HTF CONTRACT AMENDMENT REQUEST FORM

**This is a required form to be submitted with a contract amendment request. All items listed on the form are requirements of the Nebraska HTF program to be considered for your contract amendment.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HTF Grant # |  | | | | | | | HTF Grantee |  |
|  |  | | | | | | |  |  |
| DED Program Representative | | | |  | | | | | |
|  | | | |  | | | | | |
| Person Completing this form | | | Name | | |  | | | |
|  | |  | | |  | | | | |
|  | | Contact Number | | | | |  | | |
|  | |  | | | | |  | | |
|  | | Email | | |  | | | | |
|  | |  | | |  | | | | |

# Please complete for each type of amendment requested.

**Extension of Contract End Date**

|  |  |  |  |
| --- | --- | --- | --- |
| Original Contract End Date | |  | |
| Current Contract End Date including any previously approved extensions | | |  |
| Proposed Contract End Date |  | | |
| Required Attachments Attachment 1: A letter from the Authorized Official stating the following:   1. Certification that the governing body has approved the extension; 2. Identification and reasons for the proposed amendment; including    1. Changes to the nature of the project requiring the amendment;    2. Steps being taken to avoid any future amendment requests for the same reasons. 3. If additional local matching funds are required as a result of this extension, certification that such funds are available.   Attachment 2: A revised implementation schedule showing when major milestones will be completed for each activity. | | | |

**Increase/Decrease in proposed accomplishments – request for DED approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Original Proposed Accomplishments |  | Current Proposed Accomplishments |  |
| Required Attachments Attachment 1: A letter from the Authorized Official stating the following:   1. Certification that the governing body has approved the decrease in proposed accomplishments; 2. Identification and reasons for the proposed amendment; including    1. Changes to the nature of the project requiring the amendment;    2. Steps being taken to avoid any future amendment requests for the same reasons. 3. If additional local matching funds are required as a result of this decrease, certification that such funds are available.   Attachment 2: A revised implementation schedule showing when major milestones will be completed for each activity. | | | |

**Amendment to housing program guidelines, tenant selection process and/or lease agreement – request for DED approval**

## Required Attachments

Attachment 1: A letter from the Authorized Official stating the following:

1. Certification that the governing body has approved the amendment;
2. Identification and reasons for the proposed amendment;
3. If additional local matching funds are required as a result of this amendment, certification that such funds are available.

Attachment 2: If the amendment will affect major milestones, a revised implementation schedule showing when major milestones will be completed for each activity

Attachment 3: A complete copy of the proposed revised housing program guidelines, tenant selection process and/or lease agreement.

**Budget Amendment – request for DED approval**

Original Contract Budget Approved

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Name | Activity Number | HTF Funds | Other Funds | Total Funds |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** | |  |  |  |

Proposed Budget After Amendment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Name | Activity Number | HTF Funds | Other Funds | Total Funds |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** | |  |  |  |

Attachment 1: Letter from the Authorized Official including:

1. Certification that the governing body has approved the budget amendment;
2. Identification and reasons for the proposed budget amendment; including
   1. Changes to the nature of the project requiring the amendment;
   2. Steps being taken to avoid any future amendment requests for the same reasons.
3. If additional local matching funds are required as a result of this amendment, certification that such funds are available.
4. If the amendment includes a new activity, certification that the activity meets the national objective.

Attachment 2: Minutes from the public hearing (for local governments) or board meeting (for non-profits and local housing authorities) held on the proposed amendment.

Attachment 3: If the budget amendment will affect major milestones, a revised implementation schedule showing when major milestones will be completed for each activity.

Attachment 4: Certification of re-evaluation of the environmental assessment (this form is included in the HTF Administration Manual Chapter 7: Environmental Review) if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **FOR DED USE ONLY** | | | |
| Date amendment request received: | |  | |
| *Program Representative Recommendation:* *approve  deny* | | *Initials* | *Date* |
| Signature | | | |
| Printed Name/Title | | | |
| approved  denied | Date | | |
| Notes: | | | |