



PROFESSIONAL CONSULTANT SERVICES PCS-1A AMENDMENT INSTRUCTIONS

There are two types of contract forms available for use. The fillable form allows the user to complete, print, and save the form maintaining all formatting, alignment and aids in keeping data clear and concise. A second form, a static contract form, is available for those who find that the field restrictions for agency name, vendor name, etc., are insufficient due to the long name of the agency, vendor or other key information that require more space than the fillable form allows. The format of the form must remain in place. You may convert this to a word document or other software document to allow for the additional space; however, all information must be identical to the fillable form when submitted for review. You may use a smaller font size to fill in the critical information but the font must remain the same. **Agency personnel should avoid completing the form by hand.**

1. **Contract Number:** Enter the PCS contract number. This number **MUST** match the original contract number.

2. **Amendment Number:** Enter the amendment number. Amendments start at one (1) and continue sequentially.

3. **Agency Number and Name:**

- a) Enter the agency's 4-digit number
- b) Enter the agency's name
- c) If your agency is a service bureau, check the box

4. **Vendor Name:** Enter the Vendor's name. If you are doing a vendor name change, enter the vendor name in the following format:

New Vendor Name (old vendor name as listed on the original contract)

This name format must be used on all future amendments.

5. **Tracking Numbers:** Spaces 5(a) and 5(b) are for the agency's tracking of previous contract numbers, and linking these together to create the history of the amendments if the seven year procurement method is used in the solicitation and contract. These spaces are helpful in identifying the previous AASIS Outline Agreements and also tracking the entire history of all amendments from the original agreement through all the different amendment changes. There are different issues that may change with the vendor who may also be assigned a new AASIS number due to a change in the business.

6. **New Contract Expiration Date:** If extending the life of a contract, enter the new expiration or use the calendar to select the appropriate date. If not extending the contract, put N/A/ or leave space blank. The expiration date cannot pass a biennium year. Biennium years are June 30 of all odd years (2015, 2017 etc.) Expiration dates cannot exceed the maximum extension date as listed in Section 13 of the original contract.

7. **Purpose of Amendment:** Enter the reasons you are submitting the amendment. Information should be brief and to the point. If adding funds, a reason for adding funds must be included ("Adding additional funds for upcoming fiscal year; ...for increased fuel costs; etc.") The purpose of the amendment can have several different changes taking place within the scope of work, adding more money and also extending time. Please be brief and specific.

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8. **Amended Dollar Amount – PREVIOUS:** Enter the compensation and/or expense amounts from the previous amendment or from the original contract. The total will calculate at the bottom of each column.

EXAMPLE: From original contract to Amendments 1-3

Original

LEVEL OF PERSONNEL	NUMBER	COMPENSATION RATE	TOTAL FOR LEVEL

in exclusive of expense reimbursement \$ 50,000

RECURRING EXPENSES ITEM (Specify)	ESTIMATED RATE OF REIMB.	TOTAL

plus expenses \$ 10,000

in inclusive of expense reimbursement \$ 60,000

Amd 1

PREVIOUS

COMPENSATION	\$	50,000
EXPENSE	\$	10,000
TOTAL	\$	60,000

9. **Amended Dollar Amount (Example) – THIS AMENDMENT:** Enter the compensation and/or expense for THIS amendment.

Amendment 1

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
COMPENSATION	\$ 50,000.00	\$ 50,000.00	\$ 100,000.00
EXPENSE	\$ 10,000.00	\$ 10,000.00	\$ 20,000.00
TOTAL	\$ 60,000.00	\$ 60,000.00	\$ 120,000.00

The new money added to this amendment is \$60,000 and now the new total is \$120,000.00

Amended Dollar Amount (Example)– THIS AMENDMENT: Take last amendments new total and place in previous column for next amendment. If no funds are added or subtracted funds, you must enter zero (0).

Amendment 2

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
COMPENSATION	\$ 100,000.00	\$ 0.00	\$ 100,000.00
EXPENSE	\$ 20,000.00	\$ 0.00	\$ 20,000.00
TOTAL	\$ 120,000.00	\$ 0.00	\$ 120,000.00

There is no money added to this amendment \$0.00 but the date was extended.

Amended Dollar Amount (Example) – THIS AMENDMENT: Enter the values you are adding or subtracting to the contract.

