



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? |
|------------------------------|-----|----|-----------------------------------|--------------------------|---------------------------|

Why are additional funds required? Please provide explanation:

| | | | | | |
|----------------------------|-----|----|----------------------------------|---------------------------|----------------------|
| 2. Term Extension Request? | Yes | No | Additional Months Requested (#)? | Original Expiration Date? | New Expiration Date? |
|----------------------------|-----|----|----------------------------------|---------------------------|----------------------|

Why is a term extension required? Please provide explanation:

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

Why is project description revision required?

4. Approved by Projects Division Manager? Yes No Project Manager:

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 | | |