

Award Serial No. _____ Notice _____ Award No. _____

Recipient _____

Co-Recipient _____

Type **CHIP - CHIP-Housing**

Project **HOME - Community Home Investment Program (CHIP): Multi-Activity**

TO THE RECIPIENT:

Pursuant to your request of _____ the following amendment or other change in the above award program is approved, subject to such conditions or limitations as may be set forth below.

NATURE OF ADJUSTMENT:

_____ New Activity	_____ Special Condition Compliance
_____ Decrease in Scope	_____ Change in Award Period
_____ Change in Target Area	_____ Error Correction
_____ Budget Revision	_____ Acceptance of Final Report
_____ Change in Award Amount	_____ Other (see below)

Georgia Department of Community Affairs

Date: _____

CHIP Manager