HHA is doing a technical amendment to our budget. All agencies to request additional funds, transfer funds from one project to another, or reduce their award because they anticipate not being able to allocate all funds by the 30 June 2022 expenditure deadline.

You will request these adjustment through our website at https://hhalliance.org/funding-opportunities/. The deadline for submission is 1 April 2022 at 5:00pm CT. You will need to submit each adjustment separately, and attach a copy of this summary form as a PDF for each adjustment.

AGENCY INFORMATION

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY CONTACT FOR THE AGENCY (Contracts/Programs):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADJUST SUMMARY RATIONALE:

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ADJUSTMENT SUMMARY TABLE:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Funding by Activity*** | ***Current Funding Awarded*** | ***Funding Adjustment Request*** | ***Adjusted Total*** |
| **Emergency Solutions Grant (ESG CV)** |  |  |  |
| Street Outreach |  |  |  |
| Emergency Shelter |  |  |  |
| Homelessness Prevention |  |  |  |
| Rapid Rehousing |  |  |  |
| HMIS (up to 5% of award) |  |  |  |
| Admin (up to 3% of award) |  |  |  |
| **Total:** |  |  |  |

**\*\*Use –amount for the categories where you are request and reduction, and+ amount for the projects where you are requesting an increase. We will need to know a minimum number of people served each month.**

Number of Activities for which you are requesting and adjustment (up to 6 listed above): **\_\_\_\_\_\_\_\_\_\_**

To the best of my knowledge, I certify that the information in this application is true and I will comply with the program rules and regulations if request is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Executive Director/ CEO Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_