



## 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)*

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

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

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To be completed by GOCO staff

- ☐ Approved
- ☐ Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_