

ADDITIONAL SERVICES REQUEST

INSTRUCTIONS:

1. Complete and forward this request to SCIF, State Contract Program Manager.
2. SCIF will evaluate the request for feasibility and compliance with the Master Agreement, and provide an estimate of the cost to the department within 30 days.

3. The Department will notify SCIF whether or not they wish to proceed with the special request within 30 days.
4. If the Department wishes to proceed, SCIF will draft a side letter of agreement that will be signed by SCIF and the Department. If the cost of the special service exceeds \$25,000, DPA's approval and signature will also be required.
5. SCIF will provide a copy of all agreements to DPA.

Briefly outline what is the department's special need:

How can the State Fund fulfill this need? (Specify time frames, resources required, deadline)

REQUESTING DEPARTMENT'S NAME

ADDRESS

PERSON MAKING REQUEST

TELEPHONE NUMBER

Requesting Department's signature _____ date

___ SCIF *Approved*. The cost for this special service is:

\$ _____ per month for _____ months.

Or \$ _____ lump sum payable by ___/___/___

___ SCIF *Denied* because:

SCIF signature date

The Department wishes to proceed with the special service and accepts the costs outlined above.
Please send the formal side letter of agreement to me for signature.

Department signature date