

Iowa Department of Human Services

Amendment to Administrative Support Contract for Volunteer Services

Iowa Department of Human Services

Provider: _____

District

Address: _____

Contract Period

Beginning Date: _____

Telephone: _____

Termination Date: _____

Social Security #: _____

or

Federal I.D. #: _____

Name - Agency Representative

Annual Costs	Original Contract	Previous Amendments	Current Amendments	New Contract Total
Fee				
Expenses				
Volunteer Expenses				
Total Costs				
*Change in Program Objectives (if applicable)				

Contractor Date

District Administrator Date

Director, State Volunteer Program Date

* Describe changes in responsibilities on attachment.