

RW Contract Modification Request for Deliverables-based Programs

Public Health Solutions (PHS) recognizes that as the contract year progresses, agencies may need to modify their program design and/or Deliverables Schedule because of unanticipated changes. In order to request such changes, you must submit a Contract Modification Request using the form designated for this purpose.

Section I: Instructions

The Contract Modification Request consists of: 1) Instructions, 2) a Cover Page, 3) a Required Signatures/Certification Page, and 4) a Program Modification Section.

NOTE: Data can only be entered in the yellow cells through the forms. The blue cells are formulated and are not to be changed.

Submission

Only one Contract Modification Request may be submitted during the 6th and 7th months of the contract year, from **August 1st through September 30th**. *Please note that as soon as you become aware of the need to modify your contract, you must notify your Contract Manager in writing of your intent to submit a Contract Modification Request.*

The Contract Modification Request must be submitted via email to mods@healthsolutions.org. Do not send as a .pdf document. **The subject line should read: Agency Name - Contract Mod.**

The email does not need to contain a message. The sender will receive an automatically generated reply notification that the email was received by PHS.

The form must be submitted as an **Excel attachment** with the file name configured as follows: **agencyname_contract#_datesubmitted_v1.xls**. It is very important that the file name is configured exactly as shown. If not, it will be difficult for PHS staff to clearly identify the agency, contract number and version of the contract modification that was received (“version 1”, abbreviated as “v1” in this example). If you need to revise your request, you will identify future version numbers here.

Your Contract Manager will review documentation of contract performance, including but not limited to: timeliness and accuracy of monthly reports; site visit reports; your correspondence with us; and will also take into account whether you have demonstrated efforts and ability to quickly identify program problems and implement corrective actions. You will be notified in writing of the disposition of your Contract Modification Request.

Section II: Cover Page

Complete the initial fields indicating your organization's name, service category, contract number and contract period. The form will automatically copy this information onto the headers of the other pages. Include the name of the individual(s) who requested the modification(s) and the date that the request was submitted.

Section III: Required Contractor Certification

Those individuals identified in the Contract Contact Verification Form as the Fiscal Manager and the Program Manager or Senior Administrator must complete this page by either typing in their name or using an electronic signature. The appearance of their name certifies that they are authorized to submit the Contract Modification and that the changes are consistent with the intent of the funded program and adhere to HRSA, NYCDOHMH and Public Health Solutions guidelines.

Section IV: Program Section (Complete for modifications to your Program Scope & Deliverable Schedule)

The Contract Modification Request page must include a detailed explanation of why changes are needed. If the modification entails changes to the deliverables listed in your Deliverable Schedule, then a revised Deliverable Schedule must be completed and submitted as a part of the request. Additionally, changes may be made to certain aspects of the Scope of Services. In this case, an amendment to the Scope of Services must be submitted as well.

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