PROJECT MODIFICATIONS REQUEST

(Please be as detailed as possible.)

Contact Name and Number: _____

Contract Number: _____

Project Title: _____

Description and Reason for Proposed Modification *(Please attach a spreadsheet or word document that shows the original project components, indicating which components will be eliminated and/or modified. This will assist in staff's side-by-side comparison.)*

Identify Budget Revisions *(Please attach the approved budget and the revised budget, for comparison.)*

Revised Timeline and Expected Completion Date *(Please attach a revised timeline, if applicable. If the timeline will not change, please indicate that.)*

For GOCO Use Only:

☐ Approved   ☐ Not Approved

Signature: Date: