

MANAGEMENT PLAN ADDENDUM

Name of Project: _____

The present Management Plan with an effective date of _____
has been reviewed and found to be correct with the following deletions, and or additions:
(if none, state none)

(Signature and Title of Owner or Owner's Authorized Representative) Date: _____

(Signature of Manager) Date: _____

USDA RURAL DEVELOPMENT REVIEWED:

(Name and Title) Date: _____

“This institution is an equal opportunity provider.”

