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|  | **After-the-Fact (ATF)**  **Contract Justification** | | DATE OF REQUEST  2/14/2022 |
| REQUESTOR |
| CONTRACT PERIOD | CONTRACTOR NAME | | PROGRAM / CONTRACT MANAGER |
| CONTRACT NUMBER (IF APPLICABLE) | CASE NUMBER (IF CHILD SPECIFIC) | | REGION |
| **Instructions:**  DCYF requires procedures to prevent After-the-Fact contracts and amendments. Program/contract managers are required to submit the After-the Fact Contract Justification form.  Step 1: Complete the top portion of this form  Step 2: Provide the information in 1 through 7  Step 3: Obtain appropriate signatures in 8  Step 4: Submit completed and signed form to Regional/Headquarters Contract Manager with your P-CAR  **ALL fields are to be completed** | | | |
| 1. Contract type and service description | | | |
| 2. Contract / amendment summary (*provide a brief summary of the contract purpose*) | | | |
| 3. Reason for after-the-fact contract / amendment request (*check* ***all*** *that apply)*  a. Contract process  b. DCYF process  c. Budget Process  d. Contractor Negotiations  e. Program or Contract Manager Negotiations  f. Other (*please explain*) | | | |
| 4. Detailed explanation for the reason(s) for the request in item 3 above. | | | |
| 5. Are the services currently being provided?  Yes  No | | 6. Have any payments been made to the contractor for these services?  Yes  No | |
| 7. Describe your prevention plan on how you will avoid future requests for after-the-fact justification for contracts or contract amendments. | | | |

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| **8. Signatures** |
| DCYF regional administrator or designee for regional contracts or for DCYF headquarters the requestors supervisor*.*  Signature:  Print Name:       Date:  **Submit this form with the P-CAR for further processing.** |