

# REQUEST FOR AMENDMENT

NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS

STN 52355 (11/11)

1. Recipient Name & Address City of Leeds PO Box 331 Leeds, ND 58346		2. Instrument Number 4896-CD20-PF	3. Amendment Number 7
		4. Approved Grant Period 05/25/21-10/31/25	5. Date of Request 10/07/25

6. Type of Amendment  
 A. ☐ Special Condition      B. ☐ Budget Revisions      C. ☐ Scope of Work      D. ☒ Extension of Time - Revised Date 10/31/26

## 7. Explanation for Request (Attach Additional Page if Necessary)

The release of funds has not been received yet. Park Vue is working on getting updated project costs. The updated estimates have not been recieved.

8. Housing		Approved # of Units		Revised # of Units							
9. Effect of Request											
a. Approved Budget	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Local	Private	Other*	Total		
Park Vue Apartments ROAB	33,625.00								33,625.00		
ASTM Phase I-Environmental Review	14,500.00								14,500.00		
									0.00		
									0.00		
Administration						5,000.00			5,000.00		
Total	48,125.00	0.00	0.00	0.00	0.00	5,000.00	0.00	0.00	53,125.00		
*Source of Other Funds											

b. Additions and Deletions	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Local	Private	Other*	Total
Park Vue Apartments ROAB	-9,459.50								-9,459.50
ASTM Phase I-Environmental Review	9,459.50								9,459.50
									0.00
									0.00
									0.00
Administration									0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

\*Source of Other Funds (if different from Budget)

c. Revised Budget	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Local	Private	Other*	Total
Park Vue Apartments ROAB	24,165.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,165.50
ASTM Phase I-Environmental Review	23,959.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,959.50
	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
Administration	0.00	0.00	0.00	0.00	0.00	5,000.00	0.00	0.00	5,000.00
Total	48,125.00	0.00	0.00	0.00	0.00	5,000.00	0.00	0.00	53,125.00

\*Source of Other Funds (if different from Budget)

10. Submitted By (Chief Elected Official)  Signature _____ Name <b>Nick Parslow</b> Title <b>Mayor</b> Date _____	11. Regional Council Concurrence  Signature _____ Name <b>Sandra Shively</b> Title <b>Executive Director</b> Date _____	12. Action Taken ( <b>DCS USE ONLY</b> )  Approved <input type="checkbox"/> Signature _____ Disapproved <input type="checkbox"/> Name _____ Title _____ Date _____
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