



## APPENDIX G CONTRACT AMENDMENT REQUEST FORM

GRANT #:	NBRC
GRANTEE NAME:	
DATE:	

### TYPE OF AMENDMENT REQUEST:

Select the appropriate amendment category and submit one(1) PDF of all required documentation by e-mail with your grant # referenced in the subject line to [admin@nbrc.gov](mailto:admin@nbrc.gov). Forms and templates can be found here: [NBRC Resources](#)

**Change in Authorized Official**

Submit the following documents as one(1) PDF:

- Completed and Executed Contract Amendment Request Form
- Key Contacts Form
- Authorized Official Resolution (*template available*)

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

Submit the following documents as one(1) PDF or select NO CHANGE below:

NO CHANGE

- Completed and Executed Contract Amendment Request Form
- Revised project budget (SF-424cbw) AND budget adjustment summary (see pg. 2 of form)
- Description of project re-scope (completed to date, reason for change, etc.)
- Revised project timeline
- Revised work plan
- Revised match commitment form (NBRC Form 1002)
- Environmental Review(NEPA) update required? If yes, provide updated environmental review documentation

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

Submit the following documents as one(1) 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 as one(1) 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)

**Current Period of Performance\*:**

*\*See most recent Grant Agreement*

**NEW Requested End Date\***

*\* NBRC allows extensions 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. Please provide a summary of budget changes within the table below. Provide additional information as needed.

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

**Other/Additional Notes:**