



TxCDBG Contract Amendment/Modification Request - Form A1101

Grant Recipient Name: County of Webb Contract No 713015 Region STDC
 Modification No. 1 Start Date 08/22/2013 End Date 08/21/2015 Contract Amount \$121,890.00

Check all contract provisions to be amended/modified (additional questions appear for some selections):

- Exhibit A Performance Statement Exhibit B Budget Contract Period (extension) Special Conditions
 Other _____

What changes are proposed for the contract?

Why are the proposed revisions requested for this contract?

Additional funds are needed in the water construction budget to cover costs being incurred under budget line item 14.

Is the contract on hold for non-compliance with audit, monitoring, or programmatic requirements? TDA concur

For Budget Amendment/Modification Requests

Enter the entire project Exhibit B and proposed change(s), including activities with no change.

Activity	Original Budget	Current Budget	Present (+/-) \$ Change	Revised Budget	+
14A - Rehab Single-Unit-Sewer	\$89,970.00	\$89,970.00	(\$30,000.00)	\$59,970.00	-
14A - Rehab Single-Unit-Water	\$31,920.00	\$31,920.00	\$30,000.00	\$61,920.00	-
Totals	\$121,890.00	\$121,890.00	\$0.00	\$121,890.00	

Do the proposed revisions move more than 20% of the total grant funds from one activity to another? No Yes

Do the proposed revisions require new budget activities? No Yes

Do the proposed revisions move funds from construction activities to administration or engineering activities? No Yes

If Yes, describe additional adm/eng services

TDA Staff: Record change in IDIS

Provide any other appropriate information about this request in the space below:

Transfer of funds from one line item to the other will not change the scope of work.

Supporting Documents Attached (if applicable):

- Revised Exhibit A (using track changes)
- Revised Exhibit B (using track changes)
- Resolution and Notice of Public Hearing
- Engineer's letter
- Revised Project Map
- Revised Implementation Schedule
- Other

By my signature, I certify that the above is true and accurate and hereby request the contract change:

Signature of Authorized Signator	Title	Date
----------------------------------	-------	------

Notifications:

Mailing Address

Email Address for Grant Recipient

Other Email Address (list address for persons to be included in notification)

TDA Action:

Notes Attached

Contract Specialist	TxCDBG Manager	TxCDBG Director	ORA Administrator
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 100%; height: 20px;" type="text"/>

EXHIBIT B

CONTRACT NUMBER 713015

BUDGET

COUNTY OF WEBB

<u>Project Activities</u>	<u>Contract Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
14A Rehab; Single-Unit Residential Sewer-Total	\$89,970	\$0	\$89,970 (\$59,970)
	-\$30,000		
Rehab; Single-Unit Residential Sewer – Construction	\$89,970	\$0	\$89,970
14A Rehab; Single-Unit Residential Water-Total	\$31,920	\$0	\$31,920(\$61,920)
	+\$30,000		
Rehab; Single-Unit Residential Water-Construction	\$31,920	\$0	\$31,920
21A General Program Administration – Total	\$0	\$0	\$0
TOTALS	\$121,890	\$0	\$121,890