

**INSTRUCTIONS: SUBMIT TO COMMERCE SIGNED COPY WITH
COVER LETTER CONTAINING REASON(S) FOR REQUEST.**

CONTRACT AMENDMENT/REQUEST # _____

Grantee Name: _____ Grant #: _____

Address, City, Zip: _____

Date of Request: _____

Check as Applicable:

Contract Award Date: _____

Time Extension

Current Completion Date: _____

Budget Amendment

If requesting time extension, indicate amount of time needed to complete the project and give explanation below. Additional _____ months needed. New completion date _____.

For budget change(s), enter each line item -- **regardless of whether budget item changed or not.** If approved, this new project budget will supersede any previous budget(s).

No.	Activity Item	Existing Grant Budget	Revised Grant Budget	% Change
TOTALS				

Explanation of Request (attach additional sheets, if needed):

THIS SECTION IS FOR CDBG PROJECT MANAGER TO COMPLETE:

The amendment shall become effective on _____, 20____. All other terms and conditions of the contract or any amendments thereto, shall remain unchanged. IN WITNESS WHEREOF, the parties hereto execute this agreement.

Authorized Signature – Chief Elected Official

Kansas Department of Commerce

Typed Name and Title

CDBG Program Signature

Date

Date