

VCAP Cost-Share Adjustment Request Form 7



Contract Number: _____
 Practice: _____
 Approved Practice Size: _____
Approved Estimated Cost: _____
Approved Cost-Share: _____

Updated Total Cost: \$ _____	Updated Cost-Share Request: \$ _____	Difference from Approved Cost-Share: \$ _____
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Reason for cost-share adjustment request and any other information necessary for Steering Committee decision to accept or deny this request? Attach any updated cost and documentation. *

Cost Adjustment Prepared By: _____ Date: _____

VCAP SC Decision: _____ Date: _____

Approved Final Cost-Share: \$ _____

*These changes should also be documented in an updated Form 1 & 2, submitted with final payment request.