|  |  |  |
| --- | --- | --- |
| Subcontractor | Contract Number | Contract Term |
| Prepared by (Print Name/Title) | Telephone Number | Contract Amount  $ |
| This is to justify a request to amend our current:  Work Plan (CSD 801) Budget (Attach Revised 425 Forms) Term Extension Other | | |
| Justification (Describe reason for requested revisions: If budget revisions – list all Budget Line Items used or not and indicate the amount each Line Item is Increased, Not Changed or Decreased by this request. If the amendment is a request for extension of time to complete the activities under the Subcontract Agreement, then provide a narrative of explanation. Use as many Form 425.B sheets as necessary).   |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | |
| Authorized Subcontractor Representative (Print Name/Title) | | Telephone Number |
| Authorized Signature | | Date |
| NCIDC USE ONLY | | |
| NCIDC ACTION □ Approved □ Not Approved (Reason Attached) | | |
| Authorized NCIDC Representative (Print Name/Title) | | Telephone Number |
| Authorized Signature | | Date |