



Contract Modification Form

DATE OF THIS SUBMISSION:	DATE DOCUMENTATION EMAILED:
CONTRACTOR NAME: _____	CONTRACTOR CONTACT:
OGS GROUP #: _____	Name: _____
OGS AWARD #: _____	Phone #: _____
OGS CONTRACT #: _____	Email: _____
NOTE: Submission of this FORM does not constitute acceptance by the Procurement Services until approved by the appropriate New York State representative(s).	

INSTRUCTIONS:

1. This form is to be used for all Contract modifications. The form is to be completed in full, signed and submitted to OGS for final approval. Any submission that is not complete and signed will be rejected.
2. Contractor is required to submit the Product and price level information for the update electronically via e-mail in either an Excel spreadsheet (and in hardcopy if requested by OGS) to the OGS Contract Administrator for this Contract.
3. Price level increase requests must be submitted in accordance with the Centralized Contract.
4. If more than one type of modification is being requested, each type should be submitted as a separate request.
5. The Contract modification request must be accompanied by the relevant current contract pricing discount information.

COMPLETE STATEMENTS 1 THROUGH 5 BELOW:

<p>1. This request is for an:</p> <p>_____ Update</p> <p>_____ Amendment</p> <p>See Contract Modification Procedure for an explanation of these terms.</p>	<p>2. The intent of this submittal is to request:</p> <p>_____ Addition of new products or services</p> <p>_____ Deletion of products or services</p> <p>_____ Change in pricing level</p> <p>_____ Other Update</p> <p>_____ Other Amendment</p>
<p>3. All discounts are:</p> <p>_____ GSA</p> <p>_____ Most Favored Nation*</p> <p>_____ Other (provide explanation)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>*Prices offered are the lowest offered to any similarly situated entity.</p>	<p>4. Attached documentation includes:</p> <p>_____ Current approved GSA (labeled "For information only")</p> <p>_____ Current relevant Price List (labeled "For information only")</p> <p>_____ Revised NYS Net Price List in same format as found in the Pricing Appendix for this Contract</p> <p>_____ Current copy of the "National Consumer Price Index for All Urban Consumers (CPI-U) Northeast region" (for price increases only)</p>

GROUP 39000 – INDUSTRIAL & COMMERCIAL SUPPLIES
AND EQUIPMENT (Statewide)

5. Describe the nature and purpose of the modification. If applicable, please explain how pricing has been structured to customers, and/or identify and describe new Products which fall into a new group or category that did not exist at the time of approval of the Contract by OGS.

The following **ACKNOWLEDGEMENT** statement must be signed by an individual authorized to sign on behalf of Contractor for the modification being requested in this Contract Modification document. The authorizing authority's signature must be notarized.

Signature of Authorized Vendor Representative

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGEMENT

STATE OF _____ }
COUNTY OF _____ } : Sworn Statement:

On the ____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he maintains an office at _____ and further

that:

[Check One]

☐ **If an individual):** _he executed the foregoing instrument in his/her name and on his/her own behalf.

☐ **If a corporation, (☐ a partnership, ☐ a limited liability company):** _he is the _____ of _____, the *corporation/ partnership/ Limited Liability Company* described in the above instrument; that, _he is authorized to execute the foregoing instrument on behalf of the *corporation/ partnership/ Limited Liability Company* for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said *corporation/ partnership/ Limited Liability Company* as the act and deed of said *corporation/ partnership/ Limited Liability Company*.

Signature of Notary Public

Notary Public Registration No.: _____

State of: _____

OGS APPROVAL: Approved _____ Approved as amended _____ Disapproved _____

Signature: _____ Date: _____

Printed Name: _____ Title _____