

Attachment E



**PINELLAS COUNTY HOUSING AND
 COMMUNITY DEVELOPMENT DEPARTMENT
 COMMUNITY DEVELOPMENT DIVISION
 440 COURT STREET, 2ND FLOOR, CLEARWATER, FL 33756**

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?*

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| <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:

Name/Title

Carol Stricklin, Director

Name/Title

Date:

Date:

BCC Approval Required: Yes No

BCC Approval Date:

Effective Date: