**NYS Homes and Community Renewal**

**Office of Finance and Development**

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| --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |