

CDBG--08 HOME SUB-RECIPIENT AMENDMENT REQUEST FORM

Please complete the form below to be considered for a Sub-Recipient Agreement amendment under the City of Mesa CDBG-HOME program guidelines. This form must be completed for each type of amendment requested.

Requested Amendment for: CDBG ESG HOME

Project Number	_____	Agency	_____
Program Representative	_____		
Person Completing Form	_____		
Contact Number	_____		

Extension of Contract End Date

Original Contract End Date		
Current Contract End Date (including approved extensions)		
Proposed Contract End Date		
Proposed grant funds to be carried over	\$	From FY
*Required Attachment A revised implementation schedule showing when major milestones will be completed for each activity.		

Change in Proposed Accomplishments (Please explain below)

	Original	Proposed Changes
Project Summary Provide a one-sentence summary of the activity for which you are requesting funds.		
Primary Target Group of Beneficiaries		
Estimated Number Benefited No. of People No. of Housing Units Other		

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Amendment to Scope of Work

Please include a description of the Original Scope of Work.
Please include a description of Proposed Amendment(s).

Budget Amendment

Includes reallocating *less* than 10% of total original grant amount and does not include a new activity, deletion of an approved activity, or an increase to General Administration. No attachments are required, but budget information must be included below.

Original Approved Budget		Proposed Amended Budget	
°	7	°	7
Total Funds		Total Funds	

****Please include the following for the amendment requested:**

1. Identify the reasons for the proposed amendment(s).
2. Steps being taken to avoid any future amendment requests for the same reasons
3. If additional local matching funds are required as a result of this amendment, please attach certification that such funds are available.

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I approve the amendment(s) requested to be incorporated into our current sub-recipient agreement. All other provisions of the agreement shall remain unchanged.

Authorized Sub-Recipient Signature

Date

FOR OFFICE USE ONLY

Recommended for Approval

Not Recommended for Approval due to : _____

Program Manager Signature

Date

Housing & Community Development Coordinator Signature

Date

Housing & Community Development Director Signature

Date

City Manager Signature

Date