**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. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
2. **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:** |       |