**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 |