

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
P1.10 CONTRACT MODIFICATION FORM

Provider Agency Name \_\_\_\_\_ Modification # \_\_\_\_\_  
Fiscal-Year-End \_\_\_\_\_ Contract Term \_\_\_\_\_ thru \_\_\_\_\_

Contract # \_\_\_\_\_ Cognizant Contract: Yes \_\_\_\_\_ No \_\_\_\_\_  
Division(s) affected by the Modification \_\_\_\_\_

Date of most recently approved Contract Modification: \_\_\_\_\_  
Requested effective date for this Contract Modification: \_\_\_\_\_  
Check applicable area(s) for modification:

- 1) \_\_\_\_\_ Change to the Reimbursable Ceiling: from \_\_\_\_\_ to \_\_\_\_\_
- 2) \_\_\_\_\_ Increase in Total Cost: from \_\_\_\_\_ to \_\_\_\_\_
- 3) \_\_\_\_\_ Change in the Contract term: currently from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ to the revised term \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
- 4) \_\_\_\_\_ Change exceeding the Flexible Limits.
- 5) \_\_\_\_\_ Transfer of budgeted cost across DHS Contracts or Clusters.
- 6) \_\_\_\_\_ Transfer of federal and/or other revenue across DHS Contracts or Clusters.
- 7) \_\_\_\_\_ Change to the method of allocating G&A, the indirect cost rate and/or its application.
- 8) \_\_\_\_\_ Addition or deletion of an entire Budget category (A through M individually).
- 9) \_\_\_\_\_ Addition of Line Items within Budget Category (B) Consultants and Professional Fees.
- 10) \_\_\_\_\_ Equipment not in approved budget above \$5,000 per item.
- 11) \_\_\_\_\_ Change in payment methodology.
- 12) \_\_\_\_\_ Change in the payment rate(s)
- 13) \_\_\_\_\_ Change in target population
- 14) \_\_\_\_\_ Change in contracted performance standards
- 15) \_\_\_\_\_ Change in contracted level of service
- 16) \_\_\_\_\_ Change in contracted staff/client ratios.
- 17) \_\_\_\_\_ Change of Subcontractors providing direct services or change to subcontracted direct services.

Please attach an explanation

This form, its attachments and/or revised section(s) of the programmatic Annex A and/or the revised itemized Annex B Budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this Contract Modification.

BY: \_\_\_\_\_  
(Signature)

BY: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type name)

\_\_\_\_\_  
(Type name)

Title \_\_\_\_\_

Title Assistant Commissioner

Provider Agency: \_\_\_\_\_

Departmental Component: Department of Human Services  
Division of Mental Health & Addiction Services

Date: \_\_\_\_\_

Date: \_\_\_\_\_

DATE EFFECTIVE: \_\_\_\_\_