**State of Missouri, Division of Purchasing**

**Contract Amendment Request Form**

**FROM:** Enter Department Name

Enter Department contact name

Enter Department contact email address

**DATE:** Enter Amendment Request Date

|  |
| --- |
| **CONTRACT AMENDMENT INSTRUCTIONS** |
| Contract amendment requests must align with 1 CSR 40-1.050(11) which states: “Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.” If your amendment request meets this criteria, please complete the following form to explain your amendment request.  After necessary funding and other agency approvals, please complete and upload/attach this Contract Amendment Request Form and any other supporting documents related to the amendment to the MissouriBUYS Request for Contract Amendment. |

|  |  |  |
| --- | --- | --- |
| **CONTRACT AMENDMENT INFORMATION** | | |
| Contract Number: Enter Contract Number | | |
| Contract Title: Enter Contract Title | | |
| Contractor Name: Enter Contractor Name | | |
| Is this a request for **renewal**, **amendment**, or both? Renewal: Amendment: Both: | | |
| If **renewal**, provide the renewal period: Renewal Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If **renewal** of a single feasible source contract (section 34.044 RSMo), is same SFS justification as originally submitted still applicable for renewal period?  Provide the following information:   1. An explanation as to how the procurement still meets the legal definition of a SFS; 2. If necessary, documentation from the vendor noting the SFS nature of the specific product/service. | | Yes: No: Not a SFS renewal:  Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If **amendment**, provide Annual Estimated Dollar Value of amendment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/year | | |
| If **amendment**, provide details of amendment being requested: | | |
| If **amendment**, is the requested contract amendment a cancellation for breach or a termination for convenience? If yes, provide reason for cancellation/ termination. | Yes, Cancellation: / Yes, Termination: / No:  Reason for cancellation/termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |