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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_