

**Modification or Renewal  
of contract previously approved by PPRB**

PPRB OPSCR Rules and Regulations Sections 7-109 and 7-110

As used throughout this document, the word "Modification" includes both modifications and renewals.

Agency: \_\_\_\_\_

Contractor: \_\_\_\_\_

Period of Performance: \_\_\_\_\_

Additional Spending Authority Requested in Modification: \_\_\_\_\_

Contract Total Amount (including Modification): \_\_\_\_\_

**Projected Contract Lifecycle and Budget**

Contract Term	Start Date	End Date	Projected Budget

*List the initial term and all renewal periods in the Contract Term column. For example, if you are submitting a three year contract with two optional one year renewals, you would list "Initial Term"; "Renewal Year 1"; "Renewal Year 2". List the anticipated start and end date of each period and the amount the Agency anticipates it will spend in each period. If the Contract is for more than 5 years, provide the Agency's authority to enter a contract for a term longer than allowed in Section 3-502(a) and any additional information in the **Notes** section below.*

Contract Number: \_\_\_\_\_

Solicitation RFX Number: \_\_\_\_\_

Other Associated Numbers in MAGIC: \_\_\_\_\_

Notes (any comments or information you want to provide to OPSCR):

**Modification or Renewal**

Does the modification contain any changes to the scope of work? Yes No

If yes, please explain the changes, the reason those changes are required, an explanation as to how those changes were contemplated in the original procurement and contract, and the location in the original procurement and contract which allows the changes:

Does the modification contain any changes to the rate of pay? Yes No

If yes, please explain the changes, the reason those changes are required, and an explanation as to how those changes were contemplated in the original procurement and contract, and the location in the original procurement and contract which allows the changes:

Does the modification revise the period of performance? Yes No

If yes, please explain the changes, the reason those changes are required, and an explanation as to how those changes were contemplated in the original procurement and contract, and the location in the original procurement and contract which allows the changes:

Does the modification revise any terms not already discussed? Yes No

If yes, please explain the changes, the reason those changes are required, and an explanation as to how those changes were contemplated in the original procurement and contract, and the location in the original procurement and contract which allows the changes:

**Approval of Modification or Renewal**

Date Submitted to OPSCR: \_\_\_\_\_

Requested PPRB Meeting Date: \_\_\_\_\_

Modification Effective Date\*: \_\_\_\_\_

*\*The Modification Effective Date cannot be prior to the PPRB Meeting Date.*

The contract requires regulatory board approval (other than PPRB): Yes No

Board: \_\_\_\_\_

Expected Board Meeting Date: \_\_\_\_\_

*A copy of the Minutes showing the Regulatory Board approved the contract is required before final approval.*

Contractor currently qualified to do business in the State per Miss. Code §79-4-15.01? Yes No

*Provide documentation of current registration and good standing with the Mississippi Secretary of State.*

Insurance Requirements in original contract (type of insurance and amount):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Is the State or Agency required to be an Additional Insured? Yes No

*A current Certificate of Insurance reflecting the required coverage must be submitted to OPSCR.*

Contract Clause or Page Number where Insurance Requirements can be found: \_\_\_\_\_

What is the funding source for this contract?

\_\_\_\_\_ % State General Funds

\_\_\_\_\_ % Federal Funds

\_\_\_\_\_ % Grant Funds (describe Grant): \_\_\_\_\_

\_\_\_\_\_ % Other (describe): \_\_\_\_\_

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Were these services provided to the Agency prior to the present contract? Yes      No  
 If yes, who was providing the services?

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Agency Representative for PPRB Meeting: \_\_\_\_\_

The Agency Representative will attend: In Person      Remote

\*The option to attend remotely is not available to Agencies located in Hinds, Rankin, or Madison counties.

Responsible Agency Official: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I certify that all information provided herein and/or uploaded to MAGIC is true, correct, and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check if Uploaded	Documents to Upload in MAGIC <i>(preferably as individual PDFs labelled as indicated below)</i>	Publicly Available
	Unexecuted Contract Modification or Renewal	-
	All Contract Attachments, Appendices, or Exhibits	-
	Complete Submission Checklist (and required documentation)	-
	Contractor's current Registration with the Secretary of State	-
	Current Certificates of Insurance/Performance Bond, if required	-
	Proof of Regulatory Board Approval (if applicable)	-
	Any Additional Documentation re: the Modification or Renewal	-

Following approval by the PPRB, the following documents are required to be made publicly available on [www.transparency.mississippi.gov](http://www.transparency.mississippi.gov). It is the sole responsibility of the Agency to ensure compliance with Sections 3-202.16, 3-204.05, and 7-116 of the PPRB OPSCR Rules and Regulations, the Mississippi Public Records Act of 1983 (Miss. Code Ann. § 25-61-1 *et seq.*), Miss. Code Ann. § 79-23-1, and the Mississippi Accountability and Transparency Act of 2008 (Miss. Code Ann. § 27-104-151 *et seq.*).

- The fully executed contract;
- All contract attachments, appendices, or exhibits; and
- The Public Notice of Contract Award.

OPSCR USE ONLY

Primary Analyst: \_\_\_\_\_ Signature: \_\_\_\_\_

Secondary Analyst: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTES: