

Contract Modification Request Form

Compete the following form providing details on all relevant changes related to your contract. Please do not submit revised exhibits with this form. The Contract Facilitator will request the necessary revised exhibits upon approval of the request.

Date of Request:				
Provider:				
Agreement Number: Modification Number:				
Agreement Term Dates:				
Type of Modification:				
Which of the following changes are you requesting?				
Revisions to the Statement of Work Revise Performance Management Plan				
Change in authorize signatory Salaries or Operational Cost Adjustments				
Contract Amendment: Provide detailed justification below for the changes you are reque				

Contract Amendment: Provide detailed justification below for the changes you are requesting. As an example, if there are changes to the Scope of Work, describe what is being changed specifically and how this differs from your current Scope of Work and why the change needs to be made. **Note:** Revise Performance Management Plans will not be accepted after the end of the first quarter (September 30th).

Fresno Regional Workforce Development Board

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This WIOA, Title I-financially assisted program/service is an equal opportunity employer/program. Auxiliary aids and services are available upon request to people with disabilities and/or limited English proficiency. **3. Budget Redistribution:** Complete the following table and identify which line items(s) you are moving funds between and the amount being moved. Include the new total of each line item. See examples below.

Operational Budget: (list line items to be changed, e.g. Salaries, Local Mileage, Office supplies)	Current Budget	Proposed Budget	Change
Sample Staff Salaries	15,000	10,000	(5,000)
Sample Local Mileage	2,000	4,000	2,000

NOTE: Budget Redistribution Request will be not be accepted after the end of the third quarter (March 31st).

I agree to the changes being proposed and understand contract modification request and upon receipt, FRWDB will approve or deny the request. If approved, you will be required to summit revised exhibits as requested by FRWDB staff.

Date

Provider Signature

For FRWDB Staff Use Only:

Approved	🗌 Denied
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FRWDB staff analysis and justification for approval or denial:

Contract Facilitator	Date	
Program/Project Coordinator/Manager	Date	

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