FORM 7-1

BUDGET MODIFICATION*

Recipient: _____ **Project #:** _____ **Modification #:** _____

OFFICE USE ONLY	ACTIVITY	OFFICE OF COMMUNITY RENEWAL APPROVED BUDGET			PROPOSED MODIFICATION (+/-)		AFTER MODIFICATION			
							Budget			CDBG
IDIS #	NAME/USE	CDBG	OTHER SOURCES	TOTAL	CDBG	OTHER SOURCES	CDBG	OTHER SOURCES	TOTAL	FUNDS AVAILABLE
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Certification to the best of my knowledge and belief the modification indicated have been duly authorized by the governing body of the applicant.

_____ _____
Signature of Chief Elected Official **Date**

_____ _____
Typed Name of Chief Elected Official **Title**

For Office Use Only FMS Budget Modified Date: _____ Initials: _____

Program Staff Review _____ (Update FMS Substages 201/211 & 202/212)

Approved: _____ Denied: _____ Date: _____ (Update FMS Substage 203/213) Authorized Signature: _____ Title: _____

* MODIFICATIONS TO BUDGET ALSO MODIFY SCHEDULE B OF THE NYS CDBG AGREEMENT. BUDGET MODIFICATIONS MUST BE REFLECTED ON ALL FUTURE REQUESTS FOR FUNDS REQUEST FOR FUNDS FORM 1-4A, COLUMN A)