

Date: _____
 Project #: _____ Project Name: _____
 Member Institution: _____ Sponsor Organization: _____
 Member Contact: _____ Sponsor Contact: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

Are you requesting a Member Bank or Sponsor Organization change?

Yes No New Entity: _____

Type of Project Change:

Modification to Commitments detail, if applicable:

- | | |
|-------------------------------|-------------------------|
| Project Information Update | Targeting |
| Modification to Commitment(s) | Number of Units |
| Increase in AHP Subsidy | Services and Activities |
| Eligibility Modification | Other Scoring : |
| Other: | |

Provide detailed description of project change / information update and reason for the request:

Is this requested project change in connection with a disbursement request? Yes No
 Will the project continue to meet the AHP eligibility requirements? Yes No
 Will the project continue to meet the AHP feasibility requirements? Yes No
 Is this project currently compliant with the commitments made in the AHP application? Yes No

If this is a modification request, demonstrate good cause for the modification. Some examples of good cause are:

- Benefits to population served and project, if modification is allowed
- Financial distress can be relieved or avoided
- Legal or regulatory limitations
- Alternatives to a modification are detrimental or lead to loss
- Changes to local market conditions

Could the project cure rather than modify the project given more time? Please explain.

Describe if and what alternative approaches were explored before submitting a modification request.

By signing below, I certify that I am duly authorized to make the representations contained herein, and the information provided is true, complete, and accurate. I have attached supporting documentation for the good cause (if available and applicable).

By: _____

Member Contact Signature

Print Name: _____

Date: _____

Title: _____

By: _____

Sponsor Contact Signature

Print Name: _____

Date: _____

Title: _____

This form and any supporting documentation should be returned to AHPcompliance@fhlbc.com. If you have any questions, contact Community Investment at (312) 565-5824.

Please refer to the FHLBC Project Change and Non-Compliance Policy located on www.FHLBC.com for information on what type of Project Change you are requesting and if it triggers an Event of Non-Compliance.