request for alternate procurement

unanticipated amendment exception (UAE)

Complete all required fields below and email in **Word** format to: DOA.OPPM.PolicyOversight@alaska.gov

**Include supporting materials, attached separately.**

RAP NUMBER: Click or tap here to enter text.

DEPARTMENT: Choose an item.

DIVISION: Click or tap here to enter text.

RAP TYPE: **Unanticipated Amendment Exception**

DATE REQUIRED: Click or tap here to enter text.

TOTAL ESTIMATED COST: Click or tap here to enter text.

VENDOR NAME: Click or tap here to enter text.

CONTRACT NUMBER:Click or tap here to enter text.

# EXECUTIVE SUMMARY

Provide a description of the contract and scope of work, and the specific reasons why this amendment is in the state’s best interest:

Click or tap here to enter text.

# preparer information

Alternate procurements must be completed by procurement staff with OPPM procurement certification appropriate for the dollar amount.

**Preparer Name:** Click or tap here to enter text.

**Preparer Email:** Click or tap here to enter text.

**Certification Level:** Choose an item.

# CONTACT INFORMATION

If you would like us to contact someone ***other*** than the preparer if we have questions or need further information, please provide their name and contact details below.

**Contact Name / Phone / Email:** Click or tap here to enter text.

# requesting agency approval

This approval must come from the agency head or their authorized designee.

**Approver’s Name / Title:** Click or tap here to enter text.

*By entering my initials below, I represent that I am authorized to approve the Request for Alternate Procurement. I confirm that, to the best of my knowledge, all information and evidence submitted in support of this request is true and accurate.*

**Approver’s Initials***:* Click or tap here to enter text. **Date:** Click or tap here to enter text.

# contract and amendment history

**This section is for completion by OPPM Policy and Oversight staff only. You must include with your RAP the face page of the original contract and face pages of any subsequent amendments.**

The following table provides a summary of this contract including this requested amendment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contract Action** | **Description of Action** | **Term** | **RAP or amendment TERM Amount** | **TOTAL CONTRACT AMOUNT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note:** To date, $X has been added to this contract via the unanticipated amendment process. Approval of this request will result in an approximate X% increase to the current contract **term** value of $X.

OR

**Note:**To date, no additional costs have been added to this contract via the unanticipated amendment process. Approval of this request will result in an approximate X% increase to the current contract **term** value of $X.

# justification

Please complete the fields below. For Legitimacy and Scope, you must attach documentation from the project manager or another relevant subject matter expert that verifies the information being provided is true and accurate.

##### **legitimacy**

Provide an explanation of whether this amendment is legitimate and due to unforeseen circumstances, which occurred as work progressed, and whether the reasons for the amendment were unforeseen when contract was established:

Click or tap here to enter text.

##### **scope**

Provide an explanation of whether this amendment is within the scope of the original contract?

Click or tap here to enter text.

##### **contract clause**

Please provide an explanation of how the original contract contain clauses authorizing modification.

Click or tap here to enter text.

##### **extent**

Please provide an explanation to clarify if the amendment contains an important general change that alters the main purpose of the contract, if it is of such importance as to constitute a new undertaking, or if it does not contain any changes to the main purpose.

Click or tap here to enter text.

**The following sections are for completion by OPPM only.**

# contracting officer recommendation

**Reviewed by:** Choose an item.

**Recommended Action:** Choose an item.

# delegated authority

If this request is approved, the procurement must be made under these conditions:

This authority is limited to the goods and services and vendor(s) specified in this RAP and is not to exceed the TOTAL ESTIMATED COST entered on page one unless a different amount is specified by OPPM in the SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES section below.

This authority expires in 60 days from the date of approval. The agency must amend the contract prior to this expiration or contract expiration date, whichever is sooner.

Prior to amending the contract, cost and pricing data must be obtained from the vendor per AS 36.30.400.

Once the contract is amended, the agency’s normal authority to process unanticipated amendments under 2 AAC 12.485 apply unless specified otherwise in the SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES section below.

# specific delegation authority / restrictions / notes

Click or tap here to enter text.

# chief procurement officer (cpo) signature

By signature below, I concur with the CONTRACTING OFFICER RECOMMENDATION and any SPECIFIC DELEGATION AUTHORITY / RESTRICTIONS / NOTES entered related to this request.

**Signature:** **Date:**

|  |  |
| --- | --- |
|  |  |