

SUB-RECIPIENT REQUEST FORM: CONTRACT MODIFICATION, AMENDMENT, or WAIVER

Refer to the Sub-Recipient Contract Modification, Amendment, Waiver Policy

- Complete form & justification for request
- Form must be signed by Sub-Recipient's authorized signatory
- Email form & supporting documentation to contracts@lahsa.org

Requestor						
Sub-Recipient Name		Contract Number				
		Date of Request				
Contact at Sub-recipient						
Name:		Phone:				
Title:		Email:				
Select Type of Request						
Modification ☐ Change of Administrative Contact (e.g. Fiscal, Program, Data) ☐ Change of Administrative Address ☐ Change to Match Source ☐ A shift of less than 10% between Categories within a Program Component in a single Contract ^{B,P} ☐ A shift of less than 10% between Sub-Categories within a Program Component in a single Contract ^{B,P}	Amendment ☐ Change to Legal or DBA Name ☐ Change to Site Address ☐ Change to Sub-contractor ☐ Change to number of Contracted to Serve ☐ Change to Population Contracted to Serve ☐ Change to Program Component ☐ Change to Term — no cost extension ☐ Change to Term — early termination ☐ A shift of over 10% between Categories within a Program Component ☐ A shift of up to 10% between LA County Measure H Strategies within a SPAB, ☐ Change to Compensation Total ☐ Change to Compensation Total		Waiver ☐ Request to waive a contract requirement			
Budget Modification Template required Program Profile Template required	Budget Modification Template required Program Profile Template required					
Details & Justification	1					
Please provide specific details for the Request (Attach additional pages as needed)						
Please provide the justification for the Request (Attach additional pages as needed)						
Authorized Signatory for Subrecipient						
Signature:		Date:				
Title:						

The estimated time to determine the disposition of the Sub-recipient Contract Amendment, Modification or Waiver Request begins upon submission to LAHSA (refer Table: Estimated Disposition Time).

Please note that the estimated time will vary depending on the type of request, Funder requirements, and the time of year.

Table: Estimated Disposition Time

	Amendment or Waiver			Modification
	Funder Approval	Contract	Total Time for	Total Time for
		Amendment	Amendment or	Modification
			Waiver*	
HUD (CoC)	Up to 6 months	Up to 30 days	Up to 7 months	Up to 30 days
DPSS (SA, HSP, FI, GR)	Up to 4 months		Up to 5 months	
CDC (ESG, Special Admin)	Up to 1 month		Up to 2 months	
HCID (City GF, CDBG, ESG,				
HEAP)				
County CEO (County GF,				
Measure H, Supervisorial				
District)				
State of California (CoC,				
HEAP, CESH)				
DCFS (ILP)				

Definitions

Budget. The LAHSA approved Budget Detail Template for an Agency, accessible in FileShare.

Budget Effective Date. The date from which an Agency may submit a Funding Request for reimbursement against the approved Budget.

Category & Sub-Category.

Category. As identified in the Budget Detail Template, e.g. Supportive Services, Operations, Hotel Vouchers, Administration, Financial Assistance, etc.

Sub-Category. As identified in the Budget Detail Template, e.g. Subcontractor, Case Management, Food, etc.

Contract. The executed Agreement between an Agency and LAHSA, accessible in FileShare.

FileShare. The secure file sharing platform used by LAHSA and an Agency.

Funder. The source of funding as identified in an Agency's Contract which may include State, Federal, County, and/or City funds.

Program Component. As identified in an Agency's Contract, e.g. Rapid Re-Housing, Crisis Housing, Bridge Housing, Permanent Supportive Housing, etc.

Strategy (Measure H). As defined in LA County's <u>"Approved Strategies to Combat Homelessness, February 2016"</u>, e.g. E8, B7, etc.