**CONTRACT AMENDMENT FORM CONTRACT #**

**Address Change only**

**CONTRACTOR’S NAME & ADDRESS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contract Administrator Name: | Department | | Date received by Purchasing | |
| Contract Administrator’s Address | | Phone # | | Date |

# COMPLETE QUESTIONS PERTINANT TO THE CHANGES BEING REQUESTED:

**REQUIRED ATTACHMENT:**

Amending Agreement (Schedule D) PLUS (as required):

Schedule A Schedule B Schedule C

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Extend the end date of the contract. The contract is being extended because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change the services to those indicated **on the attached Schedule A** because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Increase the maximum dollar amount or change the payment schedule as indicated **on the attached Schedule B** because \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addition of expense Schedule C or change the expenses as indicated **on the attached Schedule C** because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ORGANIZATIONAL UNIT’S APPROVALS:

## I certify that sufficient monies have been allocated from my unit budget/grant to honour the University of Manitoba’s financial obligations under this agreement.

|  |  |  |
| --- | --- | --- |
| *$* Schedule B | \_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *(original +* amendment) | F O A P | **Signature** of Signing Authority (required) |

*$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Schedule C *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(original + amendment) F O A P **Signature** of Signing Authority (required)

**Original e**ffective date of contract *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* New *e*nd date of contract\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# I agree with the Organizational Unit’s recommendations (as listed above) and acknowledge the financial obligations of the faculty/school/administrative unit.

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Head (optional) Signature of Dean/Director (required)

\*Any consultations or recommendations the Organizational Unit has had may be presented below. (optional )

**Department Consultations:**

Was anyone else within the University consulted re the contents of this agreement and what were their comments?

**\*\*AREAS BELOW FOR ADMINISTRATION USE ONLY\*\***

Legal Counsel Signature Date

Additional Comments:

Negotiated/Drafted Agreement

**LEGAL COUNSEL**

Proforma – Approved Changes

Authorized Signature

Not Applicable

Certified as to compliance

**POLICY 609**

**BUDGET & GRANTS** - Authorization of expenditure (where insufficient funds are indicated by Aurora Finance system)

Authorized Signature:

Authorized Signature:

Reasons:

Independent Contractor

Employment

**HUMAN RESOURCES**

Authorized Signature

Recommendations/Comments:

Date Quotes/Tenders requested

No

**PURCHASING SERVICES:**

Quotes/Tenders required Yes