**Home Visiting & Doula Network**

**Request for Subcontract Amendment**

**FY25 Quarter #:**

**Agency Name:**

**Program Name:**

**Subcontract #:**

Packets that are incomplete or not received in this specified order may be returned.

Please be sure to have original signatures on the Proposed Amended Budget signature page.

Amendment Purpose and Changes to Program Plan (Page 2)

Amendment Fiscal Narrative (Page 3)

Proposed Amended Budget (Page 4)

Proposed Amended Personnel Breakout Section (Page 5)

Proposed Amended Budget signature page (Page 6)

Subcontractor:      Subcontract No. 2025-

**A. Purpose of Amendment**

A1. Please check all that apply:

[ ]  Reallocation of funds across budget line items in excess of $1,000 or 20%, whichever is greater

[ ]  Increase in Subcontract amount due to Quality Improvement Request award

 [ ]  Increase to Subcontract due to match relief

[ ]  Correction(s) to originally submitted Budget, Program Abstract and/or Narrative

[ ]  Restructuring of staff positions or FTE allocation

[ ]  Updating of staff or agency information

[ ]  Other:

A2. Briefly describe the above proposed changes:

**B. Changes to the Program Plan:**

B1. If there are changes to the Program Abstract, please attach a revised Abstract.

 Check here if there are proposed changes to the Program Abstract. [ ]

B2. If there are changes to the Program Narrative, please attach a revised Narrative.

 Check here if there are proposed changes to the Program Narrative. [ ]

Subcontract No. 2025-

**Request for Subcontract Amendment**

**C. Fiscal Narrative**

For fiscal/budget changes, refer to the approved Budget, and describe each line item to be amended. **Include the budget variance** for each category. Use additional pages if necessary.

Check here if there are proposed changes to the Budget. [ ]

Personnel (Salaries and Fringe Benefits)

Fringe

Consultants

Other Contractual Services

Travel

Supplies

Furniture & Equipment

Indirect