Wake County Smart Start, Inc.

**Revision or Amendment Request Form**

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| **Section I. Basic Information** Direct Services Provider: Activity (name): Contract #: PSC (Purpose-Service Code) & Activity ID#: *PSC and Activity ID#s are found on the CAD (Contract Activity Description), Attachment I to contract*WCSS staff: enter Amendment or Revision #  |
| **Section II. Change Requested**[ ]  Add new activity[ ]  Change existing activity description [ ]  Revise budget for an activit*y* | [ ]  Terminate activity [ ]  Amend budget for an activity [ ]  Initiate contract[ ]  Other Changes (dates, provisions, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| *Revisions do not change the total contract amount; amendments increase or decrease the total contract.* |
| **Section III. Justification** (If additional space is needed, attach a separate sheet.)  |
| **Section IV. DSP Authorizing Signature(s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of authorized official, Direct Services Provider Date*Original signature or verified electronic signature required* |
| **Section V. Local Partnership Approval/Denial/Acceptance** [ ]  **Approved** [ ]  **Not Approved**The contract/budget revision/amendment is approved as submitted effective The contract/budget revision/amendment is denied for the reason(s) stated below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gayle E. Headen, Executive Director Date |

CMS Input (initial): \_\_\_\_\_\_\_\_\_ CMS Approval (initial): \_\_\_\_\_\_\_\_\_\_

Date entered in Fabrik: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted in Fabrik:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_