

SAMPLE PAAR FOR OPTIONS OR MODIFICATIONS

1 DBM	Item and Category Method # Bids Original Contract Amount Fund Source BPW Award Date and Agenda Item					
	M00B8200461 CSB 1 \$108,405.00 GF- 100.00% 5/5/2004					
	S-MOD 2-S					
	Using Agency		Contractor Name, City, State		Original Contract Number	
	DEPARTMENT OF HEALTH & MENTAL HYGIENE		ROBERT BRULL, M.D. HAGERSTOWN MD		M00B5200488	
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)					
	EXERCISE THE 2ND & FINAL ONE YEAR OPTION AS CONTAINED IN THE ORIGINAL CONTRACT TO PROVIDE 24 HOURS PER DAY, 7 DAYS PER WEEK MEDICAL SERVICES FOR DEVELOPMENTAL DISABILITIES ADMIN.'S (DDA) POTOMAC CENTER. TERM: 7/1/2008 - 6/30/2009					
Complete Below - Contract Modifications Only						
Mod Date:		Mod No. and Value of Mod.	% Increase this Mod. to Original Contract	Cumulative % Increase All Mods to Original Contract	Cum Total Contract Amount	
7/1/2008		2 \$36,135.00	33.33%	66.76%	\$180,774.00	

2 DBM	Item and Category Method # Bids Original Contract Amount Fund Source BPW Award Date and Agenda Item					
	R00B8200042 CSP 2 \$253,833.00 FF- 100.00% 12/14/2005					
	S-MOD 6-S					
	Using Agency		Contractor Name, City, State		Original Contract Number	
	MARYLAND DEPARTMENT OF EDUCATION		ABILITIES NETWORK, INC. TOWSON MD		R00B6200030	
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)					
	EXERCISE THE SINGLE ONE YEAR OPTION AS CONTAINED IN THE ORIGINAL CONTRACT TO PROVIDE REGIONAL TRAINING & FOLLOW-UP ASSISTANCE TO CHILD CARE PROVIDERS IN AREA 3 (PRINCE GEORGE'S, CALVERT, CHARLES & ST. MARY'S COUNTIES) TO MEET MD CHILD-CARE LICENSING REQUIREMENTS. TERM: 3/1/08 - 2/28/09					
Complete Below - Contract Modifications Only						
Mod Date:		Mod No. and Value of Mod.	% Increase this Mod. to Original Contract	Cumulative % Increase All Mods to Original Contract	Cum Total Contract Amount	
3/1/2008		2 \$135,478.00	53.37%	53.37%	\$389,311.00	

Instructions:

All lettering in red is filled out by the agency.
Under the item #, place the agency's acronym.

ADPICS number for option or mod - cell B2; "S-MOD" for service option or mod - cell B3
Original Procurement method - cell C2; # bids/offers - cell D2; Original contract amount - cell E2; fund source - cells F2 and F3 (if needed).

If original item was approved by the BPW, enter BPW date - cell H2; agenda item # - cell - H3
Using Agency's specific office - do not change the column width or row height; they will automatically adjust when you type in cell B5.

Vendor name - cell E5

Vendor's City - cell E6; State - cell F6

Original ADPICS BPO - cell G5

Description - USE the 3 lines ONLY!

Date option or mod is effective - cell B13

Total number of mods or options including this item - cell C13

Amount for option or mod - cell C14

Percentage increase for this action - cell E13; percentage with all previous options or mods plus this one - cell F13

New contract total - cell H13.

This is everything needed for an option or modification item.