**Attachment 2**

**Interagency Agreement Option/Modification**

**GENERAL INFORMATION**

1. Interagency Agreement Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Will be supplied by OPASS prior to submission to DBM*

1. Agency Agreement Control Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Agreement Title (or subject matter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supplied by program*

1. Agreement Start Date (*Please report the Agreement’s original start date*): \_\_\_\_\_\_\_\_\_\_\_\_
2. Agreement End Date (*Please report the Agreement’s current end date*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is this an Option or Modification? (*check one*)

\_\_\_\_ Option

\_\_\_\_ Modification

1. Option/Modification Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Value of this Option/Modification: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. NEW Total Projected Value of the Agreement $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full Value,* *including amount related to this option/modification.*

1. Fund Source for Agreement:

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

\_\_\_\_\_% Special Funds

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

*If it is not already included, please submit line item budget detail and justification with this form.*

1. Overhead - Facilities & Administrative (F&A) Costs
2. F&A Amount ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. F&A Rate (%): \_\_\_\_\_\_
4. F&A Rate Base (*check one*):

\_\_\_\_\_ Total Direct Costs

\_\_\_\_\_ Modified Total Direct Costs

\_\_\_\_\_ Salaries & Wages

1. Number of positions funded by this Agreement:
2. Positions funded Full Time: \_\_\_\_
3. Positions funded Part Time: \_\_\_\_

*Please note that DBM has asked for a detailed list of all positions funded through this Agreement, indicating whether they are funded full time or part time. Full Time is considered equal to a 40 hr work-week. A Grad Assistant that works 20 hrs/week would be reported as “Part Time”. For each part time position, indicate the percentage of time (e.g., 25%, 40%) the position is being compensated under this Agreement.*

**ADDITIONAL DETAIL INFORMATION**

1. Justification for Option/Modification. Please explain the following and be specific in your response, providing examples as appropriate.
2. Provide a brief description of what this Option/Modification is for and how it relates to the original scope of work of the Agreement.
3. What other alternatives to the services requested in this Option/Modification have been considered. *Specifically address the following*:

* Has any effort ever been made to acquire these services through a competitive procurement process? If yes, please describe what efforts or research has been done to determine if these services could be competitively procured.
* Is there any reason these services could not or should not be competitively solicited in a manner that allows for both the private and public sector proposals?
* Did the Agency consider assigning these services to existing State positions or obtaining additional State positions? Please explain.

1. Is the need for these specific services likely to continue beyond the term of this Agreement?
2. Please explain what your Agency did to validate the reasonableness of the cost of this Option/Modification, including overhead charges.
3. Please identify the name(s) of the individual(s) designated by the agency to monitor the work performed under this agreement and the correctness of the invoices. Please confirm the agency has procedures in place for both processes.
4. Name and title of individual who will monitor work performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures in place for monitoring work? (*Indicate Yes or No*): \_\_\_\_

1. Name and title of individual who will review invoices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures in place for reviewing invoices? (*Indicate Yes or No*): \_\_\_\_

1. Agency Contact for this agreement:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Higher Education contact for this agreement:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_