

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

PPRB OPSCR Rules and Regulations Section 14.8.2

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 five years pursuant to Section 14.3.1 in the **Notes** section below and provide all supporting documentation.

Contract Number _____

Solicitation RFx Number _____

Other Associated Numbers in MAGIC _____

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

Modification or Renewal
<p>Does the modification contain any changes to the scope of work? Yes No</p> <p>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</p>
<p>Does the modification contain any changes to the rate of pay? Yes No</p> <p>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</p>
<p>Does the modification revise the period of performance? Yes No</p> <p>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</p>

<p>Does the modification revise any terms not already discussed? Yes No</p> <p>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</p>
<p>Is the modification a result of a change in law? Yes No</p> <p>If yes, a memorandum required by Section 14.8.2.1 must be submitted to OPSCR with the modification.</p>

<p>Approval of Modification or Renewal</p> <p>Sections 1.2.1, 1.2.2, and 14.8</p>
<p>Date Submitted to OPSCR _____</p> <p>Requested PPRB Meeting Date _____</p> <p>Modification Effective Date* _____</p> <p><small>*The Modification Effective Date cannot be prior to the PPRB Meeting Date.</small></p>
<p>The contract requires regulatory board approval (other than PPRB) Yes No</p> <p>Board _____</p> <p>Expected Board Meeting Date _____</p> <p>A copy of the Minutes showing the Regulatory Board approved the contract is required before final approval.</p>
<p>Contractor currently qualified to do business in the State per Miss. Code §79-4-15.01? Yes No</p> <p>Provide documentation of current registration and good standing with the Mississippi Secretary of State.</p>
<p>Insurance Requirements in original contract (type of insurance <u>and</u> amount):</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>

\$ _____
\$ _____
<p>Is the State or Agency required to be an Additional Insured? Yes No</p> <p>A current Certificate of Insurance reflecting the required coverage must be submitted to OPSCR.</p> <p>Does the contract require that the Agency be listed as an Additional Insured? Yes No</p> <p>Contract Clause or Page Number where Insurance Requirements can be found _____</p>
<p>What is the funding source for this contract?</p> <p>_____ % State General Funds</p> <p>_____ % Federal Funds</p> <p>_____ % Grant Funds (describe Grant) _____</p> <p>_____ % Other (describe) _____</p>
<p>Has the Agency Head delegated authority to a designee to execute the contract? Yes No</p> <p>If yes, the memorandum required by Section 14.9 shall be submitted to OPSCR.</p>
<p>Agency Representative for PPRB Meeting _____</p> <p>Email Address _____ Telephone Number _____</p>

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 (preferably as individual PDFs labelled as indicated below)	Publicly Available
	Unexecuted Contract Modification or Renewal	-
	All Contract Attachments, Appendices, or Exhibits	-

Modification or Renewal

	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	-

OPSCR USE ONLY

Primary Analyst: _____ Signature: _____

Secondary Analyst: _____ Signature: _____

NOTES: