|  |  |  |
| --- | --- | --- |
| Seal  AMENDMENT  DATE: **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  **Representative Name and Title Date** |  | Signature  **Representative Name and Title**  **Date** |
|  |  |  |

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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 amendments 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.)**