

Department of Community & Economic Development
Commonwealth Keystone Building
400 North St., 4th Floor
Harrisburg, PA 17120

RE: **Modification Request** # _____ *(sequential number of revisions and/or modifications requested)*
Contract #C0000 _____ FFY _____

Dear _____:

The purpose of this letter is to request an (addition/deletion) of an activity and/or a (change in service area/beneficiary). The following is a description of the changes to the (activity/beneficiary) we are requesting to modify:

The justification for this modification request is:

_____.

Enclosed are the following documents as required for modifications:

- a) Revised/New Activity Description(s) including the Project Budget and Project Completion Timetable.
- b) Revised Budget Summary (if applicable) – (if OBO provide individual and cumulative Summaries)
- c) Evidence of compliance with Citizen Participation
- d) Revised LMI Principal Benefit (if applicable) – (if OBO provide individual and cumulative Summaries)
- e) Evidence this revision was approved by the local governing body.

It is agreed that all other provisions and certifications of the Grant Agreement shall remain in full force and effect.

Sincerely,

, Chief Elected Official

CDBG MODIFICATION REQUEST

Grantee: _____ Contract Number: C0000_____

FFY: _____ Approved Contract Amount: _____

Modification Number: _____ *(sequential number of revisions and/or modifications requested)* Date: _____

(Counties administering OBO programs must include revised LMI Principal Benefit Determination and Budget Summary forms for both municipalities and cumulative for the County.)

| Activity/Project | Action (Added/ Deleted) | Approved Current Budget | Modified Budget |
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Grantees must maintain all documentation in the program files for monitoring purposes and proceed with the environmental reviews and expenditures accordingly.

Grantees must ensure that all project activities are completed and program funds are drawn down and expended by the 3-Year project completion date referenced in Appendix A of the contract. All activities must be updated in IDIS and the activity "STATUS" should be marked "COMPLETE" in IDIS within 90 days of the final draw on each activity.

DCED USE ONLY:

Grant Manager Signature: _____

Approval Date: _____

- _____ Update FTS
- _____ Upload to ESA
- _____ ER
- _____ File