

**Department of Administration
Administrative Services Division**

Service Contract Amendment Request

Please complete the contract amendment request, print, and obtain the appropriate authorizing signature. If necessary, prepare an amended scope of work (SOW) in a separate Word document. Submit the scanned contract amendment request, the amended SOW Word.doc file, a scan of the contractor's proposal or RFP (if applicable), through the ASD website by selecting "Service Contract Amendment".

General Information	
Agency name and code (3-digit number) (e.g. Admin Services Div. - 086):	Date this form completed (mm/dd/yyyy):
Agency Address, phone and fax:	
Current Contract Name:	CETS #: NPAS #:
Purpose of amendment (<i>complete the following statement</i>): "This is an amendment to the original contract to provide..." Select all that apply: <input type="checkbox"/> <u>Increase/decrease contract amount (cost)</u> – "Increase" most often is due to extension of contract and/or an increase for unanticipated services; and "decrease" would result if deliverables are met earlier than anticipated resulting in less cost, or a rate reduction occurs. <input type="checkbox"/> <u>Extend contract termination date</u> - only if original contract effective for less than a 4-year period. <i>NOTE: For contract amendments requesting time extension only, executed contracts must be submitted to Budget Division a minimum of three business days <u>prior</u> to existing contract's expiration date.</i> <input type="checkbox"/> <u>Change in negotiated rates and/or payment terms</u> – may affect contractual amount. <input type="checkbox"/> <u>Substantive change in contract deliverables (Scope of Work)</u> - most likely will affect contractual amount. <input type="checkbox"/> <u>Contractor name/address change</u> – if name change is a result of contractor's business being purchased by another entity, agency may wish to execute new contract. <input type="checkbox"/> <u>Funding Source changes</u> – Briefly describe	

Account coding to charge:	
To what State Fiscal Year(s) will the contract amendment be charged? Budget account:	
Category: GL (leave blank if unsure):	
Job number (optional): Org code (optional): Function code (optional):	
Current Contract Amount: Increase Contract Amount By: Net Contract Amount:	Subject to BOE approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: This section will be determined by Administrative Services Division</i>
Current Contract Termination Date: (mm/dd/yyyy):	Amend Contract Term Date To: (mm/dd/yyyy):
Amendment affects rate change and/or payment terms as follows:	
<input type="checkbox"/> Negotiated rate change: Old Rate \$0.00 New Rate \$0.00 <input type="checkbox"/> Monthly invoices <input type="checkbox"/> Quarterly invoices <input type="checkbox"/> Annual invoices <input type="checkbox"/> Invoicing upon completion of project/deliverables <input type="checkbox"/> Other (please specify)	
If applicable, please provide <u>current</u> contractor's "new" contact information for amendment purposes:	
CHANGE:	
Contractor's name to:	Contractor's phone to:
Contractor's contact person to:	Contractor's fax to:
Contractor's address to:	Contractor's email to:
Do any of the following IT components relate to this amendment?	
<ul style="list-style-type: none"> • Software development • Computer consulting • Web site design/programming • Integrated computer system design • Privileged access to network systems, valuable property or sensitive data 	<ul style="list-style-type: none"> • Multi-media design • Data management • Other computer service <input type="checkbox"/> Yes <input type="checkbox"/> No

**Amended Scope of Work
(If applicable)**

Attach, in a separate Word document, a detailed, specific scope of work (SOW) and/or contractor's proposal **if amendment involves unanticipated costs**. Please label the document with the contract title followed by "Scope of Work-amended", the date it was prepared, and changes noted in **bold** type. **When submitting through ASD website, please attach the electronic Word document file (not a scanned copy) of the amended scope of work.**

Please consider the following:

- What facilities will use the service?
- deliverables with dates
- required reports with dates
- milestones with dates
- deadlines
- inspections
- product specifications
- functional specifications
- performance specifications
- subsequent service and support
- usage and warranty
- applicable laws
- who evaluates performance?
- what happens if deliverable, report, milestone, etc. is missed?

Is need for an amendment based on the fact that a new vendor is buying the current vendor's business and will now be providing services under the current contract? If so, please complete the remaining sections with the understanding that answers provided could reveal that a new contract is needed.

New Vendor name:

New Vendor phone:

New Vendor contact person:

New Vendor fax:

New Vendor address:

New Vendor email:

Explain why state employees are not able to do this job.

Will contracted services be performed by a current employee of the State of Nevada or is the contractor a current employee of the State of Nevada?

Yes No

Will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months or was the contractor formerly employed by the State of Nevada within the past 24 months?

Yes No

Is the contractor currently involved in litigation with the State of Nevada?

Yes No

**The following is to be answered by the Administrative Services Division
Please continue on to Authorization signature**

The contractor is registered with the Nevada Secretary of State's Office as a:

Sole Proprietor
 LLC
 Corporation
 Partnership

Is the contractor name the same as the legal Entity name?

Yes No

Does the contractor have a current Nevada State Business License (SBL)?

Yes No

Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes No

Contract monitor/agency lead:

Contract monitor/agency lead phone:

Authorization to proceed with contract amendment:

Print Name and Title

Signature of Division Administrator or Designee

Date