



Are you requesting a change to your geographical service area?

Please list new Counties and provide justification for this change using current statistics, demand for serving new area, and a description of outreach attempts in the space below:

Community Partner Management

Are you terminating an agreement with a funded community partner?

☐ Yes ☐ No

Removed Agency 1 _____

Provide a justification for removing service and how service provision will continue.

Removed Agency 2 _____

Provide a justification for removing service and how service provision will continue.

Are you requesting to add a funded Community Partner not previously in this year's grant resolution?

☐ Yes ☐ No

New Agency 1 _____

Proposed funded amount _____

List all suicide prevention services to be provided by this Agency.

New Agency 2 _____

Proposed funded amount _____

List all suicide prevention services to be provided by this Agency.

Budget Modification

Are you adding a new position/service that will result in an additional line item on your approved budget?

☐ Yes ☐ No

Line item 1 _____

FTE _____ FTE % _____ Amount _____

Line-item description (duties or service)

