

**CONSULTANT SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT
 FOR STATE OF MINNESOTA PROFESSIONAL AND TECHNICAL SERVICES CONTRACT**

PROJECT NAME:
 LOCATION:

CONSULTANT:
 ADDRESS:

To Be Completed by State

Business Unit	Accounting Date	Fund	DeptID	AppropID	Category 81101508 93151600	Account 411308 411324	Amount
Vendor Number			Contract Number	PC BU	Project Number	Activity	
Date	Order Number			Line Number	Entered By		Control Number
[Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§16A.15 AND 16C.05]							
Original Contract Date:		Current Expiration Date:			Amended Expiration Date:		

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SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT NO. #

This SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT is made by and between the STATE of MINNESOTA, acting through its Commissioner of Administration, "STATE," and, , , , "CONSULTANT."

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. for , ; which was fully executed on .

WHEREAS,

1. The original contract called for services.
2. It is necessary to modify the original contract to include the following addition:
 - a. per attached Exhibit A dated , which is incorporated herein.
 - b.
3. Consultant's compensation shall be accordingly.
4. Paragraph provides for an expiration date of , and additional time is needed to complete the project.

NOW THEREFORE, it is mutually agreed to amend Contract No. as follows:

5. CONSULTANT shall perform the services identified in paragraph 2 above and CONSULTANT's fee shall be in attached Exhibit dated and shall be increased by an amount not to exceed .
6. CONSULTANT's reimbursable expenses shall be increased by an amount not to exceed .
7. By virtue of this Supplemental Agreement/Amendment, CONSULTANT's total fee is from a sum not to exceed to a sum not to exceed , of .
8. The expiration date of this contract is **unchanged**.

9. **[IN THE EVENT YOUR AMENDMENT CAUSES THE CONTRACT TO EXCEED \$50,000.00, YOU MUST ADD THE FOLLOWING CONTRACT LANGUAGE, UNLESS IT (OR THE IMMIGRATION STATUS FORM) WAS IN THE ORIGINAL CONTRACT. IN ADDITION TO ADDING THE CLAUSE, NUMBER THE ADDED CLAUSE SO AS TO BE CONSISTENT WITH THE EXISTING CONTRACT, REPLACING THE “#” AS FOUND BELOW.] # E-Verify Certification (In accordance with Minn. Stat. §16C.075)**

For services valued in excess of \$50,000, Contractor certifies that as of the date of services performed on behalf of the State, Contractor and all its subcontractors will have implemented or be in the process of implementing the federal E-Verify program for all newly hired employees in the United States who will perform work on behalf of the State. Contractor is responsible for collecting all subcontractor certifications and may do so utilizing the E-Verify Subcontractor Certification Form available at http://www.mmd.admin.state.mn.us/doc/Everyfy_SubCertForm.doc. All subcontractor certifications must be kept on file with Contractor and made available to the State upon request.

Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.

IN WITNESS WHEREOF, STATE has caused this work order amendment to be duly executed on its behalf and CONSULTANT has caused the same to be duly executed on its behalf.

This work order amendment may be executed in counterpart; once all parties have signed on one or separate copies, a copy signed by one party is binding on that party same as if signed by all remaining parties.

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

SWIFT Order Number or
Certification Signature:
Date:

2. CONSULTANT:

CONSULTANT certifies that the appropriate person(s) have executed the Agreement on behalf of the CONSULTANT as required by applicable articles, by-laws, resolutions, or ordinances.

By:

(Corporate Signature)
Printed Name:
Title:
Date:

By:

(Corporate Signature)
Printed Name:
Title:
Date:

3. STATE AGENCY: Department of Administration

Contract approval and certification that state funds have been encumbered as required by Minnesota Statutes §§ 16A.15 and 16C.05.

By:

(Authorized Signature)
Printed Name: Gordon Christofferson or Bev Kroiss
Title: Assistant Director
Date:

4. COMMISSIONER OF ADMINISTRATION, as delegated to Materials Management Division:

By: (Authorized Signature)

Date:

Distribution:

- Agency - Original (fully executed) Contract
- Department of Administration
- Contractor
- State Authorized Representative

DEVELOPING ENCUMBRANCE (DE)
 CONTRACT AMENDMENT, CONTRACT INCREASE
 STATE OF MINNESOTA

Minn. Stat. § 16C.05, subd. 2(d) states: Amendments to contracts must entail tasks that are substantially similar to those in the original contract or involve tasks that are so closely related to the original contract that it would be impracticable for a different contractor to perform the work. The commissioner (of Administration)...must determine that an amendment would serve the interest of the state better than a new contract and would cost no more.

DE No: _____ Date: **mm/dd/yyyy** Supplemental Agreement No. **X**

Top Table – for State Use only

RECS Project No		RECS Project Mgr:	
Project Title:		Consultant:	
Agency/Facility:		Contractor :	
Order #	Contract #		Contract Start
Fund Source	Business Unit	Accounting Date:	Fund:
DeptID:	AppropID:		
#1			
Please reference the Requisition Number on the right on the completed SA for this project.		Requisition #:	Date:
			Encumbered by:
Initial one of the following statements:			
_____ Notice to proceed will be given after supplement is fully executed.			
_____ Notice to proceed will be given prior to full execution of the supplement. Requisition required.			

This contract change is necessary due to (provide written description, Type and Amount for each change below):

[**CC**] Code Change [**HU**] Hidden/Unforeseen condition [**PC**] Program Change [**EO**] Errors and Omissions

Description of Contract Change (check one and provide written description below):

1 The original contract called for did not call for:

2 It is necessary to modify the original agreement to include the following changes:	Change Type	Estimated Cost
a. PR-xx		00.00
b. PR-xx		00.00
c. PR-xx		00.00
TOTAL		00.00

CONTRACT SUMMARY

Original Contract Amount:
Contract Amount w/approved SAs #
Previously Approved D/Es not yet in SAs: #
Unapproved /pending D/Es: (including this one) #
Total Estimated Contract Amount to Date

THE COMPLETED AND APPROVED FORM IS TO ACCOMPANY THE SUPPLEMENTAL AGREEMENT
 AND BE RETAINED IN THE CONTRACT FILE