

Reminder: All budget modifications should be sent to your Contract Manager for approval, **NOT** to your P.E.R.S Analyst.

Request for Modification (Fiscal Year 2008)
(FY 2008 - 7/1/07 to 6/30/08)

IDENTIFYING INFORMATION:

Contractor Name _____

Contractor Address: _____

Contact Person: _____ **Contact Telephone #:** _____

DYCD ID#: _____ **Budget Code:** _____

Effective Date: _____

***GENERAL INSTRUCTIONS:**

- Please make all changes on the attached forms.
- In the space provided below, provide a short narrative justification of the proposed request.
- Budget modifications effective dates must start the first day of the month.
- This form and modification form should be submitted to your assigned contract manager.
- No budget modifications accepted the first and last month of the contract.
- For the amount of Modifications allowed see DYCD Fiscal Manual.
- The last day for Modifications to be submitted is May 31st of the Fiscal Year.

Type of Modification

Budget Program

Modification Narrative Justification: (Use additional pages if necessary)

Signature of Executive Director: _____ **Date:** _____

(FOR DYCD USE ONLY)

Program Approval

Contract Manager _____ **Date:** _____

Program Unit Director _____ **Date:** _____

Division Head _____ **Date:** _____
(As Appropriate)

CAFD Approval

Fiscal Analyst _____ **Date:** _____

Budget Review Director _____ **Date:** _____
(or Designee)

*** Refer to Fiscal Manual for further instructions.**