**PROFESSIONAL/TECHNICAL SERVICES CONTRACT AMENDMENT INSTRUCTIONS.**

**DELETE THIS PAGE BEFORE CHECKING IN/UPLOADING THE AMENDMENT TO MARKETPLACE**

1. An amendment can change the description of work, compensation or term sections of the PT/Services Contract. Consistent with the guidelines below, it may be used to add services or extend the length of a contract. It may also be used to increase or the compensation to the Contractor, to reflect any new duties.
2. This amendment is designed only to be used with the Minnesota State PT/Services template. If you are using a different template or the vendor’s contract, please contact OGC.
3. This amendment may only be used if the Original Contract has not expired. Expired contracts cannot be amended. If it has expired and you need to extend it, please contact OGC to discuss your options.
4. Contracts may not exceed 5 years in length without additional approvals. This amendment may only be used to extend the Original Contract for up to 5 years combined total. If this amendment will bring the end date to more than 5 years from the start of the Original Contract, you must first obtain Vice Chancellor-Chief Financial Officer approval. Board Policy 5.14, Subpart D.
5. Contracts over $50,000 must be put out for public bid. If you did not do a Request for Proposal (RFP) for the Original Contract, this amendment may only be used if the total value (Original Contract + any Amendments) is less than $50,000. If the total value (i.e., the not-to-exceed value in paragraph 3 below) is above $50,000 you will need to do a new RFP in place of an amendment. System Procedure 5.14.5 Part 4, Subpart C.
6. If this amendment brings the total value of your contract over $100,000 or over $500,000 additional contract language, workforce certificate, equal pay certificate and VC approval are required. Please contact OGC and Procurement unit for assistance.
7. Please make sure the paragraph numbers below that reference the Original Contract match your Original Contract.

**INSTRUCTIONS FOR COMPLETING THIS AMENDMENT TEMPLATE ARE IN RED AND BRACKETS. PLEASE COMPLETE EVERY FIELD AND DELETE ALL INSTRUCTIONS INCLUDING THE BRACKETS**



Contract Number:

P.O. Number:

***[INSTRUCTIONS FOR COMPLETING THIS FORM ARE IN ITALICS AND BRACKETS. PLEASE COMPLETE EVERY FIELD AND DELETE ALL INSTRUCTIONS INCLUDING THE BRACKETS.]***

PROFESSIONAL/TECHNICAL   
SERVICES CONTRACT

### AMENDMENT NO. [Insert Amendment Number here; e.g. “1” or “3”]

This amendment is between the State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of [Insert Name of College, University or System Office] (“Minnesota State”), and [INSERT CONTRACTOR'S LEGAL NAME AND FULL ADDRESS] (“Contractor”).

WHEREAS, Minnesota State and Contractor have entered into a Professional/Technical Services Contract and any addenda, exhibits, or amendments thereto (the “Original Contract”), identified below:

| **Original Contract** | |
| --- | --- |
| **Contractor’s Full Legal Name:** | **[Insert Name Here]** |
| **Contract Title:** | **[Professional/Technical Services Contract or Other Contract Name Here]** |
| **Effective Date of Original Contract:** | **[will usually be the date of the last signature]** |

WHEREAS, the parties wish to amend the Original Contract as stated below:

NOW THEREFORE, the parties do hereby agree as follows:

**[THE REVISIONS BELOW ARE EXAMPLES. PLEASE DELETE ANY THAT DO NOT APPLY TO YOUR CONTRACT OR ADD ANY ADDITIONAL PROVISIONS AS NECESSARY.]**

1. **AMENDED CONTRACT TERM**. [**Delete this entire paragraph if there is no change to the length of the contract’s length.]** The parties hereby agree that the Original Contract’s Paragraph [Insert Paragraph Number], Term of Contract shall be modified as follows:

| **Amended Contract Term** | |
| --- | --- |
| **Effective Date of Original Contract:**  **[will usually be the date of the last signature - cannot be changed from the Original Contract]** | **[INSERT FULL DATE (e.g., January 29, 2019)]** |
| **End Date of Original Contract:** | **[INSERT FULL DATE (e.g., January 29, 2019)]** |
| **End Date(s) of Previous Amendments, if applicable:** | **[INSERT FULL DATE (e.g., January 29, 2019)]** |
| **Effective Date of this Amendment:** | **[INSERT FULL DATE (e.g., January 29, 2019)]** or upon the date the final required signature is obtained by Minnesota State, whichever occurs later |
| **End Date of Amended Contract Term:** | **[INSERT FULL DATE (e.g., January 29, 2019)]** |

This Amendment shall be effective on the beginning date listed aboveor upon the date the final required signature is obtained by Minnesota State, whichever occurs later.

