

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**INSTRUCTIONS FOR COMPLETING
FORM OF CHANGE NOTICE**

General Instructions

The *Form of Change Notice* must be used for all requested changes to an approved project's scope, schedule, approach, or budget. For changes in a project budget, use the Form of Change Notice when the budget change is within 15% of the original approved project budget. Budget changes of an amount greater than 15% of the original approved project budget must be requested using a Request for Contract Amendment form.

Requestor must include all information as set forth in Technological Needs Funding Agreement (TNFA), Paragraph 6.0 (Change Notices and Amendments). Please:

- (a) complete or check all applicable boxes,
- (b) provide a brief description of the request where indicated, and
- (c) attach revised and/or supporting documents, as applicable.

If you are adding a new project and/or shifting funds to a new project, the project must be formally approved prior to submission of the Form of Change Notice.

Requestor shall submit the Form of Change Notice to the County's Project Manager. Electronic submissions of the Form of Change Notice bearing an image of the Contractor's Project Director's signature are preferred. County's Project Manager shall assign a DMH Control Number to track the Change Notice. All outstanding Change Notices shall be reviewed on a regular basis by the County's Project Director.

A template for the Form of Change Notice is available for download in MS WORD 2003 format from the CPTT website at: http://dmh.lacounty.gov/hipaa/edi_homepage.html.

Request Date	Enter the date of the Change Notice request as MM/DD/YYYY.
DMH Control No.	Leave Blank. This field is for DMH use only.
Contractor Name	Enter the name of the Contractor as it appears in the TNFA.
Address	Enter the address of the Contractor administrative office as it appears in the TNFA.
City, State, ZIP	Enter the City, State, and ZIP Code of the Contractor administrative office as it appears in the TNFA.
Phone	Enter the phone number of the Contractor's Project Director as it appears in the TNFA.
Email	Enter the e-mail address of the Contractor's Project Director as it appears in the TNFA.
Contractor's Project Director	Enter the name of the Contractor's Project Director as it appears in the TNFA.
Project Name	Enter the Project Name as it appears in the TNFA.
Project ID No.	Enter the Project Identification number as it appears on the project approval notification letter.
Contract No.	Enter the contract number as it appears in the TNFA.

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Legal Entity No.	Enter the Legal Entity number as it appears in the TNFA.
<p>(Option 1) Shift of Project Funds up to 15% of original Project Budget a) Between budget categories within a single project</p>	<p>Check this box if your objective is to move budgeted funds from one or more expense category(-ies) to one or more other expense category(-ies) within the same budget.</p> <p>Contractor may shift up to 15% of the original approved total project budget between project budget categories. For example, if a project budget is approved at \$100,000, contractor may redirect up to \$15,000 from one budget category to another budget category (e.g. reducing Personnel Costs by \$15,000 and increasing Contract Services by \$15,000). Funds moved out of one budget category may be redirected to multiple budget categories within the same project budget. Once funds are redirected within a project budget, the overall total budget amount for the project must be unchanged. Shifts of less than 15% are permissible and multiple shifts are permissible, but the cumulative percentage shift via Change Notices must not exceed 15%.</p> <p>Submit a completed Budget Change Worksheet.</p>
<p>Shift of Project Funds up to 15% of original Project Budget b) Between approved project and one or more approved projects</p>	<p>Check this box if your objective is to move budgeted funds from one or more approved project(s) to one or more other approved project(s), and specify all Project ID numbers on next line.</p> <p>If the TNFA includes more than one project, Contractor may shift up to 15% of the original approved total project budget between approved projects via a Change Notice. For example, if Project A is approved at \$100,000, the contractor may redirect up to \$15,000 from Project A to Project B under the condition that Project B has an original budget amount sufficient enough to allow an increase of \$15,000. If Project B has a budget less than Project A, the amount that may be shifted from Project A will be limited to 15% of the original budget of Project B, as Project B can only be increased by 15% of its original project budget. Multiple budget shifts are permissible, but once a project budget has reached the 15% maximum allowable increase or decrease, no further funds may be shifted into a project or redirected to a project via a Change Notice. Contractor must list all projects impacted by the shift by indicating the Project ID(s) of all projects impacted by the change.</p> <p>The transfer of budgeted funds from one or more approved projects to one or more other approved projects requires a Form of Change Notice for each project-to-project transfer, one for each project <u>from which</u> budgeted funds are being transferred, and one for each project <u>to which</u> budgeted funds are being transferred.</p> <p>Submit a completed Budget Change Worksheet with the Form of Change Notice for each project, identifying the changes to the budget of the specific project identified in the header of the Form of Change Notice.</p>

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From Project No.	Use only if objective is to move budgeted funds between approved projects. Indicate Project Number from which funds are being moved.
To Project No.	Use only if objective is to move budgeted funds between approved projects. Indicate Project Number to which funds are being moved.
(Option 2) Change Project Budget within 15% of original Project Budget. Total Compensation Amount (TCA) remains the same and funds are not shifting to other approved projects	<p>Check this box if your objective is to request additional budgeted funds be added to the approved project from remaining TCA funds.</p> <p>If the Total Compensation Amount (TCA) of the TNFA is greater than the sum of all projects in Exhibit A of the TNFA, Contractor may, through a Form of Change Notice, increase any project budget up to 15% of the original project budget using funds not committed to projects. Multiple budget shifts of this type are permissible, but once all project budgets have been increased by the 15% maximum, this action is no longer permissible via a Form of Change Notice.</p>
a) Increase Project Budget	Submit a completed Budget Change Worksheet.
Change Project Budget within 15% of original Project Budget. Total Compensation Amount (TCA) remains the same and funds are not shifting to other approved projects	<p>Check this box if your objective is to decrease any project budget by an amount up to 15% of the original project budget and return the funds to the TCA.</p> <p>Contractor may, through a Form of Change Notice, decrease any project budget up to 15% of the original project budget. Funds removed from a project via this mechanism will remain available to Contractor through actions specified in Paragraph 6.0 (Change Notices and Amendments) of the TNFA.</p>
b) Decrease Project Budget	Submit a completed Budget Change Worksheet.
(Option 3) Project Budget Change – Original Budget	Indicate, in whole dollars (e.g. \$100,000), the original project budget amount at the time the project was approved and included in the TNFA.
Project Budget Change – Revised Budget	Indicate, in whole dollars (e.g. \$100,000), the revised project budget amount.
Project Budget Change – Percent of Change	Indicate as a percentage (e.g. 15%), the percent of the budget increase or decrease.
Add or Modify Technological Needs Project (Exhibit A)	Check this box when adding a new, approved project to the TNFA. If you are proposing a new project and/or shifting funds to a proposed new project, the project must be approved prior to submission of a Form of Change Notice.
a) Add a New Project	

