

**ESG/NDHG REQUEST FOR AMENDMENT**  
 NORTH DAKOTA DEPARTMENT OF COMMERCE  
 NORTH DAKOTA DIVISION OF COMMUNITY SERVICES  
 SFN 52679 (8/16)

1. Recipient Name		Address			
City	State	ZIP Code	Phone Number		
2. Instrument Number	3. Amendment Number	4. Approved Grant Period	5. Date of Request		
6. Type of Amendment A. <input type="checkbox"/> Budget Revisions      B. <input type="checkbox"/> Extension of Time      Extension Revised Date _____					
7. Explanation for Request (Attach Additional Page if Necessary)					
Activity	Approved DCS Budget	Match Funds	Revised DCS Budget	Match Funds Revised	Total Budget
Total Revision (+/-)					
Total Budget					
8. Submitted By: (Executive Director)  Signature _____  Name _____  Title _____  Date _____			9. Action Taken ( <i>DCS USE ONLY</i> )  Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>  Signature _____  Name _____  Title _____  Date _____		

## **REQUEST FOR AMENDMENT DIRECTIONS**

- Block 1: Enter the official mailing address and phone number of the grantee.
- Block 2: Enter the DCS assigned Instrument Number on the Financial Award.
- Block 3: Amendment requests are to be numerically accounted for locally. 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. Only fill in Extension Revised Date if requesting an Extension of Time.
- Block 7: Provide a detailed explanation of the amendment, to include the reason and the results. Enter activities funded on award. Enter amount awarded for each activity funded. In the Revised DCS Budget column, enter +/- for each activity amending. Total Budget column automatically calculates. Approved DCS Budget should equal Total Budget unless amending for more or less dollars.
- Block 8: Enter the name and title of the Executive Director. This is the individual who signed the Financial Award.
- Block 9: For DCS use only.

Send original signed document to:

ND Department of Commerce (DCS)  
1600 East Century Avenue, Suite 2  
PO Box 2057  
Bismarck, ND 58502-2057