1. **AMENDED CONTRACTOR’S DUTIES**. [**Delete this entire paragraph if the duties remain the same.]** The parties agree that Original Contract’s Paragraph [**Insert Paragraph Number]**, Contractor’s Duties, is hereby deleted and replaced with the following:

**[Restate the entire duties section from the Original Contract, but change or add or delete key tasks, activities, impact to deliverables and completion timeframe as necessary. Describe any new services to be performed or changes to existing services, changes in individuals with coordination responsibilities, etc.]**

1. **AMENDED PAYMENT TERMS**. [**Delete this entire paragraph if the payment terms are not changing.]** Original Contract’s Paragraph [**Insert Paragraph Number]**, Consideration and Terms of Payment, is hereby amended as follows: **[Choose one of the two options below, depending on whether you are paying more or less to the Contractor.]**

For the additional professional/technical services as outlined in this Amendment, Minnesota State shall pay Contractor an additional amount as follows:

For any deleted or otherwise altered terms requiring reduced payments, Minnesota State shall pay the Contractor reduced amounts as follows:

**[If Contractor is going to provide additional work or deliverables or less work or deliverables as described in Amendment, then likely the payment/compensation terms will also need to be amended. Describe in words any changes to the terms of pricing, compensation, expenses and payment terms here – fixed rate/time and materials/milestones. Itemize as appropriate.]**

| **AMENDED COST** | |
| --- | --- |
| Original Contract Amount: | $ |
| Previous Amendment Amount(s), if any: | $ |
| This Amendment Amount: | $ |
| Cumulative Contract Amount: | **NOT TO EXCEED:** $ |

1. **AUTHORIZED REPRESENTATIVES: [Delete this paragraph if there have been no personnel changes.]**

The authorized representatives for the purpose of administration of this contract is as listed below, or their successor:

| **MINNESOTA STATE:** | **CONTRACTOR:** |
| --- | --- |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |
| Telephone: | Telephone: |
| Email: | Email: |

1. **ANY ADDITIONAL AMENDMENT PROVISIONS – INSERT HERE AS NEEDED [Delete this paragraph if there are no additional provisions to be amended.]**
2. **ENTIRE AGREEMENT**. Except as expressly amended above, the terms and conditions of the Original Contract and all previous amendments consistent with this Amendment remain in full force and effect. This Amendment and the Original Contract (including any previous written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto.

This Amendment shall be effective on the effective date listed aboveor upon the date the final required signature is obtained by Minnesota State, whichever occurs later.

The Original Contract and any amendments will not exceed beyond five (5) years of the Effective Date of the Original Contract and shall otherwise remain in effect until the End Date listed above or until all obligations set forth in the Original Contract and any amendments have been satisfactorily fulfilled, whichever occurs first.

The remainder of this page intentionally left blank. Signature page to follow.

*[WHEN FINALIZING DOCUMENT, FORMAT DOCUMENT SO THE ENTIRE SIGNATURE PAGE REMAINS ON THE LAST PAGE]*

IN WITNESS WHEREOF, the parties have caused this contract to be duly executed intending to be bound thereby.

APPROVED:

1. **CONTRACTOR:**

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

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |

1. **VERIFIED AS TO ENCUMBRANCE: [CAN BE DELETED IF NO ADDITIONAL FUNDS ARE BEING SPENT]**

Employee certifies that funds have been encumbered as required by Minnesota Statutes §16A.15.

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |

1. **MINNESOTA STATE COLLEGES AND UNIVERSITIES**

**[*INSERT NAME OF COLLEGE/UNIVERSITY/SYSTEM OFFICE]*:**

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |

1. **AS TO FORM AND EXECUTION:**

|  |
| --- |
| By (authorized signature and printed name) |
| Title |
| Date |