**REQUEST FOR PROJECT AMENDMENT**

**LOUISIANA OFFICE OF COMMUNITY DEVELOPMENT, DISASTER RECOVERY UNIT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Grantee Name** | | | | | | 1. **Amendment Number** | | | 1. **Date of Request** | | | | |
| 1. **Grantee Contact Info**   Contact Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 1. **CEA Number** | | | | | 1. **Project Number** | | | | |
| **CDBG Program Schedule:** | | | | | | | | | |
| **7. ERR Complete Date:** | | | | | **10. Construction Start Date:** | | | | |
| **8. Acquisition/Closing Date:** | | | | | **11. Construction End Date:** | | | | |
| **9. Design Complete Date:** | | | | |  | | | | |
| **12. Type of Amendment** | | | | | | | | | | | | | |
| 1. **Extension of Time – Revised Date: B.  Budget Revisions C.  Scope of Work D.  Special Conditions** | | | | | | | | | | | | | |
| 1. **Explanation for Request** (Attach Additional Page if Necessary) | | | | | | | | | | | | | |
| 1. **Housing** | Approved # of Units: | | | | | | Revised # of Units: | | | | | | |
| 1. **Effect of Requests** | | | | | | | | | | | | | |
| 1. **Approved Budget** | | **CDBG** | **Other Federal\*** | | **State/Local\*** | | | **Private\*** | | **Other\*** | | | **Total** |
|  | |  |  | |  | | |  | |  | | |  |
| Total | |  |  | |  | | |  | |  | | |  |
| \*Source of Funds: | | | | | | | | | | | | | |
| 1. **Additions & Deletions** | | **CDBG** | **Other Federal\*** | | **State/Local\*** | | | **Private\*** | | **Other\*** | | **Total** | |
|  | |  |  | |  | | |  | |  | |  | |
| Total | |  |  | |  | | |  | |  | |  | |
| \*Source of Funds *(If different from Budget):* | | | | | | | | | | | | | |
| 1. **Revised Budget** | | **CDBG** | **Other Federal\*** | | **State/Local\*** | | | **Private\*** | | **Other\*** | **Total** | | |
|  | |  |  | |  | | |  | |  |  | | |
| Total | |  |  | |  | | |  | |  |  | | |
| \*Source of Funds *(If different from Budget):* | | | | | | | | | | | | | |
| 1. **Submitted by (Chief Elected Official):**   Signature:  Name:  Title:  Date: | | | | | 1. **Action Taken (OCD/DRU Use Only)**   Approved  Signature:  Name:  Disapproved  Title:  Date: | | | | | | | | |

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**LOUISIANA OFFICE OF COMMUNITY DEVELOPMENT, DISASTER RECOVERY UNIT**

**INSTRUCTIONS**

1. Enter grantee name.
2. Enter the Project Amendment number. (If this is your first project amendment, enter ‘1’, your second, enter ‘2’, etc.
3. Enter the date of your request for an amendment.
4. Enter the Grantee Contact Information.
5. Enter the CEA (contract) number.
6. Enter the Project Number.
7. Enter the ERR Completion Date.
8. Enter the Acquisition/Closing Date.
9. Enter the Design Complete Date.
10. Enter the Construction Start Date.
11. Enter the Construction End Date.
12. Check the appropriate box to indicate what type of amendment you are requesting.
13. Enter an explanation or justification for the amendment request. Provide a detailed explanation of the amendment to include the reason and the results. For example, if the request is for an increase in the number of homes to be rehabilitated, indicate the number of homes completed, the number of additional homes to be rehabilitated, the amount of funds available to rehabilitate the additional homes, and provide an explanation of why additional funds are available.
14. To be completed if a change in the number of homes to be rehabilitated occurs. Enter the number of original approved number of units and the revised number of units.
15. To be completed if a change in the Authorized Budget occurs. Complete sections 15a, b, and c as follows:
    1. Show the appropriate dollar amounts based on the current approved budget.
    2. Show the appropriate dollar amounts for the actual additions or deletions being requested in this amendment request.
    3. Show the appropriate dollar amounts for the revised budget that incorporates the requested additions or deletions.
16. The chief elected official should complete this section of the form.
17. Leave this section blank. OCD/DRU will complete this section to indicate approval or disapproval.

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