

CSBG REQUEST FOR AMENDMENT
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 52191 (4/01)

DIVISION OF COMMUNITY SERVICES REQUEST FOR AMENDMENT			
1. Grantee Name & Address	2. Instrument Number	3. Request Number	
	4. Approved Grant Period	5. Date of Request	
6. Type of Amendment A. <input type="checkbox"/> Extension of Time B. <input type="checkbox"/> Budget Revisions C. <input type="checkbox"/> Scope of Work D. <input type="checkbox"/> Special Conditions			
7. Explanation for Request (Attach Additional Page if Necessary)			
8. Budget Revision			
Line Item/Activity	Approved Budget	Dollar Change (+/-)	Revised Budget
TOTAL			
If Time Extension - Revised Date is _____			
9. Authorized Signature			
Signature _____		Agency _____	
Title _____		Date _____	
10. Action Taken (<i>DCS USE ONLY</i>)			
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Name _____		Title _____	
Signature _____		Date _____	

REQUEST FOR AMENDMENT DIRECTIONS

- Block 1: Enter the official grantee name and mailing address.
- Block 2: Enter the DCS Instrument Number assigned on the Financial Award.
- Block 3: Indicate the appropriate request number.
- Block 4: Enter the approved Budget/Project Period from the Financial Award.
- Block 5: Enter date of the preparation of the Request for Amendment.
- Block 6: Place a mark in the appropriate space to reflect the type of amendment being requested.
- Block 7: Provide a detailed explanation of the amendment, to include the reason and the results. Attach additional pages if necessary.
- Block 8: To be completed if the request is a change in the approved budget or number of homes to be weatherized, or if a time extension is being requested.
- Block 9: All requested information should be provided.
- Block 10: For DCS use only.