8-25-05

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| **REQUEST: NON-COMPETITIVE AMENDMENT** | | | | | | | | |
|  | | | | | **APPROVED** | | | |
|  | | | |
| **Commissioner of Finance & Administration** | | | |
| **Date:** | | | |
|  | | | | | | | | |
| **EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.** | | | | | | | | |
| 1. **RFS #** | | | |  | | | | |
| 1. **State Agency Name :** | | | |  | | | | |
| **EXISTING CONTRACT INFORMATON** | | | | | | | | |
| 1. **Service Caption :** | | | |  | | | | |
| 1. **Contractor :** | | | |  | | | | |
| 1. **Contract #** | | | |  | | | | |
| 1. **Contract Start Date :** | | | | | | | |  |
| 1. **Current Contract End Date IF all Options to Extend the Contract are Exercised :** | | | | | | | |  |
| 1. **Current Total Maximum Cost IF all Options to Extend the Contract are Exercised :** | | | | | | | |  |
| **PROPOSED AMENDMENT INFORMATON** | | | | | | | | |
| 1. **Proposed Amendment #** | | | | | | | |  |
| 1. **Proposed Amendment Effective Date :** (attached explanation required if date is < 60 days after F&A receipt) | | | | | | | |  |
| 1. **Proposed Contract End Date IF all Options to Extend the Contract are Exercised :** | | | | | | | |  |
| 1. **Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised :** | | | | | | | |  |
| 1. **Approval Criteria :** (select one) | |  | | **use of Non-Competitive Negotiation is in the best interest of the state** | | | | |
|  | | **only one uniquely qualified service provider able to provide the service** | | | | |
| 1. **Description of the Proposed Amendment Effects & Any Additional Service :** | | | | | | | | |
|  | | | | | | | | |
| 1. **Explanation of Need for the Proposed Amendment :** | | | | | | | | |
|  | | | | | | | | |
| 1. **Name & Address of Contractor’s Current Principal Owner(s) :** (not required if proposed contractor is a state education institution) | | | | | | | | |
|  | | | | | | | | |
| 1. **Documentation of Office for Information Resources Endorsement :** (required only if the subject service involves information technology) | | | | | | | | |
| **select one:** |  | | Documentation Not Applicable to this Request | | |  | Documentation Attached to this Request | |
| 1. **Documentation of Department of Personnel Endorsement :** (required only if the subject service involves training for state employees) | | | | | | | | |
| **select one:** |  | | Documentation Not Applicable to this Request | | |  | Documentation Attached to this Request | |
| 1. **Documentation of State Architect Endorsement :** (required only if the subject service involves construction or real property related services) | | | | | | | | |
| **select one:** |  | | Documentation Not Applicable to this Request | | |  | Documentation Attached to this Request | |
| 1. **Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :** | | | | | | | | |
|  | | | | | | | | |
| 1. **Justification for the Proposed Non-Competitive Amendment :** | | | | | | | | |
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| **REQUESTING AGENCY HEAD SIGNATURE & DATE :** (must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances) | | | | | | | | |
|  | | | | | | | | |
| **Agency Head Signature** | | | | | | **Date** | | |