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| Seal AMENDMENTDATE: **Enter todays Date** ADVANTAGE CONTRACT #: DEPARTMENT AGREEMENT #: **Enter internal agreement number or brief description of service 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 #:  |

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.

|  |  |  |
| --- | --- | --- |
|  **Department of**   |  |  **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**:**   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.)**