

Attachment C



PINELLAS COUNTY PLANNING DEPARTMENT
COMMUNITY DEVELOPMENT 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.

Table with 4 columns: Authorized Official, Agency Name, Address, Budget Change; Date of Request, Effective Date, Modification Number, Contract Name/ Number.

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

Why change is needed, what will be impacted
Revised SPA Sections – New language

B. BUDGET MODIFICATION: N/A

PROVIDER AGENCY:

PINELLAS COUNTY GOVERNMENT:

Authorized By:

Verified By:

Name/Title

Carol R. Vincent, Director, Planning Department

Name/Title

Date:

Date:

BCC Approval Required: Yes [] No []

Approved By County Attorney:

BCC Approval Date:

Name: Chelsea Hardy, Assistant County Attorney

Effective Date:

Date: