CA HCD Revision / Amendment Form

The purpose of this form is to document the required content needed for a Standard Agreement Exhibit E when contracts are revised or amended. Please complete the form below to request applicable revisions and amendments to a Standard Agreement. A separate form must be completed for each agreement/award.

Part 1: Activity Information:

**Complete all fields and mark an “X” in the Change column to indicate if this is a requested change from the awarded application.**

|  |  |  |
| --- | --- | --- |
| Award /Standard Agreement Number:  (Grantee/PJ Activity ID in IDIS) |  | **Change** |
| Contractor/Grantee/Organization Name: |  |  |
| Person Completing Form: |  |  |
| Activity (Programs/Matrix Code): |  |  |
| Activity Name (Activity Project/Program Title) |  |  |
| County Code: |  |  |
| Activity Address, Building Number: |  |  |
| Activity Address, Street Name |  |  |
| Activity Address, Suite Number |  |  |
| Activity Address, City |  |  |
| Activity Address, State |  |  |
| Activity Address, Zip Code |  |  |
| Is the Activity Subject to Section 3 at 24 CFR Part 75? (Yes/No) |  |  |
| Level of NEPA Review |  |  |
| Subject to Davis Bacon (Yes/No) |  |  |
| National Objective: |  |  |
| Measure Indicator: |  |  |
| Number of Beneficiaries: |  |  |
| **Complete applicable national objective fields below:** | | |
| If LMC – Presumed Benefit (Yes/No): |  |  |
| If LMC – If yes, Presumed Benefit Type: |  |  |
| If LMA - Census Block Group(s): |  |  |
| If LMA - Total # Low/Mod |  |  |
| If LMA - Total Low/Mod Universe Population |  |  |
| If LMJ - # of Jobs Expected to Create: |  |  |
| If LMJ - # of Jobs Expected to Retain: |  |  |

Part 2: Scope of Work and Budget

**Check all that apply below.**

* **Scope of Work Change** (check this box and then insert a narrative in the box below if you are describing a change from the original application)

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|  |

* **Budget Change** (check this box if you are requesting a change in your budget and then fill out the box below)

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET** | | | |
|  | **Awarded Funds / Original Budget** | **Budget Adjustment**  Show negative amounts with minus (-) sign | **Final Amounts** |
| **Admin** |  |  |  |
| **Admin Program Income** |  |  |  |
| **Activity** |  |  |  |
| **Activity Program Income** |  |  |  |
| **Total** |  |  |  |

Part 3: Justification and Assurances

Amendment Justifications and Assurances (as applicable)

Please include the following information for the proposed amendment.

|  |
| --- |
| 1. Identify the reasons for the proposed amendment(s). |
| 1. List steps being taken to avoid any future amendment(s) request(s) for the same reason(s). |

Part 4: Grantee Approval and Acknowledgment

I hereby certify the request for the revision or amendment requested above. I acknowledge that if revisions are approved, they will be automatically incorporated into our current Standard Agreement. All other provisions of the agreement shall remain unchanged. I also acknowledge that if an amendment is approved, it must be fully executed by both the Grantee and the Department prior to implementation.

|  |  |  |
| --- | --- | --- |
| Name of Designated Official: |  | Title of Designated Official: |
| Signature of Designated Official: |  | Date: |

FOR HCD USE ONLY:

* **Amendment** Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Revision** Reviewer Initials: \_\_\_\_\_\_\_ Reviewed Date: \_\_\_\_\_\_\_\_\_\_\_