The Federal Home Loan Bank of Des Moines (FHLB Des Moines), in its sole discretion, may approve modifications to the terms of an approved project if unusual or unforeseen conditions require a change at any time prior to or after the final disbursement of AHP funds.

The member, sponsor or owner must submit a completed *Modification Request Form* to FHLB Des Moines. A modification may be approved by FHLB Des Moines provided that:

1. The project sponsor or owner make a reasonable effort to cure any non-compliance within a reasonable period of time, and the non-compliance could not be cured within a reasonable period of time;
2. The project, incorporating any such changes, would meet the eligibility requirements of the AHP regulations;
3. The application, as reflective of such changes, continues to score high enough to have been approved in the funding period in which it was originally scored and approved by FHLB Des Moines, which is as high as the lowest ranking alternate approved for funding by FHLB Des Moines; and
4. There is good cause for the modification, which may not be solely remediation of non-compliance, and the analysis and justification for the modification, including why a cure of noncompliance was not successful or attempted are documented in writing.

A modification request from the member or sponsor must include:

* A complete and detailed explanation of how the proposed change differs from the original application;
* An explanation of why the change is needed and why the previously approved commitments can no longer be met.
* Documentation of attempt to cure the issue leading to the modification request and why this attempt to cure was not successful.
* Revised Feasibility Workbook for projects requesting significant changes (i.e. Amounts or sources of other funding and/or changes to income or other targeting).

Please return the completed *Modification Request F*orm and supporting documentation to FHLB Des Moines by fax at 515.699.1270 or email communityinvestment@fhlbdm.com.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Click or tap to enter a date. | Project Number | Click or tap here to enter text. |
| Project Name | Click or tap here to enter text. |
| Sponsor/Owner | Click or tap here to enter text. |
| Sponsor/Owner Contact | Click or tap here to enter text. |
| Sponsor Phone | Click or tap here to enter text. | Sponsor Email | Click or tap here to enter text. |
| Member Name | Click or tap here to enter text. |
| Member Phone | Click or tap here to enter text. | Member Email | Click or tap here to enter text. |

Provide a description of the modification requested. Attach additional pages as necessary.

Click or tap here to enter text.

Type of Modification Requested *(check all that apply and describe the proposed changes(s)):*

|  |  |  |
| --- | --- | --- |
| **Type** | **Application** | **Modification** |
| [ ] AHP Subsidy Amount | Click or tap here to enter text. | Click or tap here to enter text. |
| [ ] Number of Units | Click or tap here to enter text. | Click or tap here to enter text. |
| Income Targeting - Units |
|  [ ] ≤50% AMI | Click or tap here to enter text. | Click or tap here to enter text. |
|  [ ] 51% - 60% AMI | Click or tap here to enter text. | Click or tap here to enter text. |
|  [ ] 61% - 80% AMI | Click or tap here to enter text. | Click or tap here to enter text. |
|  [ ] Over 80% AMI | Click or tap here to enter text. | Click or tap here to enter text. |
| Targeted Populations - Units |
|  [ ] Homeless | Click or tap here to enter text. | Click or tap here to enter text. |
|  [ ] Special Needs | Click or tap here to enter text. | Click or tap here to enter text. |
|  [ ] Veterans | Click or tap here to enter text. | Click or tap here to enter text. |
|  [ ] Agricultural Workers | Click or tap here to enter text. | Click or tap here to enter text. |
|  |
| [ ] Subsidy Per Unit | Click or tap here to enter text. | Click or tap here to enter text. |
| [ ] Empowerment Services | Click or tap here to enter text. | Click or tap here to enter text. |
| [ ] Project Location | Click or tap here to enter text. | Click or tap here to enter text. |
| [ ] Project Sponsor | Click or tap here to enter text. | Click or tap here to enter text. |
| [ ] Member Bank | Click or tap here to enter text. | Click or tap here to enter text. |
| [ ] Other | Click or tap here to enter text. | Click or tap here to enter text. |

Does the project continue to meet eligibility requirements of the AHP regulations and Implementation Plan?

[ ]  Yes

[ ]  No

Explain why the modification is needed. Project must document good cause in order to qualify for a modification.

Click or tap here to enter text.

Was there a reasonable effort to cure noncompliance within a reasonable period of time?

[ ]  Yes

[ ]  No

[ ]  N/A

Provide a description of the project’s attempted cure, including timeline(s).

Click or tap here to enter text.

Explain why the previously approved commitments can no longer be met and why the attempted cure was unsuccessful.

Click or tap here to enter text.

**I have reviewed the requested modification and certify that all information provided is true and accurate. I have attached supportive documentation for each change identified above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** Click or tap to enter a date.

**Member Institution Signature**

**Printed Typed Name** Click or tap here to enter text. **Title** Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** Click or tap to enter a date.

**Sponsor/Owner Signature**

**Printed Typed Name** Click or tap here to enter text. **Title** Click or tap here to enter text.

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