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| Seal **AMENDMENT****DATE:** Enter todays Date**ADVANTAGE CONTRACT #:**  **DEPARTMENT AGREEMENT #:** Enter internal agreement number if applicable. If not applicable, enter NA**AMENDMENT AMOUNT: $**  **This Amendment, is between the following Department of the State of Maine and Provider:** |
| **State of Maine DEPARTMENT** |
| **DEPARTMENT:**   |
| **Address**: **City:**  **State:**  Zip Code:  |  |
| **PROVIDER** |
| **PROVIDER:**  **Address:**  City: State: Zip Code: **Provider’s Vendor Customer #:** Enter Provider’s VC or VS number  |

Each signatory below represents that the person has the requisite authority to enter into this Contract Amendment. The parties sign and cause this Contract Amendment to be executed.

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| --- | --- | --- |
|    |  |   |
| State of Maine Department  |  | Provider  |
|   |  |   |
| Signature of Authorized Representative Date Representative Name and Title  |  | Signature of Authorized Representative Date Representative Name and Title  |

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| **AMENDMENT**  |

The contract is hereby amended as follows: (Check and complete all that apply)

|  |  |
| --- | --- |
|[ ]  1. **Amended**
2. **Period:**
 | Original Start Date**:**  Current End Date**:**  Amendment Start Date**:**  New End Date (if applicable)**:**   Reason**:**   |
|[ ]  1. **Amended**
2. **Contract Amount:**
 | Amount of Adjustment: $ New Contract Amount: $ Reason:  |
|[ ]  **Amended****Scope of Work:**  | The Scope of work in Rider A is amended as follows:  |
|[ ]  **Other:**  | Reason:  |

All other terms and conditions of the original contract and subsequent contract amounts remain in full force and effect.

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| **CODING** |

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| **LINE TOTAL** | **FUND** | **DEPT** | **UNIT** | **SUB UNIT** | **OBJ** | **PROGRAM** | **PROGRAM PERIOD** | **BOND FUNDING** | **FISCAL YEAR** |
| **$**  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LINE TOTAL** | **FUND** | **DEPT** | **UNIT** | **SUB UNIT** | **OBJ** | **PROGRAM** | **PROGRAM PERIOD** | **BOND FUNDING** | **FISCAL YEAR** |
| **$**  |  |  |  |  |  |  |  |  |  |

 **(Departments - Attach separate sheet as needed for additional coding.)**