NEW YORK STATE | Council on Developmental Disabilities

Program Modification Request Form

Agency Name:

Contract Number: Effective Date:

Identify Changes: Explain any changes you wish to make including but not limited to changes to tasks, performance measures and outcomes, altering programmatic activities, changing the purpose of the project.

Justification: Explain why the proposed changes are necessary.

Workplan updates: Please attach an updated workplan with your request. New or updated sections should be highlighted.

Completed by: Title:

Signature: Date: