

# 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 INFORMATION</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 INFORMATION</b>  |   |  |
| 9) <u>Proposed</u> Amendment #   |   |  |
| 10) <u>Proposed</u> Amendment Effective Date ;<br>(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 :<br>(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 :   |   |  |