

# CDBG SUB-RECIPIENT AMENDMENT REQUEST FORM

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

Requested Amendment for:  CDBG

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

## Change in Proposed Accomplishments (Please explain below)

	Original	Proposed Changes
<b>Project Summary</b> Provide a one-sentence summary of the activity for which you are requesting funds.		
<b>Primary Target</b> Group of Beneficiaries		
<b>Estimated Number Benefited</b> 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.

## CDBG RECIPIENT AMENDMENT REQUEST FORM

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

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Authorized Sub-Recipient Signature

Date

**FOR OFFICE USE ONLY**

Recommended for Approval

Not Recommended for Approval due to : \_\_\_\_\_

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Community Development Planner Signature

Date