**ADMINISTRATIVE ACTION REQUEST**

*For administrative changes to the contract only. Administrative changes do not require a Task Order Revision.*

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| **College:** |  |
| **Project Name:** |       |
| **Sub-Project Number(s):** |       |
| **Financial ID Number(s):** |       |
| **Vendor Name:** |       |
| **Contract Type:** |  |
| **Contract Number:** |       | **Task Order Number (if appl.):** |       |

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|  | **REQUIREMENT(S) FOR REQUESTED ACTIONS** |
| **REQUESTED ACTIONS***Select all that apply for this request.* | Attach Consultant’s Formal Letter for Requested Change(s) | Contact PMO Contracts Prior to Submitting Form to Coordinate Amendment to the Contract | Attach Completed Encumbrance Form (CP-0166) | Amendment to the Contract Prior to Change*(PSA or MATOC)* | Administrative Amendment to the MATOC Task Order | PMIS Action\* |
| [ ]  **PSA** - Sub-Consultant Change  (Add New Firm) | *Required* | *Required* | - | *Required* | - | - |
| [ ]  **PSA** - Sub-Consultant Change  (Remove Existing Firm) | *Required* | - | - | - | - | - |
| [ ]  **PSA** – Change in Key Personnel previously named in PSA | *Required* | - | - | - | - | - |
| [ ]  **PSA** - Name Change (Prime Firm) | *Required* | *Required* | - | *Required* | - | *Required* |
| [ ]  **PSA** - Name Change (Sub-Consultant) | *Required* | *Required* | - | *Required* | - | - |
| [ ]  **PSA** - Reallocation of Funds | - | - | *Required* | - | - | *Required* |
| [ ]  **Task Order** - Sub-Consultant Change (Add Pre-Approved Firm per MATOC) | *Required* | - | - | - | - | - |
| [ ]  **Task Order** - Sub-Consultant Change (Add New Firm not in MATOC) | *Required* | *Required* | - | *Required* | - | - |
| [ ]  **Task Order** - Sub-Consultant Change  (Remove Existing Firm) | *Required* | - | - | - | - | - |
| [ ]  **Task Order** - Change in Key Personnel previously named in TO | *Required* | - | - | - | - | - |
| [ ]  **Task Order** - Name Change (Prime Firm) | *Required* | *Required* | - | *Required* | *Required* | *Required* |
| [ ]  **Task Order** - Name Change  (Sub-Consultant) | *Required* | *Required* | - | *Required* | - | - |
| [ ]  **Task Order** - Reallocation of Funds | - | - | *Required* | - | *Required* | *Required* |

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| [ ]  **OTHER REQUEST (PSA/Task Order) –** *Contact PMO Contracts to confirm use of form and all required supporting documentation* |
|  Describe Request: |       |

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| --- | --- | --- | --- | --- | --- |
| **Prepared By:** |       |  |       |  |       |
|  | Name |  | Title/Position |  | Date |
| **Approvals:***\*Note: If* ***all*** *requested actions require PMIS Action, signatures are not required on this form. See table above.* |
| College Project Director: |       |  |       |  |       |
|  | Name |  | Signature |  | Date |
| Regional Program Director: |       |  |       |  |       |
|  | Name |  | Signature |  | Date |
| PMO Contracts: |       |  |       |  |       |
|  | Name |  | Signature |  | Date |