

## **FAIR MARKET PRICE MODIFICATION**

The following Community Rehabilitation Program (the "CRP" or "Vendor") or Spending Unit hereby requests a price change or change in scope for an existing contract by submitting this Governor's Committee approved form to the West Virginia Association of Rehabilitation Facilities, Inc. ("WVARF"). This form is approved by the Governor's Committee and provided to CRPs wishing to request any changes described in the West Virginia Code of State Rules §186-1-6.

Vendor Name:	
Spending Unit Name:	<del></del>
Identify the item or service for which a change is sou	ight:
-	e, provide a breakdown of the change in the costs/Fai
If the request is for a change in the scope of work factorial appropriate documentation to demonstrate	for a current contract, state the reason for the change the need for a change in the scope of work.
	sed changes, WVARF shall submit the Fair Marke evernor's Committee using this form. This request is a fified vendor's cost.
WVARF Director Approval:	Date:
CRP Approval:	
Committee Approval :	
Purchasing Approval:	