

APPENDIX I

CONTRACT MODIFICATION REQUEST SAMPLE LETTER

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Date: _____

Mr. Douglas Payne, Interim Director
 County of San Bernardino
 Department of Community Development and Housing
 290 North "D" Street, Sixth Floor
 San Bernardino, CA 92415-0040

RE: _____ PROGRAM – CDH # _____ - _____ / _____;
CONTRACT OR PURCHASE ORDER NUMBER: _____ - _____

Dear Mr. Payne:

Due to (reason for request – use another sheet of paper if necessary) _____, we are requesting a modification to our current contract's budget. Therefore, pursuant to the contract's section number 6; Budget MODIFICATIONS, we request the following:

PROPOSED NEW BUDGET SUMMARY

Line Item #:	Cost Category	CDBG SHARE \$		OTHER SOURCES \$		TOTAL COST \$	
		Current	Proposed	Current	Proposed	Current	Proposed
1	Personnel						
2	Consultant/ Contract Services						
3	Travel						
4	Space Rental						
5	Consumable Supplies						
6	Rental, Lease or Purchase of Equip't						
7	Insurance						
8	Other						
	TOTALS:		CDBG SHARE \$		OTHER SOURCES \$		TOTAL COST \$

Modifications to Other Sources of Funding: _____

Sincerely,

Attachment

PROPOSED NEW

BUDGET JUSTIFICATION - PART I (SUPPLIES/SERVICES)

DESCRIPTION OF ITEM(S) AND BASIS FOR VALUATION	CDBG COST \$	TOTAL COST \$
Budget line		
Item #:		
2. Consultant/Contract Services:		
3. Travel:		
4. Space Rental:		
5. Consumable Supplies:		
6. Rental, Lease or Purchase of Equipment:		
7. Insurance:		
8. Other:		
TOTALS	\$	\$

NOTE: Any budget line item(s) other than salaries and fringe benefits should be detailed above.

**NEW PROPOSED
BUDGET JUSTIFICATION - PART II (PERSONNEL)**

A) WAGES:					
POSITION/TITLE	ACTUAL HOURLY RATE (SALARY) \$	# HOURS PER WEEK	MONTHS TO BE EMPLOYED	TOTAL COST \$	CDBG COST \$

Subtotal:

B) FRINGE BENEFITS: _____

TYPE OF COSTS	PERCENT OF SALARY/CALCULATIONS	TOTAL COST \$	CDBG COST \$
FICA	%		
SUI	%		
WORKER'S COMP.	%		
HEALTH	%		
LIFE INSURANCE			

Subtotal:

TOTAL COST OF PARTS A & B
(Must be the same as Budget Line Item #1 in Budget Summary) _____