

**Attachment C**



PINELLAS COUNTY PLANNING DEPARTMENT  
 COMMUNITY DEVELOPMENT AND PLANNING DIVISION  
 440 COURT STREET, 2<sup>ND</sup> 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: