



STATE OF ARKANSAS

AMENDMENT TO SERVICES CONTRACT

Contract #: _____

Amendment #: _____

1. Contracting Parties:

Department No. & Name			
Division			
Contractor Name			
Service Type			
Tracking # 1		Tracking #2	

Except as expressly amended by this Amendment, all of the terms, conditions, covenants, representations, and warranties in the above referenced Contract are hereby ratified and confirmed in every respect and shall remain unmodified and unchanged and shall continue in full force and effect as provided therein as amended hereby.

2. New Contract Expiration Date, if Applicable: _____

Please leave blank if not extending contract to new date.

3. Purpose of Amendment:

Provide amendment details below.

4. Amended Dollar Amount:

For each amendment involving a change in the contract dollar amount, enter the previous contract amounts. Enter this amendment's amounts, showing (+) for increase and (-) for decrease. Enter the new total for each row. Note: Services apply to both professional and technical services. Reimbursable expenses are specific to professional services and commodities are specific to technical services.

	Previous	This Amendment	New Total
Services			
Reimbursable Expenses			
Commodities			
TOTAL			

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

Updated total projected cost _____

Contract #: _____

Amendment #: _____

5. Attachment List:

--

Except as specifically amended herein (or as attached), all other terms and conditions of the above referenced contract remain unchanged.

6. Source of Funds the Department intends to draw on. This is provided for informational purposes only. It is required under Arkansas Procurement Law and is not a performance obligation of the Department or an unconditional promise to pay from the sources identified.

Fund Source	Identify Source of Funds *	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
					%
					%
					%
					%
			TOTALS		%

Identify whether State general revenue funds (GRF), special revenue funds (SRF) federal funds (FED), or other public funds (Other) are the source. Identify each specific source of SRF, such as special taxes or fees, in the “Identify Source of Funds” column. Similarly, if Other public funds, such as tobacco funds, general improvement funds, etc., are being used to pay the Contractor, these should be specified in the “Identify Source of Funds” column.

**STATE OF ARKANSAS
AMENDMENT TO SERVICES CONTRACT**

Contract #: _____

Amendment #: _____

7. Department Contacts for Question(s) Regarding This Contract:

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**

8. Signatures:

Contractor Authorized Signature **Date** **Department Authorized Signature** **Date**

Title **Title**

Address **Address**