



Amendment Request

Please complete this form and return it to mshda-mineighborhoodmailbox@michigan.gov and your Champion.

Subrecipient Name: _____

Grant #: _____

We are requesting the following:

1) Program Guidelines Modifications	Applicable (complete below)	N/A
Language Attached		

Or

Language modifications below:

2) Other	Applicable (describe below/add attachments as needed)	N/A
-----------------	--	------------

Authorized Signer – Printed Name

Signature

Date

MSHDA Approval – Signature

Date