

Attachment D



PINELLAS COUNTY PLANNING DEPARTMENT
 COMMUNITY DEVELOPMENT AND PLANNING DIVISION
 440 COURT STREET, 2ND FLOOR, CLEARWATER, FL 33756
 ATTENTION: CHERYL REED

AGREEMENT MODIFICATION REQUEST
For budget allocation, or contract language changes.
Submit three (3) originals.

| | | | |
|----------------------|--|------------------------|--|
| Authorized Official: | | Date of Request: | |
| Agency Name: | | Effective Date: | |
| Address: | | Modification Number: | |
| | | | |
| Budget Change: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Contract Name/ Number: | |

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

| |
|--|
| <i>Why change is needed, what will be impacted</i> |
| <i>Revised SPA Sections – New language</i> |

B. BUDGET MODIFICATION: N/A

PROVIDER AGENCY:

PINELLAS COUNTY GOVERNMENT:

| | |
|---|---|
| Authorized By: | Verified By: |
| | Carol R. Vincent, Director, Planning Department |
| Name/Title | Name/Title |
| Date: | Date: |
| BCC Approval Required: Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By County Attorney: |
| BCC Approval Date: | Name: Chelsea Hardy, Assistant County Attorney |
| Effective Date: | Date: |