

CITY OF MORENO VALLEY
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SUBGRANTEE AGENCY BUDGET AMENDMENT FORM FY18/19*

Subgrantee Agency: _____ Date: _____

Project Title: _____

Prepared by (print): _____

Amendment Request for Month Beginning: _____

Note: The total amendment request for the grant period should be limited to a 10% change of your total CDBG Grant Award.

CDBG Budget Line Item Per Approved Agreement	Current Approved Budget Amount	Current Balance Remaining/ Available- <small>**As of last approved invoice</small>	Proposed Budget Amount	Change (+/-)
Salaries				
Benefits				
Supplies & Materials				
Equipment				
Printing/Copying				
Rent/Lease				
Insurance/Utilities/Telephone				
Travel/Mileage				
Professional Services				
Other: _____ (List specific item)				
TOTAL	\$		\$	\$

Please provide an explanation/reason for the change request for each line item:

Signature Subgrantee Agency Supervisor: _____ Date: _____

** This form must be signed and approved by City Staff before budget revisions will be allowed.*

City Office Use Only

Approved Denied Reason for Denial: _____

City Staff Signature _____ Date _____

City of Moreno Valley
CDBG Program
Instructions for the 'Subgrantee Agency Budget Amendment Form'

1. Complete the general information at the top of the page.
2. Find the budget line item(s) within the budget (as outlined in the CDBG Subgrantee Agreement) that require revision(s).
3. Fill in the approved budget line item amount in the "**Current Approved Budget Amount**" column.
4. Fill in the current balance remaining/available in each line item as of the last approved invoice under "**Current Balance Available**" column.
5. Next, fill in the proposed amount in the column labeled "**Proposed Budget Amount.**"
6. Find the difference between the "Proposed Budget Amount" and the "Current Approved Budget Amount".
7. Insert the difference (plus or minus) in the column at the far right labeled "**Change (+/-)**" for each of the line item change requests.
8. Provide an explanation/reason for the change (attach pages if necessary).
9. Ensure a person authorized to sign documents on behalf of your agency signs in the space provided and submit to the City.

Please ensure the form is completely filled out and that your total request does not exceed 10% of your total CDBG Grant Award for the current fiscal year. Please also provide appropriate back-up documentation that substantiates the change along with this form. You may hand-deliver, mail or email your request. Once received, the amendment request will be reviewed and a response will be provided