



**STATE OF ARKANSAS**  
**AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT**

CONTRACT #: \_\_\_\_\_ AMENDMENT #: \_\_\_\_\_

**7. AGENCY CONTACTS FOR QUESTION(S) REGARDING THIS CONTRACT:**

**Contact #1** – Agency Representative submitting/tracking this contract

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(Name)	(Title)
(Telephone #)	(Email)

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

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(Name)	(Title)
(Telephone #)	(Email)

**Contact #3** – Agency Representative Director or Critical Contact (for time sensitive questions and responses)

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(Name)	(Title)
(Telephone #)	(Email)

**8. SOURCE OF FUNDS:**

Complete appropriate box(es) below to total 100% of the funding in this contract to date.

Fund Source	Identify Source of Funds	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
Federal Funds				\$	
State Funds**				\$	
Cash Funds				\$	
Trust Funds				\$	
Other Funds				\$	
<b>TOTALS</b>				<b>\$</b>	<b>100%</b>

\* **MUST BE SPECIFIC** (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

\*\* "State Funds" is defined as and deemed State General Revenue Dollars. If other state funds are being used such as tobacco funds, general improvement funds, etc., these should be noted. Special revenue funds from taxes or fees generated for the agencies should be shown as "Other" and the actual source of the funds should be clarified in the "Identify Source of Funds."

\*\*\* Funding and percentages shall reflect the total of the contract including all amendments to date.