

## 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
	<b>Total</b>									

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

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

\* 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 07/2022