



# Northern Border Regional Commission

## AMENDMENT REQUEST FORM

GRANT #:	NBRC
Grantee Name:	
Date:	

### Directions:

Select **one or more** project change and submit this form along with all required documentation to [admin@nbrc.gov](mailto:admin@nbrc.gov). Reference your NBRC Grant # in the subject line. Forms and templates can be found here: [NBRC Resources](#)

Select (X) a status below

Amendment Type	Required Information	Included w/ Request	Confirmation No Change
<input type="checkbox"/> <b>Key Personnel Change (AO)</b>	Key Contacts Form		<i>Signature on this form confirms the NEW AO has reviewed the project budget, scope, and timeline and confirms no changes.</i>
	Authorized Official Resolution (template available)		
<input type="checkbox"/> <b>Budget Redirection and/or Scope of Work Change</b>	Revised project budget (SF-424cbw) AND budget adjustment summary (see pg. 2 of form)		N/A. Must be submitted.
	Revised project scope (completed to date, reason for change, etc.)		
	Revised project timeline		
	Revised work plan		
	Revised match commitment form (NBRC Form 1002) & source documentation		
	Environmental Review(NEPA) update required? If yes, provide updated NEPA Intake Form		
<input type="checkbox"/> <b>Budget Period Change (No Scope or Budget Changes)</b>	Justification of need for contract extension		New Requested End Date* <input type="text"/>
	Revised project timeline		<i>* 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.</i>
	Description of project progress to date		
	Confirmation budget and scope are not changing		
	Confirmation committed match remains in place		
<input type="checkbox"/> <b>Organization Name Change</b>	Updated SF-424, SF-3881 (ACH), UEI Form, Certificate of Good Standing (non-profit), IRS Determination Letter (non-profit)		N/A. Must be submitted.
	Key Contact Form & Authorized Official Resolution (if name change results in AO change)		

Name of Authorized Official

Signature of Authorized Official

Date



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## NBRC BUDGET ADJUSTMENT SUMMARY

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

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

Other/Additional Information: