**Amendment 3.1 Service Delivery Change**

**Community Adolescent Pregnancy Prevention**

Contractor Legal Name (or DBA):

Contract Number ACFS 20 - \_\_\_; Attachment 3.1 Change #: \_\_\_

This acknowledges changes from the following projected Service Delivery Activity(ies):

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity #** | **Curriculum or Service** | **County(ies)** | **# Projected** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

To the following projected Activity(ies):

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity #** | **Curriculum or Service** | **County(ies)** | **# Projected** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**For the following reason(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Contract Manager’s Name: |  | Date: |  |
|  |
| PCAI Accepted /Approved: |  | Date: |  |

Submit completed Service Delivery change request to: CAPP@pcaiowa.org