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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 |

|  |
| --- |
| **AMENDMENT** |

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

|  |  |  |
| --- | --- | --- |
|  | 1. **Amended** 2. **Period:** | Original Start Date**:**  Current End Date**:**  New Start Date (if applicable)**:**  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 amendment 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.)**