Amendment 3

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
COMPENSATION	\$ 120,000.00	\$ 30,000.00	\$ 150,000.00
EXPENSE	\$ 20,000.00	\$ (10,000.00)	\$ 10,000.00
TOTAL	\$ 140,000.00	\$ 20,000.00	\$ 160,000.00

The Amendment #3 added compensation of \$30,000 but decreased the expenses by \$-10,000.00 that gives a total of \$20,000.00 per this amendment.

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10. **Amended Dollar Amount – NEW TOTAL:** Sum the rows across for *Compensation and Expense*. *The total should calculate itself.*
11. **Dollar Amount Paid to Date (a, b):** Enter the total funds spent towards payment on this contract (11a) as of the date written (11b). Enter the date using mm/dd/yyyy format or use the calendar to select the appropriate date. **Reminder - The Dollar Amount Paid to Date will NEVER be more than the Previous Total because you cannot spend more than has been reviewed by the Arkansas Legislative Council (ALC) Review!**
12. **Update Total Projected Cost:** Enter the new total projected cost (if additional funds are being added). If you are not updating the total projected cost, leave this space blank.
13. **New and/or Revised Attachments:** Enter any new or revised attachments that you have with this amendment such as disclosures that may include an updated Equal Employment Opportunity policies, updated Illegal Immigrant Certifications, updated Contract and Grant Disclosure and Certification Form, Rendering of Compensation Changes, Objectives and Scope-of-work or service change, Source and Fund Changes, Performance Standard Changes, etc. Reminder- only a single PDF file will be accepted but may contain multiple documents.
14. **Vendor Signature:** Vendor must sign the PCS contract in ink as well as complete the date, title and address. PCS contracts cannot be processed without the signature.
15. **Agency Signature:** The agency director or other person with authority must sign as well as complete the date, title and address. PCS contracts cannot be processed without the signature. Refer to AR Code Annotated 19-11-1007 Certification by Agency Head for more information concerning the agency signature.
16. **Agency Contacts:** Enter agency contact information. This information may differ from the information entered into the online PCS system.
17. **Source of Funds:** Complete the table showing the type(s) of fund sources used and the details of these sources. Complete the table showing the type(s) of fund sources used by selecting the appropriate option and identifying source of funds. These funds must always equal the Total Amount and match the Total Compensation amount from the first page. When calculating percentage of total contract cost, you may use up to two decimal places. You may use an attachment if necessary.



DFA Signature Line: These signature and date lines are for the Office of State Procurement use ONLY! Do not use these lines or allow information to overflow onto these lines.

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Supporting Documentation:

The list below outlines the most common supporting documentation required to accompany a PCS contract amendment, but is not an exhaustive list.

1. Contract Review Form (Post-Solicitation Review)

The Contract Review Form must be completed for contracts that meet the following criteria:

- All IT contract amendments with a contract total projected cost greater than \$100,000 require review and approval by the Department of Information Systems (DIS) prior to award made through the following procurement methods: CB, IFB, RFP, RFQ, Sole Source, Cooperative Contract, Intergovernmental, Exempt by Law.

The Contract Review Form (when applicable) must be the first document in the PDF file attached to the contract when submitted through the portal.

2. Equal Employment Opportunity Policy

Pursuant to ACA §19-11-104, any entity or person bidding on a state contract must submit their most current equal opportunity policy. R1: 19-11-104 states that procurements where the dollar amount greater than twenty-five thousand dollars (\$25,000) require equal opportunity policies.

3. Illegal Immigrant Certification

Pursuant to ACA §19-11-105, a contract for professional services in which the total dollar value of the contract is twenty-five thousand dollars (\$25,000) or greater requires that the contractor certify that they do not employ illegal immigrants. Vendors can certify online through the following link: <https://www.ark.org/dfa/immigrant/index.php/user/login>. A print screen of the vendor's illegal immigrant certification confirmation is required to be included with the supporting documentation of the contract.

4. Contract and Grant Disclosure and Certification Form

Executive Order 98-04 states that commodities or services contracts greater than twenty-five thousand dollars (\$25,000) requires a disclosure form. Please visit

<http://www.dfa.arkansas.gov/offices/procurement/Documents/contgrantform.pdf>

Note: Agency Use Only Box on page 2 must be filled out by the agency

5. Sole Source Justification Letter

Pursuant to ACA §19-11-232, the State Procurement Director, the head of a procurement agency, or the designee must grant approval for sole source justification procurements. Contracts utilizing this method of procurement where the total procurement exceeds ten thousand dollars (\$10,000) must provide a Sole Source Justification letter. For the Office of State Procurement's sole source policy, please visit <http://www.dfa.arkansas.gov/offices/procurement/Documents/soleSourcePolicy.pdf>.

