



NORTHWEST PRIVATE INDUSTRY COUNCIL

WORK EXPERIENCE/ON-THE-JOB TRAINING SUB-GRANT MODIFICATION

Sub-grantee Company Name	Participant
Sub-grantee Street Address or Box Number	Participant Social Security Number
Sub-grantee City, State and Zip Code	Program Funding Source
Sub-grantee Contact Person	Case Manager
Sub-grantee Telephone	Effective Date of Modification

Except as hereby modified, all terms and conditions of said sub-grant as heretofore modified remain unchanged and in full effect. The sub-grant is modified as follows:

New Ending Date	
New Total Number of Hours	
New Rate of Reimbursement	
New Total Education Costs	
New Total Dollar Amount	

Changes herein have the following effect of funds in this sub-grant:

No change _____ Increased by \$ _____ Decreased by \$ _____

Participant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Sub-grantee Representative _____ Date: _____