



**EMERGENCY SOLUTIONS GRANT
NORTH DAKOTA HOMELESS GRANT
REQUEST FOR AMENDMENT**
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 52679 (07/24)

Recipient Name				
Address		City	State	ZIP Code
Instrument Number	Amendment Number	Approved Grant Period	Date of Request	
Type of Amendment <input type="checkbox"/> Budget Revisions <input type="checkbox"/> Extension of Time <input type="checkbox"/> Extension Revised Date				
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	Approved NDHFA Budget	Match Funds	Revised NDHFA Budget	Match Funds Revised	Total Budget
Total Revision (+/-)					
Total Budget					

SUBMITTED BY EXECUTIVE DIRECTOR

Signature	Title	Name	Date
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FOR NDHFA USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
Signature	Title	Name	Date