorized Budget occurs.
- a. Approved Budget
 - b. Revisions to the Budget including Additions and Deletions
 - c. Revised Budget
- Block 10: Enter the name and title of the Chief Elected Official. This is the individual who signed the Financial Award.
- Block 11: Enter the Director's name and the Council that person represents.
- Block 12: For DCS use only.