Attachment 3: Modification Request Memo

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| --- | --- |
| Department of Health & Human Services  Centers for Medicare & Medicaid Services  7500 Security Boulevard  Baltimore, Maryland 21244-1850  YOUR OFFICE OR COMPONENT NAME HERE | Identity Mark of the Centers for Medicare & Medicaid Services |

Modification Request Memo

**DATE:** [*Date*]

1. **Purpose of Request:** The purpose of this action is to seek the approval to modify Task Order [*Task Order Number*] entitled, “[*Task Order Name*]” under the CMS Alliance to Modernize Healthcare FFRDC Contract. The CURF number is [*Insert CURF Number*].
2. **Period of Performance:**

Current: [*Current Period of Performance*]

Proposed: *[“No Change” or New Period of Performance*][[1]](#footnote-2)

1. **Value of Modification:**

| Year(s) affected by the Change | Current Value | Proposed | Change in Value |
| --- | --- | --- | --- |
| Base [*dates of POP*] | [*Current value*] | *[“No Change” or proposed value*] | *[“No Change” or proposed additional*] |
| OY1 |  |  |  |
| OY2 |  |  |  |
| OY3 |  |  |  |
| OY4 |  |  |  |

1. **Background and Need:** Describe the requirements that have changed necessitating a modification. [*Requirements*]
2. **Appropriateness to the Health FFRDC:** Indicate and describe below the aspects of the special FFRDC relationship that are needed to perform this additional tasking successfully.
   1. Select the aspect(s) of the special FFRDC relationship that are needed to perform this additional tasking successfully.

| Y/N | Aspect |
| --- | --- |
|  | Objectivity & Independence |
|  | Freedom from Conflicts of Interest |
|  | Special Access to Sensitive or Proprietary Information |
|  | Quick Response Capability |
|  | Comprehensive Knowledge of Agency Needs/Institutional Memory |
|  | Long-term Continuity |
|  | Comprehensive Knowledge of Health Care Policy, Business, Delivery, Quality Improvement, and Health IT |

* 1. Briefly describe how the special qualities are needed for the FFRDC to accomplish the requirements most effectively. **Address each of the special qualities individually and with specific reference to the work that will be performed.**

[*Description*]

1. **Strategic Alignment and Outcomes:** Briefly indicate how the new tasking aligns, changes, or updates the Agency strategic objective(s) and indicate any additional outcome(s) resulting from this tasking and associated performance measures.

[*Strategic Alignment*]

**Approvals for Requests from CMS Offices/Organizations**

| **Necessary Approvals** | Signature | Date |
| --- | --- | --- |
| Contracting Officer’s Representative (COR) |  |  |
| Contracting Officer (CO) |  |  |
| Health FFRDC Program Office (PO) IDIQ COR |  |  |
| Health FFRDC Contracting Officer (CO) |  |  |

**Approvals for Requests from HHS or Other Agencies**

| **Necessary Approvals** | Signature | Date |
| --- | --- | --- |
| Contracting Officer’s Representative (COR) |  |  |
| Contracting Officer (CO) |  |  |
| Head of Contracting Activity (or designee) |  |  |
| Health FFRDC Program Office (PO) IDIQ COR |  |  |
| Health FFRDC Contracting Officer (CO) |  |  |

**Submit the following attachments with the Modification Request Memo:**

1. Revised Statement of Work with Track Changes

2. IGCE for New Work

1. All Health FFRDC work must conclude by August 30, 2025 (IDIQ Contract 75FCMC18D0047) or by September 24, 2030 (IDIQ Contract 75FCMC23D0004). Please refer to the Ordering Guide for additional information about Modification Request Memos. [↑](#footnote-ref-2)