

# DCE-200

## CONTRACT REQUEST FORM FOR EXTENSION OR AMENDMENT TO EXISTING CONTRACT

Deadline (if any, explanation on cover memo): \_\_\_\_\_

LAW MANAGER NO: \* \_\_\_\_\_  
(\*entry to be made by Law Dept.)

[1] **DEPARTMENT** \_\_\_\_\_ DEPARTMENT # \_\_\_\_\_  
 REPRESENTATIVE [PROJECT MANAGER] \_\_\_\_\_ TEL# \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_  
 AGENCY/ORG CODE \_\_\_\_\_ BUDGET LINE ITEM \_\_\_\_\_ COMMODITY CODE \_\_\_\_\_  
 CAPITAL BUDGET  OPERATING BUDGET BID # \_\_\_\_\_ RFP # \_\_\_\_\_  
 MANDATED SERVICES:  NO  YES, If yes, indicate statutory authority: \* \_\_\_\_\_  
 MWBE REQUIREMENTS:  NO  YES  
 (\*REQUIRED)

RESOLUTION NUMBER FUNDING /APPROVING THIS CONTRACT: RES. # \_\_\_\_\_  
 FUNDS FOR THIS CONTRACT ARE PROVIDED IN THE FY \_\_\_\_\_ BUDGET, LINE ITEM# \_\_\_\_\_  
 % OF COUNTY'S FINANCIAL PARTICIPATION IN TOTAL COST \_\_\_\_\_% PASS THROUGH FUNDING?  YES  NO  
 NO COUNTY EMPLOYEE IN THIS DEPARTMENT, WHO HAS BEEN INVOLVED IN THIS PROCUREMENT, HAS A CONFLICTING INTEREST OR  
 ACTIVITY, WHICH WOULD CONSTITUTE A PERSONAL GAIN OR A CONFLICT OF INTEREST AS PER ROCKLAND COUNTY CODE §§ 66-3 OR 140-  
 8.

### [2] LEGAL NAME OF CONTRACT AGENCY/CONSULTANT/CONTRACTOR

ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ TEL #: \_\_\_\_\_ \*EMAIL: \_\_\_\_\_ (\*required)  
 SIGNATORY AND TITLE: \_\_\_\_\_ SS# OR FED.ID# \_\_\_\_\_  
 PURPOSE OF CONTRACT: \_\_\_\_\_

### [3] TYPE OF AGREEMENT: (CHECK AND FILL IN ALL APPLICABLE DESCRIPTIONS)

EXTENSION OR  AMENDMENT OF CONTRACT # \_\_\_\_\_ \*SECTION 4(B) MUST ALSO BE COMPLETED \_\_\_\_\_  
 EXTENSION OF TERM (CONTRACT PERIOD) ONLY  AMENDMENT OF CONTRACT LANGUAGE  
 AMENDMENT OF AMOUNT  AMENDMENT TO SCOPE OF WORK  
 AMENDMENT IN CONTRACT DELIVERABLES  
 CONSULTANT  CONTRACTOR  LEASE  GRANT  CONTRACT AGENCY  INTERMUNICIPAL  LICENSE  M.O.U

[4] A. TERM OF REQUESTED AMENDMENT \_\_\_\_\_ TO \_\_\_\_\_

### [4] B. LIST PREVIOUS AGREEMENT DATES:

DATE OF ORIGINAL AGREEMENT: \_\_\_\_\_ TO \_\_\_\_\_  
 DATE(S) OF AMENDMENT(S): \_\_\_\_\_ TO \_\_\_\_\_  
 \_\_\_\_\_ TO \_\_\_\_\_  
 \_\_\_\_\_ TO \_\_\_\_\_

[5] **PAYMENT SCHEDULE:** ORIGINAL CONTRACT AMOUNT : \$ \_\_\_\_\_  
**TOTAL** AMOUNTS ADDED IN PRIOR AMENDMENTS (IF ANY) \$ \_\_\_\_\_  
 ADDITIONAL AMOUNTS ADDED AT THIS TIME (IF APPLICABLE): \$ \_\_\_\_\_  
**TOTAL** CONTRACT AMOUNT NOT TO EXCEED: \$ \_\_\_\_\_  
 HOURLY RATE: \$ \_\_\_\_\_ (IF APPLICABLE)  
 NO (\$) DOLLAR EXPENDITURE; ENCUMBRANCE TO BE MADE BY PURCHASE ORDER (IF APPLICABLE)

### [6] SERVICES:

(ATTACH A "SCHEDULE A" DETAILING ALL SERVICES THAT AGENCY/CONSULTANT/CONTRACTOR SHALL PERFORM)  
 NOTE: OTHER SCHEDULES MAY BE REQUIRED (INCLUDING, BUT NOT LIMITED TO APPLICABLE COST OR FEE SCHEDULE)

### [7] INSURANCE – BOX 7(A) MUST BE CHECKED AND SECTION ACCURATELY COMPLETED BEFORE FORM MAY BE AUTHORIZED BY DEPT.

(A)  ALL REQUIRED INSURANCE CERTIFICATES TO BE MAINTAINED BY THE DEPARTMENT HAVE BEEN RECEIVED, AND COPIES ATTACHED HERETO. (NOT APPLICABLE TO PUBLIC WORK CONTRACTS)  
 (1)  WORKERS COMPENSATION REQUIRED (CERTIFICATE RECEIVED AND ATTACHED AS PER 7(A))  
 (2)  WORKERS COMPENSATION NOT REQUIRED, (\*SECTION 7A (2)(a) MUST ALSO BE COMPLETED)  
 a.  A SIGNED, DATED EXEMPTION CERTIFICATE ISSUED TO CONTRACTOR/CONSULTANT FOR COR

EXEMPTION CERTIFICATE NUMBER: \_\_\_\_\_\*\*

(\*\*NUMBER MUST BE CONFIRMED BY DEPARTMENT FROM: [WWW.WCB.STATE.NY.US](http://WWW.WCB.STATE.NY.US) AND INDICATED ABOVE)