

 **STATE OF ARKANSAS**

 **AMENDMENT TO COMMODITIES CONTRACT**

 **Contract # \_\_\_\_\_\_\_\_\_\_\_**

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.

1. **New Contract Expiration Date, if Applicable:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please leave blank if not extending contract to new date.

1. **Purpose of Amendment:**
2. **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.

 **Previous This Amendment New Total**

|  |  |  |  |
| --- | --- | --- | --- |
| **Commodities** |  |  | $ 0.00 |

1. **Attachment List:**

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

1. **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 responses)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |
|  |  |  |
| Telephone# |  | Email |

1. **Signatures:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contractor |  | Date |  | Department Director |  | Date |
| Title |  |  |  | Title |  |  |
| Address |  |  |  | Address |  |  |