

City of Albuquerque  
Department of Health, Housing and Homelessness  
PRO #4: Request for Work Program Revision - *Instructions*

*Instructions for Completing Form*

1. Enter the name of the agency and its mailing address
2. Enter the telephone number of the agency.
3. Enter the title of the funded project for which the work program revision is being requested.
4. Enter the contract number assigned by the City.
5. For each contract approved work program revisions must be numbered sequentially with the first request numbered “1” and so on. Enter the number of the revision being requested appropriately.
6. In the space provided, enter a brief description of the need for the revision requested and a justification for it. The explanation should be clear, concise, and yet provide ample information justifying the requested change.
7. The form must be signed and dated by an authorized official of the agency.

Please note the following:

- Changes in the approved Work Plan shall not be effective without the prior approval of the Department.
- No change will be approved during the final quarter of the contract year.
- Approved changes to the Work Plan shall be reflected in the project performance reports.
- If the change requested are deemed by the Department to constitute material changes in the original scope of services, a supplemental agreement to the approved contract may be required.

City of Albuquerque  
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|                                     |                    |                             |
|-------------------------------------|--------------------|-----------------------------|
| 1. Agency Name and Mailing Address: |                    | 2. Telephone Number:        |
| 3. Project Title:                   | 3. Contract Number | 5. Program Revision Number: |

6. Narrative Justification: Indicate the changes requested in the currently approved work program and provide a brief narrative justification for the changes requested. If the change requested are deemed by the Department to constitute material changes in the original scope of services, a supplemental agreement to the approved contract may be required. Use additional sheets as necessary.

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Submitted by: \_\_\_\_\_  
(Signature of Authorized Official)

Date \_\_\_\_\_

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|-----------------------------------------|------------|
| For Department Use Only                 |            |
| Recommended by Program Specialist _____ | Date _____ |
| Reviewed by Fiscal Analyst _____        | Date _____ |
| Approved by Division Manager _____      | Date _____ |