



Missouri Department of Economic Development

State of Missouri
Community Development Block Grant (CDBG) Program
Funding Approval/Grant Agreement Amendment Request

Grantee Name: Project Number:
Address: City, State, Zip:
Date of Request: Amendment Request #:
Person Completing This Request:

NOTE: In the following, please list all CDBG activities even if they are not included as part of the amended amounts. Please submit THREE (3) signed copies with original signatures to DED.

Table with 7 columns: Funding Year, No., Title of Activity, Existing Budget, Revised Budget Request, Amount Increase/(Decrease), %. Includes a TOTALS row at the bottom.

Explanation of Request:

Large empty rectangular box for providing the explanation of the request.

For office use only:

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

City/County Name

Department of Economic Development
Division of Business and Community Solutions
Community Development Block Grant

Name of Authorizing Authority

Authorized Signature

Program Manager

Title

Date