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| CENTRAL CONTRACTS AND LEGAL SERVICES (CCLS)**Sole Source Amendment Justification** | TO: |
| CONTRACT AND AMENDMENT NUMBER |
| TODAY’S DATE |
| **Contractor’s Legal Name** |
|  |
| **Contract Amendment’s Purpose** |
|  |
| **Amendment Funding** |
| FEDERAL FUNDING**$** | STATE FUNDING**$** | AMENDMENT TOTAL**$** |
| **Amendment Dates – Start Date \*Must be more than 10 business days from date of request to CCLS.** |
| \* AMENDMENT START DATE | END DATE |
| **To Expedite CCLS’ and DES’ Review and Approval of the Amendment, please provide clear and compelling answers to the following justification questions.** |
| 1. What is the business need or problem that requires this amendment?

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| 1. State the rationale for executing an amendment to an existing contract rather than competitively procuring the goods and/or services and awarding a new contract. Include how executing the amendment can most effectively achieve the agency’s purpose.

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| 1. Are the proposed services within the scope of the original contract or solicitation document?

 [ ]  Yes [ ]  No; if no, explain below: |
| 1. Explain why the goods and/or services were not included in the terms of the original contract.

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| 1. Explain what conditions have changed since the award and other applicable information that clearly justifies the decision to amend the contract.

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| 1. What are the consequences of not having this amendment approved? Describe in detail the impact to the agency and to the services it provides if this amendment is not approved.

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| 1. Are the rates the same as that negotiated under the original contract?

 [ ]  Yes [ ]  No; if no, explain below: |
| [ ]  Confirm Program and Contractor agree that the drafted Contract Amendment document is in final form.[ ]  If filing is considered late, obtain your Division Director and Fiscal Approvals. **If the filing is “late” (where the Amendment start date is less than 10 business days from date sent to CCLS for review, approval, and submission to DES), you must also complete and attach the Late Filing Justification form.** |