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<p>Add or Modify Technological Needs Project (Exhibit A) b) Modify Project Scope</p>	<p>Check this box if your objective is to modify the project <u>scope</u>, e.g., additional sites or users, added modules or increased functionality, or additional personnel, purchases or services. Submit a revised Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1 (d) Project Scope.</p>
<p>Add or Modify Technological Needs Project (Exhibit A) c) Modify Project Schedule</p>	<p>Check this box if your objective is to modify the project <u>schedule</u>, e.g., extend or reduce duration of overall project, or specific task(s) or milestone(s). Submit revised Appendix C: Summary Project Schedule.</p>
<p>Add or Modify Technological Needs Project (Exhibit A) d) Modify Project Approach</p>	<p>Check this box if your objective is to modify the project <u>approach</u>, e.g., changing from a custom developed application to an ASP solution. Submit a revised Exhibit 3 – Technological Needs Project Proposal Description.</p>
<p>Add or Modify Technological Needs Project (Exhibit A) e) Other</p>	<p>Check this box if your objective is to modify the project in a manner not otherwise identified. Submit appropriate revised project forms.</p>
<p>Description</p>	<p>To be completed for any chosen Option 1-3 above. Briefly describe objective. Attach additional sheets as necessary to detail the request.</p>
<p>Contractor's Project Director Signature</p>	<p>Contractor's Project Director identified in the TNFA must sign and date the Form of Change Notice.</p>
<p>Date</p>	<p>Enter date of signature by the Contractor's Project Director.</p>
<p>County's Project Manager Signature</p>	<p>Leave blank.</p>
<p>Date</p>	<p>Leave blank.</p>
<p>County's Project Director Signature</p>	<p>Leave blank.</p>
<p>Date</p>	<p>Leave blank.</p>
<p>Approved</p>	<p>Leave blank.</p>
<p>Denied</p>	<p>Leave blank.</p>
<p>If denied, state reason</p>	<p>Leave blank.</p>

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SAMPLE FORM OF CHANGE NOTICE

REQUEST DATE: <i>August 13, 2010</i>	DMH CONTROL NO. (DMH Use Only)
REQUESTOR INFORMATION: Contractor Name: <u><i>XYZ Agency, Inc.</i></u> Address: <u><i>123 Main Street</i></u> City, State, ZIP: <u><i>Los Angeles, CA 90000</i></u> Phone: <u><i>(213) 555-1212</i></u> Email: <u><i>JDoe@XYZagency.org</i></u> Contractor's Project Director: <u><i>John Doe, Ph.D., Executive Director</i></u>	PROJECT NAME: <u><i>Clin. Data & Practice Mgmt. System Project</i></u> Project ID No. <u><i>CDM00999A</i></u> Contract No. <u><i>MH100999</i></u> Legal Entity No. <u><i>00999</i></u>

1. **Shift of project funds up to 15% of original project budget:**
 Between budget categories within a project Between two or more approved projects:
 From Project No(s). _____ To Project No(s). _____

2. **Change project budget within 15% of original project budget. Total Compensation Amount (TCA) remains the same and funds are not shifting to/from other approved project(s):**
 Increase project budget, adding funds from remaining TCA
 Decrease project budget, returning funds to TCA

Project Budget Change:	Original Budget	Revised Budget	Percent of Change
_____	_____	_____	_____

3. **Add or Modify Technological Needs Project Proposal (Exhibit A):**
 Add a new Project Modify Project Schedule
 Modify Project Scope Modify Project Approach Other

Description: *Request to modify budget to accommodate purchase of 5 more desktop computers with monitors (\$1,200 each X 5 = \$6,000), by reallocating to Hardware funds from Contract Services.*

Contractor's Project Director **Signature:** *John Doe, Ph.D., Executive Director* Date: *08/13/10*

DMH USE ONLY	
County's Project Manager Signature: _____	Date: _____
County's Project Director Signature: _____	Date: _____
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/> If denied, state reason: _____

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SAMPLE FORM OF CHANGE NOTICE

Budget Modification Form
For Technological Needs Project Proposal
(List in Whole Dollars)

SAMPLE

Project Name: *Clinical Data and Practice Management
System Project*

Project ID No.: *CDM00999A*

Contractor Name: *XYZ Agency, Inc.*

Legal Entity No.: *00999*

Category	Original Budget	Revised Budget
Personnel	\$ 15,625	\$ 15,625
Hardware	\$ 25,125	\$ 31,125
Software	\$ -	\$ -
Contract Services	\$ 117,348	\$ 111,348
Other Expenses (Describe)	\$ -	\$ -
TOTAL	\$ 158,098	\$ 158,098

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-252-8744**.
Email a copy to: CPTT@dmh.lacounty.gov