**National Association of Chronic Disease Directors**

***Amendment Request Form***

Please forward the completed form to legal@chronicdisease.org and the NACDD consultant identified in the agreement.

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Please provide the following information to request an amendment.

**1) Consultant Submitting Amendment Request:**

**2)** **Vendor Name:**

**3) Agreement (Contract) Number:**

**4) Program #/Name:**

**5) Current Signed Contract Total Amount:**

**6) Requested Additional Amount:**

**7) Revised Contract Total Amount:**

**8) Period of Performance Change:**

**9) Additional Scope of work to be completed:**