



Missouri Housing Trust Fund- Disaster Relief
Contract Extension Request

MHTF-DR-321

Agency Name: _____

Grant Number: _____

MHTF-DR Contract Extension Request

Complete all applicable sections below. Completed requests must be emailed to cp.programs@mhdc.com.

1. Select the components your agency has been funded in:

- Housing Services Home Repair Case Management Administration

2. Select the type of extension your agency is requesting:

- Contract Extension Only through December 31, 2026
Contract Extension + Funding Increase through December 31, 2026 Requested Increase Amount: \$_____

Contract Extension Narrative

3. How many households has your agency served under MHTF-DR to date?
This number should match what has been submitted on MHTF-DR-303

4. MHTF-DR is intended to be a program that provides temporary emergency aid for clients impacted by a disaster event. Please outline your organization's plan for transitioning clients into stable housing following the program's closure.

Housing Services Only

5. How many households do you intend to provide continued rent, mortgage, or hotel/motel payments for? Please only include households who have completed intake and received at least one housing service at the time of this extension request.

Number of Households: _____

6. Does your organization have a waitlist of new clients? If yes, please indicate the number of households below. If no, write "N/A."

Number of Households: _____

7. Housing Services Projected Spending: \$_____ through December 31, 2026

Home Repair Only

8. How many projects are currently in process, but not completed?

Number of Projects: _____

9. Does your organization have a waitlist of clients for home repair? If yes, please indicate the number of waitlisted projects below.

Number of Projects: _____

10. Home Repair Projected Spending: \$_____ through December 31, 2026

I attest that the above information is true and correct and I understand that submission of this form does not guarantee approval of the extension and/or modification.

Agency Representative Name: _____

Agency Representative Signature: _____

Date of Request: _____