

BUDGET MODIFICATION FORM

CDBG Project Number		Modification Number	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Recipient Name		Award Date	Contract End Date

OFFICE USE ONLY	ACTIVITY (REFER TO SCHEDULE B)	APPROVED BUDGET (REFER TO SCHEDULE B)			PROPOSED MODIFICATION (+/-)		AFTER MODIFICATION*			
							BUDGET			CDBG
IDIS #	NAME/USE	CDBG	OTHER SOURCES	TOTAL	CDBG	OTHER SOURCES	CDBG	OTHER SOURCES	TOTAL	FUNDS AVAILABLE
	Total									

Certification: To the best of my knowledge and belief, the modifications indicated have been duly authorized by the governing body of the applicant.

Chief Elected Official	Name		Date	
	Title			
Chief Elected Official Signature				
Prepared by	Name			
	E-mail			
OCR APPROVAL	Signature			Program Director

* MODIFICATIONS TO BUDGET ALSO MODIFY SCHEDULE B OF THE NYS CDBG AGREEMENT. BUDGET MODIFICATIONS MUST BE REFLECTED ON ALL FUTURE REQUESTS FOR FUNDS
Office of Community Renewal 10/2018