

**DCF – Division of Contract Management  
Amendment/Contract Request Form**

Date:

Requester Name (DCF Program Lead & Bureau):

Name of Contractor/Provider:

**CHECK ONE**

**Request for Amendment to Existing Contract**

Result of an RFP:  Yes  No

Amendment Effective Date:

Existing Contract #:

Existing Contract Term:

Identify **Existing** Service Type/Program to be amended  
or **New** Service Type to be added :

Briefly explain the need (justification) for the new service or the change in service:

Brief description explaining programmatic changes/additions:

**Request for New Contract (first time provider)**

Result of RFP  Yes  No

New Contract Effective Date:

Term of Contract (Completed by DCM Fiscal):

Identify **New** Service Type/Program to be added:

Explain the need (justification) for the new service:

Brief description of the new service:

Scope of Service approved by DCM **REQUIRED**:  Yes  No

Area Office(s) Served:

**Funding Details** – Approved/Signed by \_\_\_\_\_  
Fiscal \_\_\_\_\_ Date \_\_\_\_\_

Additional / New Annual Amount:

Revised Program Values by SFY

SID (account) #:

Additional / New Prorated Amount for Current SFY:

Prorated for period of:

Existing Program Amount (if applicable):

Total Term of Amendment: