



FY19-20 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:	Amount Expended as of Effective Date:	Modified Budget Balance:
Contract Total:					

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:	