

Recipient Name		Address			City		State	ZIP Code	
Instrument Number		Amendment Number		Approved Grant Period			Date of Request		
Type of Amendment ☐ Special Condition ☐ Budget Revisions ☐ Scope of Work ☐ Extension of Time – Revised Date									
Explanation for Request (attach additional page if necessary)									
Housing ☐ Approved Number of Units ☐ 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)

☐ Approved ☐ Disapproved			
Signature	Name	Title	Date