COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

CHANGE ORDER TO EXTEND PERIOD OF PERFORMANCE

# CONTRACT INFORMATION

This Change Order is made in regards to contract [ENTER CONTRACT NUMBER]. The contract is between the Commonwealth of the Northern Mariana Islands, referred to herein as “the Commonwealth,” and [ENTER NAME OF CONTRACTOR], referred to herein as the “Contractor.”

# REQUEST FOR EXTENSION

The Contractor has requested a no-cost modification of the original contract to extend the period of performance. The Commonwealth has reviewed the Contractor’s request and determined that the need for an extension of time was not reasonably foreseeable at the time of the formation of the contract. Moreover, the extension is not the result of the contractor’s inexperience, inefficiency, or incompetence. Finally, the Commonwealth has determined that an extension of the period of performance is in the best interests of the Commonwealth.

# PERIOD OF PERFORMANCE

The Contractor was required to complete its performance on or before [ENTER DATE CONTRACT WAS SUPPOSED TO BE FINISHED]. The Commonwealth and the Contractor have agreed to extend the period of performance for the Contractor from [ENTER DATE CONTRACT WAS SUPPOSED TO BE FINISHED], to [ENTER NEW DATE THAT CONTRACT WILL BE COMPLETED]. The Commonwealth and the Contractor have agreed to extend the performance of the Commonwealth until [ENTER NEW DATE FOR COMMONWEALTH TO COMPLETE ALL PAYMENT AND PERFORMANCE]. All other terms of the original contract remain the same.

# SCHEDULE

The Contractor shall deliver an updated schedule of its performance to the Commonwealth within thirty days of the effective date of this Change Order.

# CONSIDERATION

Contractor agrees to complete its performance of the original contract deliver the goods and all other services described in the original contract for the consideration described in the table in this Section. The Commonwealth agrees to pay the Contractor in accordance with the terms and conditions of the contract and in the amount as follows:

|  |  |
| --- | --- |
| Total cost of Original Contract | $[ENTER TOTAL COST OF ORIGINAL CONTRACT] |
| Total cost of extension of Contract | $0.00 |
| Total combined cost | $[ENTER THE SAME NUMBER AS ABOVE, BECAUSE THIS FORM IS FOR ZERO COST EXTENSION OF TIME] |

# SIGNATURE REQUIREMENTS

This extension will not be effective until it has been approved by all required signatories, as evidenced by the signature affixed below of each of them, made in the order listed. The extension shall become effective upon receipt of a Notice to Proceed issued by the Commonwealth.

# SIGNATURES

### Expenditure Authority

I declare that I have complied with the Commonwealth procurement regulations; that this extension is for a public purpose; and that the extension does not waste or abuse public funds. I declare that I, personally, have the authority to obligate the expenditure of funds for this extension. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed this day on Saipan.

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

[ENTER NAME OF EXPENDITURE AUTHORITY] Date:

Expenditure Authority

### Procurement Services

I hereby certify that to the best of my information and belief this contract is in compliance with the CNMI Procurement Regulations, is for a public purpose, the contractor is a responsible contractor, and the contract does not waste or abuse public funds.

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

Brien S. Nicholas Jr. Date

Acting Director of Procurement Services

### Secretary of Finance

I hereby certify that the funds identified below are available and have been committed for funding of this extension to the contract:

Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Tracy B. Norita Date

Secretary of the Department of Finance

### Attorney General

I hereby certify that this extension to the contract has been reviewed and approved as to form and legal capacity.

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

Edward Manibusan Date

Attorney General

### Governor

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

Arnold I. Palacios Date

Governor

### Contractor – [ENTER NAME OF CONTRACTOR]:

On behalf of the Contractor, I represent that I am authorized to bind the Contractor to the terms of this extension to the contract, and by my signature I do hereby accept and bind the Contractor to the terms of this extension to the contract. I further represent for the Contractor that no person associated with the Contractor has retained any person in violation of the Commonwealth Procurement Regulations.

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

PRINTED NAME OF SIGNING AUTHORITY TITLE

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

SIGNATURE OF SIGNING AUTHORITY Date

### CERTIFICATION OF CONTRACT COMPLETION

I hereby certify that this Change Order bears all signatures and is therefore complete.

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

Brien S. Nicholas Jr. Date

Acting Director of Procurement Services

# END OF CHANGE ORDER EXTENSION DOCUMENT

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Government contract numbers of all related contracts with the Vendor: [ENTER ORIGINAL CONTRACT NUMBER AND ALL OTHE RELATED CONTRACTS WITH VENDOR]

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