Grants Services
Review/Action - CDBG Grant Modification Request

Grantee_____ Grant Number_____

Begin_____ End _____ Term Date_____ Modification_____

Administrator_____

Basis of Grant Award:

1. Low/Mod_____ Area_____ Housing_____ Limited Clientele_____ Jobs_____
2. Slum/Blight_____ Area_____ Spot_____ 3. Urgent Need_____

Initial Goal of Grant:_____ Low Mod Income #_____ %_____

Requested Modification:_____ Low Mod Income #_____ %_____

Describe Modification:_____

Rescoring Necessary_____ In Proper Format _____ New Hearing Required_____

Hearing Info. Correct_____ Drawn_____% PI$_____

Scope Change: ER_____ AR_____ PR_____10%_____ Prior Extensions_____

Change in end date from _____ to _____

Overdue Items: Semiannual_____ (grant number) Close-out _____ (grant number)

Recommendations: GMO Approve_____ **Disapprove**_____

Reason for disapproval_____

_____

Excel Grid:_____ Initials:_____

CDBG Access:_____ Initials:_____

SAMS Entry Date:_____ Initials:_____

IDIS Entry Date:_____ Initials:_____

Monitor Copy:_____ Initials:_____