

# REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration  
Date:

**EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.**

1) RFS #		
2) State Agency Name :		
<b>EXISTING CONTRACT INFORMATON</b>		
3) Service Caption :		
4) Contractor :		
5) Contract #		
6) Contract Start Date :		
7) <u>Current</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :		
8) <u>Current</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :		
<b>PROPOSED AMENDMENT INFORMATON</b>		
9) <u>Proposed</u> Amendment #		
10) <u>Proposed</u> Amendment Effective Date ; (attached explanation required if date is < 60 days after F&A receipt)		
11) <u>Proposed</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :		
12) <u>Proposed</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :		
13) Approval Criteria : (select one)	<input type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state	
	<input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service :		
15) Explanation of Need for the Proposed Amendment :		