



Northern Border Regional Commission

APPENDIX G CONTRACT AMENDMENT REQUEST FORM

GRANT #:

NBRC

GRANTEE NAME:

DATE:

TYPE OF AMENDMENT REQUEST:

Select the appropriate amendment category and submit one PDF of all required documentation by e-mail with your grant # referenced in the subject line to admin@nbrc.gov.

☐

Change in Authorized Official

Submit the following documents to NBRC as one PDF:

- Completed and Executed Contract Amendment Request Form
- Key Contacts Form
- Authorized Official Resolution

☐

Budget and/or Scope Adjustment >10% (Changes to Scope, Budget, and Match)*

**Budget or scope adjustment <10% must still be reported to NBRC and will require a Memorandum of Record*

Submit the following documents to NBRC as one PDF:

- Completed and Executed Contract Amendment Request Form
- Description of Project re-scope (include what has been completed to date, reason for change, etc.)
- Revised project budget (SF-424cbw) AND budget adjustment summary (see pg. 2 of form)
- Revised project timeline
- Revised work plan
- Revised match commitment form (if applicable)
- Environmental Review(NEPA) update required? If yes, provide updated environmental review documentation
- Any impacts to historic preservation? If yes, attach applicable documentation.

☐

Contract Extension Only (NO Scope, Budget, or Match changes)

Submit the following documents to NBRC as one PDF:

- Completed and Executed Contract Amendment Request Form
- Justification of need for contract extension
- Revised project timeline
- Description of project progress to date
- Confirmation budget and scope are not changing
- Confirmation committed match remains in place

☐

Change in Organization Name

Submit the following documents to NBRC as one PDF:

- Completed and Executed Contract Amendment Request Form
- Updated SF424
- Updated SF-3881 (ACH)
- Updated UEI Form
- Certificate of Good Standing (if grantee is a non-profit)
- IRS Determination Letter (if grantee is a non-profit)
- Key Contacts Form (if name change also results in change to Authorized Official)
- Updated Authorized Official Resolution (if name changes results in change to Authorized Official)

Period of Performance: _____
See most recent Grant Agreement

NEW Requested End Date*: _____

** NBRC allows extensions for projects in one (1) year increments. If additional time is being requested, please provide justification, and note that NBRC coordination with the State Program Manager is required.*

Signature of Authorized Official

Date



NBRC BUDGET ADJUSTMENT SUMMARY

This form must accompany the SF-424cbw for any budget adjustments >10%. Please provide a summary of budget changes within the table below. Provide additional information as needed.

NBRC Budget Adjustment Summary							
SF-424cbw Category & Subcategory	HUD Share		Applicant Match		Other HUD Share		Justification
<i>e.g., 1.Personnel(Direct Labor) Program Director</i>	Original Budget \$	<i>Revised Budget \$</i>	Original Budget \$	<i>Revised Budget \$</i>	Original Budget \$	<i>Revised Budget \$</i>	<i>e.g. Additional staff time required to complete objectives</i>

Other/Additional Notes: