**DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT**

**INTRADEPARTMENTAL CORRESPONDENCE**

**REFERRED TO**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFERRED FOR ACTION

 ANSWER FOR MY SIGNATURE

 FOR FILE

 FOR YOUR INFORMATION

 FOR SIGNATURE

 RETURN TO ME

 PLEASE SEE ME

 PLEASE TELEPHONE ME

 FOR APPROVAL

 PLEASE ADVISE ME

\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY \_\_\_\_\_\_\_\_ DATE ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

BY \_\_\_\_\_\_\_\_ DATE ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

BY \_\_\_\_\_\_\_\_ DATE ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_



Date

Phone Number

**IDIQ CONTRACT NO. 44-XXXXX**

**Name of Contract/Project**

**Name of Consultant**

**TO: [Name of executive level staff member:**

 **Chief Engineer, Assistant Secretary for Operations,**

 **Assistant Secretary for Planning and Programming,**

 **etc., as appropriate]**

**ATTN: Paulette Territo**

 **Consultant Contract Services Administrator**

**FROM: Requestor**

 **Requestor’s Title**

**SUBJECT: COMPENSATION SUPPLEMENT OF IDIQ CONTRACT**

I am requesting approval for additional funding for the captioned IDIQ contract, which is being utilized for [very briefly describe purpose of the services of the contract and its use relative to need for additional compensation]. I plan to advertise for a new IDIQ contract to replace the captioned IDIQ contract, but additional funds are required at this time [state reasons why services need to continue and/or cannot be stopped or interrupted for the time it will take to advertise for and execute the new contract]. Therefore, this contract needs to remain active so that we can continue to deliver our projects on schedule.

This contract was signed on [date] in the amount of [$xxxx], with an expiration date of [date].

As of the date of this letter, existing task orders have expended approximately XX% ($XXX) of the contract amount. However, there are remaining task orders that [state why required to continue Examples: TOs are expected to be issued in the next few months or existing TOs will require continuation of work previously performed by the retained consultant, etc. Provide examples of actual task orders just referenced, if possible, by project H# and name.]

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RECOMMENDED FOR APPROVAL DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

RECOMMENDED FOR APPROVAL DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

RECOMMENDED FOR APPROVAL DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

APPROVED DATE

**MUST HAVE DIVISION HEAD APPROVAL.**

The total estimated cost for this request is [state amount/explain how much more funding is needed.] This requests represents a 75% increase in the amount of the original contract, which is permitted under La. R.S. 48:286.

Please contact this office at 225-379-1469 if you have any questions or need any additional information. Email approved request and attachments to DOTDCCSRequests@la.gov.