Dutchess County Continuum of Care Program
Unit Adjustment Request Form

Agency_____

Program Name: _____

HUD Grant Number: _____

Unit Size	HUD Minimum Required Unit Composition	Existing Unit Composition	Proposed Unit Composition
0 Bedrooms			
1 Bedroom			
2 Bedrooms			
3 Bedrooms			
Total			

Reason for change: _____

Certification:

The individual signing this document certifies to the following: The agency has completed a budget review of the above grant and find an adjustment to the unit count and/or unit size will not have a negative impact on the program budget.

Executive Director:

_____
Signature & Date

Approval

HUD approval: Is HUD approval required for this request? ☐ Yes ☐ No
Date HUD approval requested: _____
Date HUD approval received: _____

County Approval: Approved ☐
Denied ☐

Community Development Administrator:

_____
Signature & Date