**Contract Amendment Request**

**Grant Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grantee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTIFY THE PROPOSED CHANGES TO THE CONTRACT AS APPLICABLE**

**Original Scope of Work**

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**Amended Scope of Work**

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**Original Deliverables**

1. **Deliverable/Payment 1**

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1. **Deliverable/Payment 2**

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1. **Deliverable/Payment 3**

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1. **Deliverable/Payment 4**

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**Amended Deliverables**

1. **Deliverable/Payment 1**

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1. **Deliverable/Payment 2**

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1. **Deliverable/Payment 3**

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1. **Deliverable/Payment 4**

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**Other Changes**

**Original language**

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**Amended language**

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**Reason for Changes**

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**Effect on Proposal Goals**

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**Authorization**

**Authorized Official for the Grantee: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Official Signature Date**

**Authorized Official for the Division of Historical Resources: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DHR Staff Signature Date**

Mail to the address below.

Florida Division of Historical Resources

R.A. Gray Building

500 South Bronough Street

Tallahassee, Florida 32399