

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

RE: **Revision Request** # \_\_\_\_\_ *(sequential number of revisions and/or modifications requested)*  
Contract #C0000 \_\_\_\_\_ FFY \_\_\_\_\_

Dear \_\_\_\_\_:

The purpose of this letter is to request a reallocation of funds between existing approved activities whose beneficiaries and scope of work remain the same. If approved, this revision will (increase/decrease) the original approved activity. The details of the revision being requested may be found on the attached table.

The justification for this revision request is:

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Enclosed are the following documents as required for revisions:

- a) Revised Activity Description(s) including the Project Budget and Project Completion Timetable.
- b) Revised Budget Summary (if OBO provide individual and cumulative Summaries)
- c) Revised LMI Principal Benefit Determination form (if OBO provide individual and cumulative Summaries)
- d) Date of Environmental Clearance \_\_\_\_\_, Contract Number \_\_\_\_\_ and FFY \_\_\_\_\_ for initial clearance.
- 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,

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, Chief Elected Official

## CDBG REVISION REQUEST

Grantee: \_\_\_\_\_ OBO (if applicable): \_\_\_\_\_  
 Contract Number: C0000\_\_\_\_\_ FFY: \_\_\_\_\_ Approved Contract Amount: \_\_\_\_\_  
 Revision Number: \_\_\_\_\_ *(sequential number of revisions and/or modifications requested)* Date: \_\_\_\_\_

**(Please note, if deleting an activity in its entirety and/or adding a new activity that was not previously approved in another FY it is a modification not a revision).**

Activity/Project	Action (Increased, Reduced, Added, or Deleted)	Approved Current Budget	Revised Budget

**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