BUDGET MODIFICATION FORM

CDBG Project Number		Modification/Amendment Number		1 ☐ 2 ☐ 3 ☐	
Recipient Name		Award Date		Contract End Date	
Is this an Amendment?	☐ Yes ☐ No				

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
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
				$0.00			$0.00	$0.00	$0.00	
	Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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