6. Outside Legal Counsel

Pursuant to ACA § 25-16-702, if the agency has a contract for outside legal counsel, then a letter of approval from the Attorney General's Office granting the agency permission must be included with the supporting documentation of the contract. Please visit

<http://www.dfa.arkansas.gov/offices/procurement/Documents/PolicyLegalServices.pdf>

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7. Request for Qualifications

Pursuant to ACA § 19-11-204(10)(A)&(B), the State Procurement Director, the head of a procurement agency, or the designee must grant prior written approval when the qualifications or specialized expertise of the vendor is the most important factor in selection. Other items needed to be attached per OSP include the advertisement and the dates the ad was run on the newspapers letterhead. Please visit <http://www.dfa.arkansas.gov/offices/procurement/Documents/PolicyReqforQualifications.pdf>



STATE OF ARKANSAS

AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT

CONTRACT #: _____ **1**

AMENDMENT #: _____ **2**

1. CONTRACTING PARTIES:

AGENCY NUMBER & NAME	3a	3b	<input type="checkbox"/> Service Bureau	3c
VENDOR NAME	4			
TRACKING # 1	5a	TRACKING # 2	5b	

2. NEW CONTRACT EXPIRATION DATE: _____ **6**
Write in mm/dd/yyyy format

3. PURPOSE OF AMENDMENT: _____ **7**

4. AMENDED DOLLAR AMOUNT:

For each amendment involving a change in the contract dollar amount, enter the previous contract amounts. Enter this amendment's amounts, showing (+) for increase and (-) for decrease, in compensation and/or reimbursable expenses. Enter the new total compensation and/or reimbursable expenses for this contract. **Note:** Any increase in the rate of compensation must be accompanied by a copy of the original contract language authorizing such increase.

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
COMPENSATION	\$ _____	\$ _____	\$ _____
EXPENSE	\$ _____	\$ _____	\$ _____
TOTAL	\$ 8	\$ 9	\$ 10

Total dollar amount paid on contract as of this date: \$ _____ **11a** as of _____ **11b**

UPDATE TOTAL PROJECTED COST	\$ _____ 12
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5. NEW AND/OR REVISED ATTACHMENTS: _____ **13**

EXCEPT AS SPECIFICALLY AMENDED HEREIN (OR AS ATTACHED) ALL OTHER TERMS AND CONDITIONS OF THE ABOVE REFERENCED CONTRACT REMAIN UNCHANGED.

6. SIGNATURES:

<p>_____ 14</p> <p>VENDOR DATE</p>	<p>_____ 15</p> <p>AGENCY DIRECTOR DATE</p>
<p>_____</p> <p>TITLE</p>	<p>_____</p> <p>TITLE</p>
<p>_____</p> <p>ADDRESS</p>	<p>_____</p> <p>ADDRESS</p>

APPROVED: _____ _____
 DEPARTMENT OF FINANCE AND ADMINISTRATION DATE

STATE OF ARKANSAS
AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT

CONTRACT #: _____ AMENDMENT #: _____

7. AGENCY CONTACTS FOR QUESTION(S) REGARDING THIS CONTRACT:

Contact #1 – Agency Representative submitting/tracking this contract

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(Name) _____ (Title) _____

(Telephone #) _____ (Email) _____

Contact #2 – Agency Representative with knowledge of this project (for general questions and responses)

(Name) _____ (Title) _____

(Telephone #) _____ (Email) _____

Contact #3 – Agency Representative Director or Critical Contact (for time sensitive questions and responses)

(Name) _____ (Title) _____

(Telephone #) _____ (Email) _____

8. SOURCE OF FUNDS:

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Complete appropriate box(es) below to total 100% of the funding in this contract to date. You may use an attachment if needed.

Fund Source	Identify Source of Funds	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
				\$	
				\$	
				\$	
				\$	
				\$	
TOTALS				\$	100%

* **MUST BE SPECIFIC** (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

** "State Funds" is defined as and deemed State General Revenue Dollars. If other state funds are being used such as tobacco funds, general improvement funds, etc., these should be noted. Special revenue funds from taxes or fees generated for the agencies should be shown as "Other" and the actual source of the funds should be clarified in the "Identify Source of Funds."

*** Funding and percentages shall reflect the total of the contract including all amendments to date.