



SPA Amendment Request Form

Please complete form in its entirety and submit to Compliance

Date of Request:

Name of Agency:

SPA #:

1. Additional Funds Request?	Yes	No	Additional Funds Being Requested?	Original Funding Amount?	New Amended Total Amount?
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Why are additional funds required? Please provide explanation:

2. Term Extension Request?	Yes	No	Additional Months Requested (#)?	Original Expiration Date?	New Expiration Date?
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Why is a term extension required? Please provide explanation:

3. Project Description Request?	Yes	No
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Revised project description:

Why is project description revision required?

4. Approved by Projects Division Manager?	Yes	No	Project Manager:
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FOR COMPLIANCE STAFF USE ONLY

<u>SPA</u>			<u>LURA</u>			<u>GRANICUS</u>	<u>STAFF</u>
Previously Amended?	Yes	No	Existing LURA?	Yes	No	Started:	Amended By:
If yes, 1 st , 2 nd , 3 rd , etc.?			Amendment Required?	Yes	No	Completed:	Compliance Mgr.:
			Previously Amended?	Yes	No		