

FY18-19 Agreement Modification Request Human Services and Justice Coordination

For budget reallocation or minor agreement language modifications.

Amount: Increase/Decrease Amount: Of Effective Date: Contract Total: Contract Total: Program Manager Review:						
A. REQUESTED MODIFICATION: (Why is this change needed and what will be impacted by this change? Please reference appropriate agreement section.) 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: Increase/Decrease Modification: Increase/Decrease Amount: New Budget Amount: Adate: Modified Budget Balance Date: PINELLAS COUNTY Program Manager Review: County Attorney Approval: Date Executed: Daisy Rodriguez, Director Human Services	Authorized Official:					
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Human Services	Date Executed:					
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