



PINELLAS COUNTY HUMAN SERVICES
 440 COURT STREET, 2ND FLOOR
 CLEARWATER, FL 33766
 ATTENTION:

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?

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 YTD:	Modified Budget Balance:
Contract Total:					\$

PROVIDER AGENCY:

PINELLAS COUNTY GOVERNMENT:

Authorized By:

Verified By:

Mark S. Woodard

Name and Title:

~~XXXXXXXXXX~~ County Administrator

1/3/17

Date:

Date:

BCC Approval Required: Yes No

Approved By County Attorney:

BCC Approval Date:

Name

Effective Date:

Date:

APPROVED AS TO FORM

By:

Office of the County Attorney