

Amendment Request

| Program Name | |
|-----------------------|--|
| Program Year | |
| Project Name | |
| Agreement Number | |
| Agreement Cost Center | |
| Agreement Term Dates | |
| Subrecipient Name | |
| Vendor ID | |
| | |
| Preparer Name | |
| Amendment Number | |
| Amendment Date | |
| Admendment Reason | ☐ Budget Amendment ☐ Extension ☐ Other |
| | O |
| Subre | ecipient Statement |
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Budget Amendment Plan

| Preparer Name | | | |
|---|---------------|---------------|----------|
| Award Amount | | | |
| Amendment Justification | | | |
| Regulatory Considerations | | | |
| Amendment less than 10% of budget? | □ Yes □ No | | |
| Has the subrecipient previously communicated an amendment need? | | | |
| | | | |
| Budget Line Items | Current Value | Amended Value | % Change |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | \$0.00 | \$0.00 | |
| | | | |
| Service Goal | | | |
| Service Actual | | | |
| Amended Goal | | | |
| Will the extension aid in meeting goals? | | □ Yes □ No | |



Extension Plan

| Preparer Name | |
|---------------------------------|------------|
| Extension Period | |
| Extension Justification | |
| Spend Down Plan | |
| Regulatory Considerations | |
| Has the subrecipient previously | □ Yes □ No |
| communicated an extension need? | |
| | |
| Award Amount | |

| Current Spend Down Amount | | Date | |
|---------------------------|--|----------|--|
| Benchmark 1 | | Deadline | |
| Benchmark 2 | | Deadline | |

| \$1 - | | | | | | | |
|-------|----|----|----|----|----|----|----|
| \$1 - | | | | | | | |
| \$1 - | | | | | | | |
| \$1 - | | | | | | | |
| \$0 - | | | | | | | |
| \$0 - | | | | | | | |
| \$0 - | | | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | E1 |

| Quarter | Target | Actual |
|----------|--------|--------|
| Q1 | | |
| Q2 | | |
| Q3 | | |
| Q4 | | |
| Q5 | | |
| Q5 Q6 | | |
| E1 | | |
| E2 | | |

| Service Goal | |
|--|------------|
| Service Actual | |
| Service Percent | |
| Will the extension aid in meeting goals? | ☐ Yes ☐ No |

Page 4 of 2 Updated: December 2022



Other Amendments

| Preparer Name | |
|---|------------|
| Other Change | |
| Change Details | |
| Regulatory Considerations | |
| Has the subrecipient previously | |
| communicated an amendment change need? | □ Yes □ No |
| | |
| Service Goal | |
| Service Actual | |
| Service Percent | |
| Will the extension aid in meeting goals? | □ Yes □ No |