



Domestic Violence Shelters and Services (DVSS) 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)

Justification: Please provide the dollar amount to be adjusted and a brief description. Include the "Contract Amendment Budget Form" reflecting your amended request.

Agency Signature/Title: _____ Date: _____

DVSS Manager/DSS Representative: _____ Date: _____