**STATE OF NEW JERSEY**

**DEPARTMENT OF HUMAN SERVICES P1.10**

**CONTRACT MODIFICATION FORM ATTCH A**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provider Agency Name | | |  | | | | Modification # | | |  | | | | | |
| Fiscal-Year-End | |  | | | | | Contract Term |  | | | | thru | |  | |
| Contract # |  | | | | | | Cognizant Contract: | | Yes | |  | | No |  |
| Division(s) affected by the Modification | | | |  | | | | | | | | | | | |
| • Date of most recently approved Contract Modification | | | | |  | | | | | | | | | | |
| • Requested effective date for this Contract Modification | | | | | |  | | | | | | | | | |

Check applicable area(s) to be modified:

1.  Changes to the Reimbursable Ceiling: from \_\_\_\_ to\_\_\_\_.

2.  Increase in Total Cost: from \_\_\_\_ to \_\_\_\_.

3.  Change in the Contract Term: currently *from* \_\_\_\_ to\_\_\_\_ *to the revised term* \_\_\_\_ to\_\_\_\_ .

4.  Change exceeding the Flexible Limits.

5.  Transfer of budgeted cost across DHS Contract or Clusters.

6.  Transfer of Federal and/or other revenue across DHS Contracts or Clusters.

7.  Change to the method of allocating G&A, the indirect cost rate and/or its application.

8.  Addition or deletion of an entire Budget category (A through M individually).

9.  Addition of Line Items within Budget Category (B) Consultants and Professional Services.

10.  Equipment not in approved budget above $5, 000 per item.

11.  Change in payment methodology.

12.  Change in the payment rate (s).

13.  Change in target population.

14.  Change in contracted performance standards.

15.  Change in contracted level of service.

16.  Change in contracted staff/client ratios.

17.  Change of Subcontractors providing direct services or change to subcontracted direct services.

Please attach an explanation

This form, its attachments and/or revised section(s) of the programmatic Annex and/or the revised itemized Annex B budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this Contract Modification.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BY: |  | | | | BY: |  | | | |
|  | (Signature) | | | |  | (Signature) | | | |
|  |  | | | |  | Jonathan S. Seifried | | | |
|  | (type name) | | | |  | (type name) | | | |
| Title | | |  | | Title | Acting Assistant Commissioner | | | |
|  |  | | | |  |  | | | |
| Provider | | |  | | Departmental | | |  | |
| Agency: | | |  | | Component: | | | DHS/DDD | |
| Date: | |  | | | Date: | |  | | |
|  | | | |  | | | | |
| DATE EFFECTIVE | | | |  | | | | |

OCP&M rev. 2/05 (To be completed by the Department)