

Contractor _____

CFMS # _____

Amount _____

HCSO # _____

HOSPITAL CHECKLIST FOR AMENDMENTS

AMENDMENT (specify and check one):

___ Amendment – increased money

Amendment # _____

___ Amendment – same/less money

AMENDMENT

CIRCLE ONE

Does the amendment specify a maximum amount?	Y	N	N/A
Has the contractor signed the amendment?	Y	N	N/A
Has the administrator signed the amendment?	Y	N	N/A
Does the amendment have a “sanctions” statement on signature page?	Y	N	N/A

PURPOSE

Does the amendment increase money?	Y	N	N/A
Does the amendment decrease money?	Y	N	N/A
Does the amendment change dates?	Y	N	N/A
Does the amendment change services?	Y	N	N/A

PROVISIONS

Does the amendment specify what is being changed (CHANGE FROM)?	Y	N	N/A
Does the amendment specify the change (CHANGE TO)?	Y	N	N/A

ATTACHMENTS

Is one copy of the original contract attached?	Y	N	N/A
Are there any previous amendments?	Y	N	N/A
If yes, is one copy of all previous amendments attached?	Y	N	N/A
Is the amendment extending the contract greater than 12 months?	Y	N	N/A
If yes, is a multi-year letter attached to each amendment?	Y	N	N/A
If yes, does the letter contain a fiscal funding clause?	Y	N	N/A
Is today’s date after the effective date of the amendment?	Y	N	N/A
If yes, is a “Late Letter” justifying tardiness attached to each amendment?	Y	N	N/A

Is the new BA-22 form attached at end of amendment?	Y	N	N/A
Is the BA-22 signed?	Y	N	N/A
Is the Previously Obligated amount complete?	Y	N	N/A
Is the Budgeted Amount complete?	Y	N	N/A

OTHER

PAYMENT TERMS -- weekly, hourly, per clinic, etc.	Y	N	N/A
Is documentation available to verify cost basis for this amendment?	Y	N	N/A
KAMD entry – Reviewed for correctness?	Y	N	N/A
Is CFMS number typed on signature page?	Y	N	N/A
Is the amendment # typed on signature page?	Y	N	N/A
Does the signature page match original contract?	Y	N	N/A
Did you include 4 copies of the original amendment in the package?	Y	N	N/A

Contract Reviewed By:

Signature - Hospital

Signature - HCSD Central Office