



Division of Finance and Administrative Services
VOCA Unit
Contract Amendment Request

Agency: _____

Requested By (Name): _____

Contact Email: _____

Contact Phone: _____

Contract Number: _____

Date Requested: _____

Effective Date: _____

(Amendment must be completed prior to requested changes taking effect)

Category(s) to be amended:

| | | | | |
|---------------------|--------------------|-----------------|-------------------------|-----------------|
| Personnel | Personnel Benefits | PRN | Equipment | Travel/Training |
| Supplies/Operations | Contractual | Volunteer Match | On-Call Volunteer Match | |

Justification: Please provide the dollar amount to be adjusted from/to each category and a brief justification and explanation for each.