



## Prevention Contract Amendment Proposal Form

If an amendment is necessary, this proposal may be submitted anytime.

**Agency Name:**

**Date:**

Existing Contracted Prevention Services								
Current				Proposed				
Current MBO/ Strategy Code	Annual Contracted Units	Unit Cost	Annual MBO/ Strategy Budget	+/- of Units	Units of Service	Unit Cost	Annual Strategy Budget	Effective Amendment Date
Proposed New Prevention Services								
New Proposed Service/Strategy Code*		Annual Units		Unit Cost		Annual Budget		



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\* Any newly proposed prevention services must be accompanied by a Prevention Provider Work Plan and a Provider Services Cost Summary.

Specific Rationale for all proposed Amendments:

FOR OFFICE USE ONLY  
FORM SHOULD BE SENT TO CONTRACT DEPARTMENT

- Contract Department Initial Receipt
- Contract Department Sent to \_\_\_\_\_ (Department)
- Contract Review by \_\_\_\_\_ (Staff)
- Return to Contract Department
- Contract Department Final Receipt (for processing)



## Prevention Contract Amendment Proposal Form PREVENTION CONTRACT AMENDMENT PROPOSAL FORM INSTRUCTIONS

**Purpose:** This form is intended to be used by the Provider to request an amendment to their contract. It can be submitted at any time during the fiscal year in which the Provider is contracted. An amendment request will not be accepted by the PIHP after the fiscal year has ended (back-date to previous fiscal year).

**Spreadsheet Description:** This form is 2 pages. Fields listed include: Program Name, Date, (Existing Contracted Prevention Services) (Current) Current MBO/Strategy Code, Annual Contracted Units, Unit Cost, Annual Strategy Budget, (Proposed) +/- of Units, Units of Service, Unit Cost, Annual Strategy Budget, Effective Amendment Date, (Proposed New Prevention Strategies) New Proposed Service/Strategy Code, Annual Units, Unit Cost, Annual Budget, Specific Rationale for all proposed Amendments.

**Process:** If at any time within the fiscal year the Provider would like to request an amendment to their services contract they must complete the Prevention Contract Amendment Proposal Form and submit it to the PIHP.

1. The Provider will complete form and submit it to the PIHP. Please note if a new service is being proposed the Amendment must also include an attached Prevention Provider Work Plan and Provider Services Cost Summary.
2. The PIHP will review and consider the proposed amendment request.
3. If the amendment request is denied by the PIHP, the PIHP will submit a response by e-mail stating the denial.
4. If the amendment request is approved, the PIHP will create an Amendment to the Provider Services Contract and will send back to the Provider for signature.
5. Once the Amendment has been signed by the Provider, the amendment will be placed in the Provider contract folder.

### **Instructions:**

Agency Name: Enter the name of the agency requesting amendment.

Date: Enter date amendment submitted.

Existing Contracted Prevention Services- Current

Current MBO/Strategy Code: Enter MBO and strategy code of the service to be amended.

Annual Contracted Units: Enter the current annual contracted units for the MBO/strategy code to be amended.

Unit Cost: Enter the current unit cost of the MBO/strategy code to be amended.

Annual Strategy Budget: Enter the current annual budget for the MBO/strategy code to be amended.



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### Existing Contracted Prevention Services- Proposed

+/- of Units: Indicate whether the units shall be added to or subtracted from the MBO/strategy code as well as enter the number of units to be added or subtracted.

Units of Service: Enter the proposed number of units for the MBO/strategy code to be amended.

Unit Cost: Enter the proposed unit cost for the MBO/strategy code to be amended.

Annual Strategy Budget: Enter the proposed annual strategy budget for the MBO/strategy code to be amended.

Effective Amendment Date: Enter the date the amendment is proposed to be effective.

### Proposed New Prevention Services

New Proposed Service/Strategy Code: Enter name of new proposed prevention service and strategy code. Also attach a Prevention Provider Work Plan and a Provider Services Cost Summary.

Annual Units: Enter number of planned annual units for new proposed prevention service/strategy code.

Unit Cost: Enter the unit cost of the new proposed prevention service/strategy code.

Annual Budget: Enter the amount of the annual budget for the new proposed prevention service/strategy code.

Specific Rationale for all proposed Amendments: Enter the reason for all proposed amendments.