

CITY OF MORENO VALLEY  
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
**SUBGRANTEE AGENCY BUDGET AMENDMENT FORM FY 20/21**

Subgrantee Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Program/Project: \_\_\_\_\_

Prepared by (print): \_\_\_\_\_

Amendment Request for Month Beginning: \_\_\_\_\_

**Note: An amendment request is required if the cumulative amount of transfers exceed 20 percent of the total budget. However, an amendment may be requested by the City of Moreno Valley at any time, regardless of amount for grant administrative purposes.**

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

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

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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: \_\_\_\_\_