



**VOCA Unit  
Contract Amendment Request**

**Agency:** \_\_\_\_\_

**Requested By (Name):** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

(Amendment must be completed prior to requested changes taking effect)

**Justification:** Please provide the dollar amount to be adjusted and a brief description. Include the Budget Form reflecting your amended request. Use the VOCA Adjustment Budget form for budget adjustments, use the VOCA Additional Funding Request Form for any additional funding requests.

Agency Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

VOCA Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_