**NYS Homes and Community Renewal**

**Office of Finance and Development**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Submitted: | | SHARS ID#: | Modification No.: | | Requested Amount: |
| Awardee/Owner: | | | | Contact Person: | |
| Site Address: |  | | | | |

**Budget Modification**

Program (check only one):  HDF  HTF  HOME  Other OFD Program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please use whole dollar figures only.** | Column A | Column B | Column C | Column D |
|  | Latest Approved Budget | Increase or Decrease in Item | Budget as Modified (A+B) | Office Use Only |
| 1. Acquisition Costs |  |  |  |  |
| 2. Soft Costs |  |  |  |  |
| 3. Construction Costs |  |  |  |  |
| 4. Construction Contingency |  |  |  |  |
| 5. Working Capital |  |  |  |  |
| 6. Reserves |  |  |  |  |
| 7. Sub-Total (Lines 1-6) |  |  |  |  |
| 8. (Interest Earned) | (     ) | (     ) | (     ) | (     ) |
| 9. TOTAL (Lines 7+8) |  |  |  |  |

I understand that the modification is not authorized until approved by DHCR/HTFC. A signed copy of this request will be returned to my agency as proof of approval. This budget modification **(check all of the following that apply):**

requires an increase in the approved contract.

affects funds from other HTFC or DHCR programs. **STOP** **(A new Development Budget must be submitted.)**

affects other non-HTFC/DHCR funds. **STOP (A new Development Budget must be submitted.)**

affects the Operating Budget. **If it does affect the Operating Budget, does it affect:**

low-income units/special population occupancy changed

low-income affordability

very-low-income affordability

**Attach justification for the need to request a budget modification to the project and address the impact, if any, the modification will have on affordability. (If modification is caused by a Change Order, attach Change Order.)**

|  |  |  |  |  |
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| **For Office Use Only** | | | | |
| **Accounting** (name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_ | Approved  Modified  Denied | | |
| Title Cont.:  Yes  No | Date:\_\_\_\_\_\_\_\_ | If denied, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Accountant Release (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_ | |
| Date of Disbursement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Supervisory Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date:\_\_\_\_\_\_\_ |

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| --- | --- |
| Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |