



**FY 18-19 Agreement Modification Request  
Human Services and Justice Coordination**

*For budget reallocation or minor agreement language modifications.*

Authorized Official:	Date of Request:
Agency Name:	Effective Date:
Address:	Modification Number:

**A. REQUESTED MODIFICATION:** (Why is this change needed and what will be impacted by this change? Please reference appropriate agreement section.)

**B. BUDGET MODIFICATION:** (Use chart if applicable, otherwise please attach a copy of the original budget page reflecting original award amount and proposed change(s) to budget)

Program Budget Category:	Original Contract Amount:	Budget Amount Modification: Increase/Decrease	New Budget Amount:	Budget Amount Expended as of Effective Date:	Modified Budget Balance:
<b>Contract Total:</b>					

AGENCY		PINELLAS COUNTY	
Authorizing Signature:		Program Manager Review:	
Name and Title:		County Attorney Approval:	
Date Executed:		Director Authorization:	
			Daisy Rodriguez, Director, Human Services
		Date Executed:	