

**Wake County SmartStart, Inc.
Revision or Amendment Request Form**

Section I. Basic Information

Direct Services Provider: _____ Contract #: _____
 Activity (name): _____ Amendment #: _____
 (purpose svc code - ID#): _____ Revision #: _____

Section II. Change Requested

- | | |
|---|--|
| <input type="checkbox"/> Add new activity | <input type="checkbox"/> Terminate activity |
| <input type="checkbox"/> Change existing activity description | <input type="checkbox"/> Amend budget for an activity |
| <input type="checkbox"/> Revise budget for an activity | <input type="checkbox"/> Initiate Contract |
| | <input type="checkbox"/> Other Changes (dates, provisions, etc.) _____ |

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

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:

 Pamela J. Dowdy, Executive Director _____
Date

CMS Input _____ (Initial) CMS Approval: _____ (Initial)
 _____ (Date) _____ (Date)