



State of Missouri  
**Community Development Block Grant (CDBG) Program**  
 Contract Amendment Request

Grantee Name: \_\_\_\_\_ Project Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_ Amendment Request #: \_\_\_\_\_

*NOTE: In the following, please list all CDBG activities even if they are not included as part of the amended amounts. Please submit THREE (3) signed copies with original signatures to DED.*

No.	Title of Activity	Existing Budget	Revised Budget Request	Amount Increase/(Decrease)	%
<b>TOTALS</b>					

Explanation of Request:

This amendment shall be effective on \_\_\_\_\_, \_\_\_\_\_. All other terms and conditions of the contract, or any amendments thereto, shall remain unchanged. IN WITNESS WHEREOF, the parties hereto execute this agreement.

\_\_\_\_\_  
 City/County Name

Department of Economic Development  
 Division of Business and Community Services

\_\_\_\_\_  
 Name of Authorizing Authority

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Sallie Hemenway, Director

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date