#  State of Colorado Grant Modification

## Option Letter

### **State Agency**

#### [Insert Department’s or IHE’s Full Legal Name]

### **Grantee**

#### [Insert Grantee’s Full Legal Name]

### **Grantee** **UEI**

#### [Insert Grantee’s Unique Entity Identifier]

### **Option Letter Number**

#### [Insert the Option Number (e.g. “1” for the first option]

### **Original Agreement Number**

[Insert CMS Number or Other Agreement Number for the Original Agreement]

### **Option Agreement Number**

[Insert CMS Number or Other Agreement Number or Number for this Option]

**Agreement Performance Beginning Date**

#### [Month Day, Year]

### **Current Agreement Expiration Date**

#### [Month Day, Year]

#### **Current Agreement** **Maximum Amount**

### **Initial Term**

#### State Fiscal Year [20XX] [$0.00]

### **Extension Terms**

##### State Fiscal Year [20XX] [$0.00]

##### State Fiscal Year [20XX] [$0.00]

##### State Fiscal Year [20XX] [$0.00]

##### State Fiscal Year [20XX] [$0.00]

##### Total for all State Fiscal Years [$0.00]

## Options:

### Option to extend for an Extension Term

### Option to change the quantity of Goods under the Agreement

### Option to change the quantity of Services under the Agreement

### Option to modify Agreement rates

### Option to initiate next phase of the Agreement

## Required Provisions:

### For use with Option 1(A)

## In accordance with Section(s) Number of the Original Agreement referenced above, the State hereby exercises its option for an additional term, beginning Insert Start Date and ending on the current agreement expiration date shown above, at the rates stated in the Original Agreement, as amended.

### For use with Options 1 (B and C)

In accordance with Section(s) Number of the Original Agreement references above, the State hereby exercises its option to Increase/Decrease the quantity of the Goods/Services or Both at the rates stated in the Original Agreement, as amended.

### For use with Option 1(D)

### In accordance with Section(s) Number of the Original Agreement referenced above,theState hereby exercises its option to modify the Agreement rates specified in Exhibit/Section Number/Letter. The Agreement rates attached to this Option Letter replace the rates in the Original Agreement as of the Option Effective Date of this Option Letter.

### For use with Option 1(E)

### In accordance with Section(s) Number of the Original Agreement referenced above,theState hereby exercises its option to initiate Phase indicate which Phase: 2, 3, 4, etc., which shall begin on Insert start dateand end on Insert ending date at the cost/price specified in Section Number.

### For use with all Options that modify the Agreement Maximum Amount

### The Agreement Maximum Amount table on the Agreement’s Signature and Cover Page is hereby deleted and replaced with the Current Agreement Maximum Amount table shown above.

## Option Effective Date:

The effective date of this Option Letter is upon approval of the State Controller or Month Day, Year, whichever is later.

#### STATE OF COLORADO

### Jared S. Polis, Governor

#### [Insert Name of Agency or IHE]

#### [Insert Name & Title of Head of Agency or IHE]

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#### By: [Name & Title of Person Signing for Agency or IHE]

#### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### STATE CONTROLLER

#### Robert Jaros, CPA, MBA, JD

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

#### By: [Name of Agency or IHE Delegate-Please delete if agreement will be routed to the OSC for approval]

#### Amendment Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with §24-30-202, C.R.S., this Agreement is not valid until signed and dated below by the State Controller or an authorized delegate.