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|  | TX-503 Austin/Travis County CoC  PERMANENT Significant Change Request Form |  |  | |
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|  | The TX-503 Austin/Travis County CoC approves funding for the HUD Continuum of Care (CoC) grants on an annual, competitive basis. CoC grants are awarded based on the content of the grant application, which includes details specific on how the project will be administered and implemented. It is recognized that from time to time changes need to be made to grants to ensure the projects can continue to successfully serve persons in the community.  For significant changes to be made to the grant, the CoC Lead Agency must review the requested changes and provide a Letter of Support to accompany the formal amendment request to the local Field Office. CoC grantees may not make significant changes to their CoC grants without the CoC Lead Agency’s prior review and Letter of Support. The COC Lead Agency is responsible for ensuring that all amendments are aligned with CoC Written Standards, CoC-funding requirements, and community need.   |  |  |  |  | | --- | --- | --- | --- | | Click or tap here to enter text. | |  | Click or tap here to enter text. | | Agency | |  | Program Name | | Click or tap here to enter text. |  | | Click or tap here to enter text. | | Grant # |  | | Grant Start & End Date | | Click or tap here to enter text. |  | | Click or tap here to enter text. | | Modification Effective Date |  | | Contact Name | | Significant Change Amendment: | | | | | **Please select the significant changes being requested from the following list:**  Change of recipient (grantee)  Change of sub-recipient (subgrantee)  Change in project site  Permanent change in the subpopulation to be served  A permanent reduction in the total number of units funded under the grant or the number of persons to be served  Permanent change in the project’s budget:  Shift of more than 10% of funding from one approved eligible cost category to another  Addition or elimination of eligible costs approved for a project  Permanent closure of the project funded by the CoC grant  Grantee voluntary relinquishment of CoC grant  Requesting that a Minor Change to the budget be permanent  Other significant changes  **SIGNIFICANT CHANGE NARRATIVE**  Summarize the requested project changes: description of what changes will be made, reasons request is being made, how the change will make a positive impact on the program.  Click here to enter text  **PREVIOUS MODIFICATIONS/AMENDMENTS**  Describe previous amendments (significant changes and/or minor changes) requested for the same grant over the past 2 years (e.g., date, BLI categories, amounts, approved or denied requests).  Click or tap here to enter text. **BUDGET BREAKDOWN (If applicable)** If any changes being requested will directly or indirectly impact the budget, please update the chart below and provide additional information in the narrative section.   |  |  |  |  | | --- | --- | --- | --- | | Budget Line Item | Awarded Budget | Change to BLI  (+, - , N/A) | Requested New Budget | | Leasing |  |  |  | | Rental Assistance |  |  |  | | Supportive Services |  |  |  | | Operating Costs |  |  |  | | HMIS |  |  |  | | Administrative |  |  |  | | Match |  |  |  | | Total |  |  |  |   **BUDGET NARRATIVE**  Click or tap here to enter text. | | | |   **SUPPORTING DOCUMENTS VERIFICATION:**  **Please respond to the following questions to ensure all steps of the amendment request policy have been followed.**   1. **Does the project have subrecipients?**  YES  NO  N/A   **If yes, have all subrecipients been notified of the minor change request?**  YES  NO  N/A   1. **Is a draft of the Agency’s Memo requesting the change to the HUD Field Office attached?**   YES  NO  N/A   1. **Is a draft of the ECHO Letter of Support requesting the change to the HUD Field Office attached?**   YES  NO  N/A   1. **Has the agency staff reviewed the Interim Rule and other HUD regulations to ensure that all items requested are eligible for the project type?**   YES  NO  N/A  **If yes, please indicate which sections of the Interim Rule or other federal codes support this request:**  Click or tap here to enter text. |  | |