

Request for Amendment

April, 2015

Recipient: Martin County	Amendment Request Number: 1	Date: 9/4/2018		
Contract Number: 17DB-OL-10-53-01-H13	Rule in Effect for This Grant: 73C - 23			
Local Government Authorization:		Date Signed:		
	(Authorized Signature)	8		

DEO Authorization:

Date Approved: _____

Budget Information					Activity Accomplishments				
Activity Code	Activity Name	Original Budget	Current Budget (before this amendment)	Proposed Budget	Original Contract	Current Contract (before this amendment)	Proposed Contract		
1	2	3	4	5	6	7	8		
21A	Administration	\$ 112,500	\$ 112,500	\$ 112,500	N/A	N/A	N/A		
14A	Housing Rehab/Demo/Replacement	\$ 615,500	\$ 615,500	\$ 615,500	11	11	11		
08	Temporary Relocation	\$ 22,000	\$ 22,000	\$ 22,000	11	11	11		
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
		\$	\$	\$					
	Totals	\$	\$	\$					



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		Beneficiaries										
		Total Beneficiaries Low & Moderate Income		ome	Very Low Income							
Activity Code	Activity Name	Original C #	Current	Proposed #	Original		Proposed		Original		Proposed	
			#		#	%	#	%	#	%	#	%
21A	Administration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
14A	Housing Rehab/Demo/Replacement	11	11	11	11	100	11	100	2	18	2	18
08	Temporary Relocation	11	11	11	11	100	11	100	2	18	2	18
		0	riginal	Propose	.I							

		<u>Original</u>	<u>Proposed</u>
20. Total	# Unduplicated Beneficiaries:	<u>11</u>	<u>11</u>
21. Total	# Unduplicated LMI Beneficiaries:	<u>11</u>	<u>11</u>
22. Total	# Unduplicated VLI Beneficiaries:	<u>2</u>	<u>2</u>
23. Total	# Unduplicated LMI Households:	<u>11</u>	<u>11</u>

24. Does this amendment reduce any other project funds previously committed as leverage from local or other sources? 🗌 Yes 🛛 No

(If yes, you must complete and attach the *Sources and Uses of Funds* form, SC-36.)