

CSBG/WX REQUEST FOR AMENDMENT

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 52191 (02/17)

1. Grantee Name & Address	2. Instrument Number	3. Request Number
	4. Approved Grant Period	5. Date of Request

6. Type of Amendment

A. Extension of Time

B. Budget Revisions

C. Scope of Work

D. 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 (**DCS USE ONLY**)

Approved Disapproved

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.