

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR AMENDMENT
TO ALLOCATION PLAN OR SDDP CONTRACT BUDGET

PROGRAM CODE: _____

CONTRACT NUMBER: _____

AGENCY/MUNICIPALITY: _____

PROGRAM NAME: _____ FUND TYPE: _____

LOCATED IN _____ COUNTY, REQUESTS THE FOLLOWING AMENDMENT TO THIS PROGRAM.

FOR NEW COUNTY PROGRAMS, PLEASE ATTACH AN OCFS 3105, 3107, AND NARRATIVE AND SIGN BELOW.

CATEGORY TO BE DECREASED	AMOUNT OF DECREASE	CATEGORY TO BE INCREASED	AMOUNT OF INCREASE
SALARIES & WAGES	- \$	SALARIES & WAGES	+ \$
FRINGE BENEFITS	- \$	FRINGE BENEFITS	+ \$
TOTAL PERSONAL SERVICES (1)	- \$	TOTAL PERSONAL SERVICES (1)	+ \$
TOTAL CONTRACT SERVICES (2)	- \$	TOTAL CONTRACT SERVICES (2)	+ \$
TOTAL MAINTENANCE & OPERATION (3)	- \$	TOTAL MAINTENANCE & OPERATION (3)	+ \$
TOTAL FACILITY REPAIR (4)	- \$	TOTAL FACILITY REPAIR (4)	+ \$
TOTAL	- \$	TOTAL	+ \$

JUSTIFICATION FOR THE REQUESTED AMENDMENT, AND, IF APPROPRIATE, DESCRIPTION OF CHANGES IN THE PROGRAM OR BUDGET DETAIL WHICH WILL RESULT, INCLUDING NEW SALARY TITLES OR PAYMENT RATES

FOR CHANGES TO COUNTY ALLOCATION PLANS ONLY.

A CHANGE IS REQUESTED IN THE AMOUNT OF \$ _____, WHICH INCREASES DECREASES THE TOTAL STATE SHARE FOR THIS PROGRAM TO \$ _____. IT IS UNDERSTOOD THAT ALL OTHER CONDITIONS INDICATED IN THE ORIGINAL APPROVED ALLOCATION PLAN AND PROGRAM APPLICATION CONTINUE AS SET FORTH THEREIN.

FOR SDPP FUNDED PROGRAMS: FUNDING LEVELS FOR THIS PROGRAM ARE NOW A= \$ _____ B= \$ _____

AUTHORIZED SIGNATURE TITLE DATE

YOUTH BUREAU APPROVAL DATE

TO BE COMPLETED BY OCFS	
APPROVED SUBJECT TO VERIFICATION, UNLESS NOTIFIED WITHIN THIRTY DAYS	
APPROVED BY: _____	DATE _____
POSTED BY: _____	DATE _____