



PROVIDER SEP MODIFICATION REQUEST

Provider SEP Modification Request **Must be requested prior to June 1.

Provider Name:

Contract Number:

Original Phases:

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Phase 8

Original Contract Total:

Proposed Modification:

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Phase 8

Proposed Contract Total:

Justification:

****A proposed contract total greater than the original contract total will result in an automatic rejection. That will require a submission of a formal amendment request to your designated Project Officer prior to April 15.**

 Printed Name and Signature of Authorized Agent (Level 1) Date

 Printed Name and Signature of DRS - Community Resources Manager (Level 1) Date