

AMENDMENT TO SERVICES CONTRACT (SRV-1A) INSTRUCTIONS

The purpose of the amendment to services contract is the legal binding contract renewal and/or amendment agreed upon by the Department and the Contractor. It is a fillable form that allows the user to complete, print, and save the document maintaining all formatting. The information on the contract amendment must not be changed. To enable full functionality, please use Google Chrome or Internet Explorer to open the fillable form.

Contract #: <input type="text"/>	Amendment #: <input type="text"/>
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- **Contract Number:** Enter the contract number as shown on the original contract. If the original contract number has changed due to a change in vendor information, enter the new contract number.
- **Amendment Number:** Enter the amendment number

1. Contracting Parties:

Department No. & Name	<input type="text"/>		
Division	<input type="text"/>		
Contractor Name	<input type="text"/>		
Service Type	<input type="text"/>		
Tracking # 1	<input type="text"/>	Tracking #2	<input type="text"/>

- **Department No. & Name** - Select the department number and name from the drop-down.
- **Division** - Select the division, if applicable. The Department of Human Services is the only agency that the division will apply; all other agencies should select "Not Applicable."
- **Vendor Name** - Enter the contractor's name.
- **Service Type** - Select "Professional Consulting Services (PCS)" or "Technical & General Services (TGS)" as it applies to the contract.
- **Tracking Numbers** – Tracking numbers are used to link the history between contracts in unique situations. Enter tracking numbers, if applicable. You may enter a previous contract number that was changed for any reason (i.e. End of Year closeout, Change of Vendor Number and/or Tax ID, which resulted in a new contract number).

2. New Contract Expiration Date:

New Contract Expiration Date, if Applicable: <input type="text"/>
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- **New Contract Expiration Date:** Enter the new contract expiration date for renewals (mm/dd/yyyy). Leave space blank if not extending the contract.

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3. Purpose of Amendment:

- **Purpose of Amendment:** Enter the purpose of amendment including an explanation of changes and provide a brief description of the scope of work.

4. Amended Dollar Amount:

	Previous	This Amendment	New Total
Services			\$ 0.00
Reimbursable Expenses			\$ 0.00
Commodities			\$ 0.00
TOTAL	\$ 0.00	\$ 0.00	\$ 0.00

Previous:

- **Services** – Enter the dollar amount previously approved for Technical and General Services or Professional Consultant Services
- **Reimbursable Expenses** – Enter the dollar amount previously approved, if applicable. This is for Professional Consultant Services only.
- **Commodities** – Enter the dollar amount previously approved, if applicable. This is for Technical and General Services.
- **TOTAL** – Previous amount total will auto-populate. Please check calculations.

This Amendment:

- **Services** – Enter the dollar amount for this amendment for Technical and General Services or Professional Consultant Services
- **Reimbursable Expenses** – Enter the dollar amount for this amendment, if applicable. This is for Professional Consultant Services only.
- **Commodities** – Enter the dollar amount for this amendment, if applicable. This is for Technical and General Services.
- **TOTAL** – This amendment total will auto-populate. Please check calculations.

New Total:

- All totals in this column will auto-populate. Please check calculations.

Total dollar amount paid:

Total dollar amount paid on contract as of this date: as of

- **Total dollar amount paid** – Enter the amount paid as of the date entered (mm/dd/yyyy). The amount paid to date should never be more than the previously approved total.

Updated total projected cost:

Updated total projected cost

- **Updated total projected cost:** Enter the updated total projected cost including any amendments and possible extensions.

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5. Attachment List:

- **Attachment List** - Enter a list of all attachments included with the contract.

6. Source of Funds:

Complete the table including funding information. You may use an attachment if necessary.

Fund Source	Identify Source of Funds *	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
-					%
-					%
-					%
-					%
TOTALS				\$ 0.00	0.00 %

- **Fund Source** – Select the type of fund source including federal, state, cash, trust, and other
- **Identify Source of Funds** – Enter the source of funds
- **Fund** – Enter the fund
- **Fund Center** – Enter the fund center
- **Amount of Funding** - Enter the amount of funding. Amount of funding should match the new total listed on #4.
- **% of Total Contract Cost** - Enter the fund source percentage of the total cost. When calculating the percentage, you may use up to two decimal places.
- **TOTALS** – The totals will auto-populate. Please check calculations.

7. Department Contacts:

Contact #1 – Department Representative submitting/tracking this contract

Name	Title
Telephone #	Email

Contact #2 – Department Representative with knowledge of this project (for general questions and responses)

Name	Title
Telephone #	Email

Contact #3 – Department Representative Director or Critical Contact (for time sensitive questions and

Name	Title
Telephone #	Email

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- **Department Contacts** - Enter the department's contact information in the order in which they should be contacted if needed.
8. **Signatures:** The department and the contractor must complete the signature portion of the form. Refer to AR Code Annotated 19-11-1007 Certification by Agency Head for more information concerning the agency signature.

Contractor Authorized Signature	Date	Department Authorized Signature	Date
Title		Title	
Address		Address	