

CDBG CONTRACT EXTENSION REQUEST

FROM: Agency:

Address:

Phone:

TO: City of Odessa

Community Development

ATTN: Merita Sandoval

Dear Mrs. Sandoval;

We are requesting a contract extension to end on _____.

The following information is submitted in support of our request.

STATUS OF FUNDS:

Grant Amount

Expended Amount (through August)

Unspent Balance

Reason(s) for unspent balance

Justification for Extension

Signature: _____

Date: _____

Name: _____

Title: _____