Form 4-2: Request For Amendment Form

1. Subgrantee Name & Address UEI #	2. Grant Agreement Number	3. Request Number
	4. Approved Grant Period _____ to _____	5. Date of Request

6. Type of Amendment

☐ Extension of Time
☐ Reduction in Effort
☐ Scope of Work*
☐ Budget Revisions*
☐ Special Conditions*

7. Explanation of Request and Effect (Attach Additional Page if Necessary)

** Please attach copy of revised budget sheet(s), copy of public notice of the hearing and affidavit or full tear sheet, public hearing minutes, listing of concerns (if any), and methods selected to satisfactorily address those concerns.*

8. Submitted by: (Chief Elected Official)

Name _____ Title _____

Signature _____ Date _____

9. ACTION TAKEN (GOED USE ONLY)

☐ APPROVED
☐ DENIED – Reason for Denial:

_____

Name _____ Title _____

Signature _____ Date _____

Request For Amendment Form Instructions

Block 1 – Enter the official name, mailing address and UEI number of the subgrantee.

Block 2 – Enter the GOED number assigned on the Grant Agreement.

Block 3 – Amendment requests are to be numerically accounted for locally. Indicate the appropriate request number**.**

Block 4 – Enter the approved Budget/Project Period from the Grant Agreement.

Block 5 – Enter the date of the preparation of the **REQUEST FOR AMENDMENT**.

Block 6 – Place a mark in the appropriate space to reflect the type of amendment being requested.

Block 7 – Provide a detailed explanation of the amendment, to include the reason and the results and attach all necessary documents to support the request.

Block 8 – Enter the name and title of the Chief Elected Official.

Block 9 – For GOED use only.

Please email or mail your REQUEST FOR AMENDMENT form to:

Governor's Office of Economic Development
Community Development Block Grant Program
711 E. Wells Avenue
Pierre, South Dakota 57501-3369
Stephanie.Deyo@state.sd.gov