**CONTRACT AMENDMENT**

This amendment by and between the Contractor and State Entity defined below shall be effective as of the date this Amendment is fully executed.

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| **STATE OF GEORGIA CONTRACT** |
| **State Entity’s Name:** |       |
| **Contractor’s Full Legal Name:** |       |
| **Contract No.:** |       |
| **Solicitation No./Event ID:** |       |
| **Solicitation Title/Event Name:** |       |
| **Contract Award Date:** |       |
| **Current Contract Term:** |       |
| **Amendment No.:** |       |

WHEREAS, the Contract is in effect through the Current Contract Term as defined above; and

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

 1. [Insert language defining desired contract change(s) here. You may need to add additional sections. Consult legal staff as appropriate.]

CONTRACT NUMBER:

1. **SEXUAL HARASSMENT PREVENTION.** The Contract is hereby amended to include the following provision(s) in Section L. Contract Administration as a new subsection entitled “Sexual Harassment Prevention” [Update the placement of the language as needed if you do not utilize SPD State Entity Contract Templates]:

The State of Georgia promotes respect and dignity and does not tolerate sexual harassment in the workplace. The State is committed to providing a workplace and environment free from sexual harassment for its employees and for all persons who interact with state government. All State of Georgia employees are expected and required to interact with all persons including other employees, contractors, and customers in a professional manner that contributes to a respectful work environment free from sexual harassment. Furthermore, the State of Georgia maintains an expectation that its contractors and their employees and subcontractors will interact with entities of the State of Georgia, their customers, and other contractors of the State in a professional manner that contributes to a respectful work environment free from sexual harassment.

Pursuant to the State of Georgia’s Statewide Sexual Harassment Prevention Policy (the “Policy”), all contractors who are regularly on State premises or who regularly interact with State personnel must complete sexual harassment prevention training on an annual basis.

If the Contractor, including its employees and subcontractors, violates the Policy, including but not limited to engaging in sexual harassment and/or retaliation, the Contractor may be subject to appropriate corrective action. Such action may include, but is not limited to, notification to the employer, removal from State premises, restricted access to State premises and/or personnel, termination of contract, and/or other corrective action(s) deemed necessary by the State.

1. If Contractor is an individual who is regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:
2. Contractor has received, reviewed, and agreed to comply with the State of Georgia’s Statewide Sexual Harassment Prevention Policy located at <https://georgiadoas.prod.acquia-sites.com/human-resources-administration/sexual-harassment-prevention/Statewide-Sexual-Harassment-Prevention-Policy>;
3. Contractor has completed sexual harassment prevention training in the last year and will continue to do so on an annual basis; or will complete the Georgia Department of Administrative Services’ sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/MxCvD3FXepk> prior to accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and,
4. Upon request by the State, Contractor will provide documentation substantiating the completion of sexual harassment training.
5. If Contractor has employees and subcontractors that are regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:
6. Contractor will ensure that such employees and subcontractors have received, reviewed, and agreed to comply with the State of Georgia’s Statewide Sexual Harassment Prevention Policy located at <https://georgiadoas.prod.acquia-sites.com/human-resources-administration/sexual-harassment-prevention/Statewide-Sexual-Harassment-Prevention-Policy>;
7. Contractor has provided sexual harassment prevention training in the last year to such employees and subcontractors and will continue to do so on an annual basis; or Contractor will ensure that such employees and subcontractors complete the Georgia Department of Administrative Services’ sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/MxCvD3FXepk> prior to accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and
8. Upon request of the State, Contractor will provide documentation substantiating such employees and subcontractors’ acknowledgment of the State of Georgia’s Statewide Sexual Harassment Prevention Policy and annual completion of sexual harassment prevention training.
9. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
10. **ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the contract (including any 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.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

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| **CONTRACTOR** |
| **Contractor’s Full Legal Name:****(PLEASE TYPE OR PRINT)** |       |
| **Authorized Signature:** |  |
| **Printed Name and Title of Person Signing:** |            |
| **Date:** |       |
| **Company Address:** |       |

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| **STATE ENTITY** |
| **Authorized Signature:** |  |
| **Printed Name and Title of Person Signing:** |            |
| **Date:** |       |
| **State Entity Address:** |       |