

## EMERGENCY SOLUTIONS GRANT NORTH DAKOTA HOMELESS GRANT REQUEST FOR AMENDMENT

PLANNING AND HOUSING DEVELOPMENT DIVISION SFN 52679 (05/23)

Recipient Name									
Address			City				Ž	ZIP Code	
Instrument Number A	Amendment Number	Арр	Approved Grant Period			Date of Request			
Type of Amendment	_	<u> </u>							
☐ Budget Revisions	☐ Extension of Time			<u> </u>	☐ Extension Rev	vised Dat	te		
Explanation for Request (Attach additional page	if necessary)								
Enter activities funded on award. Enter amount awarded for each activity funded. In the Revised NDHFA Budget column, enter +/- for each activity amending. Approved NDHFA Budget should equal Total Budget unless amending for more or less dollars.									
Activity			ved Budget	Match Funds	Revised NDH Budget	IFA I	Match Funds Revised	Total Budget	
								<u></u>	
								1	
								1	
Total Revision (+/-)									
Total Budget									
SUBMITTED BY EXECUTIVE DIRE									
Signature	Title				Name			Date	
FOR NDHFA USE ONLY									
☐ Approved ☐ Not Approved									
Signature	Title		Name			Da	Date		