CITY OF ALMA
SIDEWALK PROGRAM
Cost-Share Assistance Application Amendment

Application No._____

PLEASE CHECK ONE THAT APPLIES.
( ) Termination date is changed from _____to_____.
( ) The application is hereby canceled and cost-share funds encumbered thereon are released.
( ) The needs as shown in the table below are acceptable and all necessary changes in the application including modification in theamount of funds obligated are approved.

TECHNICAL DETERMINATIONS

Item/Description	(A) Units	(B) Cost/Unit	(C) 50% Cost/Unit	$ (A) x (C)
			TOTAL SUPPLIES	
			TOTAL LABOR	
			TAX	
			SUBTOTAL	
			TOTAL	

Needs Statement – The practice(s) and unit(s) as shown are in accordance with the City of Alma Sidewalk Program and are practical.

Signature of City of Alma Representative _____ Date _____

Performance Report - The practice(s) above have been performed as shown in the units performed column and meet the City of Alma Sidewalk Program specifications.

Signature of Contractor _____ Date _____

This amendment is effective as of the date last signed.
Signatures:

Property Owner(s)_____Date_____

City of Alma Representative _____Date_____

Approval of City of Alma not required if these amendments result in a decrease in amount of funds obligated.

City of Alma
614 Main Street – P.O. Box 468
Alma, NE 68920
Ph: (308) 928-2242 Fax: (308) 928-2683
www.almacity.com