

Recipient Name		Address			City		State		ZIP Code	
Instrument Number		Amendment Number			Approved Grant Period			Date of Request		
Type of Amendment <input type="checkbox"/> Special Condition <input type="checkbox"/> Budget Revisions <input type="checkbox"/> Scope of Work <input type="checkbox"/> Extension of Time – Revised Date										
Explanation for Request (attach additional page if necessary)										
Housing <input type="checkbox"/> Approved Number of Units <input type="checkbox"/> Revised Number of Units										
Effect of Request										
Approved Budget	CDBG	HOME	ESPG	HOPWA	Other Federal	State/Local	Private	Other*	Total	
Administration										
Total										
*Source of Other Funds										

Additions and Deletions	CDBG	HOME	ESPG	HOPWA	Other Federal	State/Local	Private	Other*	Total
Administration									
Total									
*Source of Other Funds (if different from budget)									

Revised Budget	CDBG	HOME	ESPG	HOPWA	Other Federal	State/Local	Private	Other*	Total
Administration									
Total									
*Source of Other Funds (if different from budget)									

SUBMITTED BY (CHIEF ELECTED OFFICAL)

Signature	Name	Title	Date
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REGIONAL COUNCIL CONCURRENCE

Signature	Name	Title	Date
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ACTION TAKEN (NDHFA USE ONLY)

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Signature	Name	Title	Date