

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
 - a. Changes to the nature of the project requiring the amendment;
 - b. 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
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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
 - a. Changes to the nature of the project requiring the amendment;
 - b. 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
 - a. Changes to the nature of the project requiring the amendment;
 - b. 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: <input type="checkbox"/> approve <input type="checkbox"/> deny		Initials	Date
			Signature
			Printed Name/Title
<input type="checkbox"/> approved <input type="checkbox"/> denied		Date	
Notes:			