APPENDIX X

Areas in red may be completed online. Print three (3) copies and obtain ORIGINAL signatures in blue ink on all copies.
Mail three copies to: NYS Department of State, CAU-11th Fl., One Commerce Plaza, 99 Washington Ave., Albany, NY 12231

***Contract Number, Period, Funding and Name are found in your *original* contract on the *Contract Face Page*.**

Agency Code: 19000 *Contract Number: _____
(contract number as listed in **original** contract)

*Contract Period: **4/1/_____ - 7/31/2011**_____ *Funding for Period: **$**_____
(beginning year of **original** contract) ($ amount of **original** contract)

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through the New York State Department of State, having its principal office in Albany, New York (hereinafter referred to as the STATE), and *_____(hereinafter referred to as the CONTRACTOR),
(contractor name as listed on **original** contract)
for modification of Contract Number *****_____, as amended above.
(contract number as listed in **original** contract)
All other provisions of said AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE	STATE AGENCY SIGNATURE
By: _____	By: _____
_____	_____
(print or type name)	**(print or type name)**
Title: _____	Title: _____
Date: _____	Date: _____

State Agency Certification: "In addition to the acceptance of this Contract, I also certify that original copies of this signature page will be attached to all other exact copies of this Contract."

STATE OF NEW YORK)
COUNTY OF) ss:

On this ____ day of _____, in the year 20____, before me personally appeared _____, to me known, who, being by me duly sworn, did depose and say that (s)he resides at _____; that (s)he is the _____ of _____, the corporation described herein which executed the foregoing instrument; and that (s)he signed (her)his name thereto by order of the board of directors of said corporation.

_____
NOTARY PUBLIC

STATE OF NEW YORK)
COUNTY OF) ss:

On this ____ day of _____, in the year 20____, before me personally appeared _____, to me known and known to me to be the _____ of _____, the unincorporated association described in and which executed the above agreement; and who acknowledge to me that (s)he executed the foregoing agreement for and in behalf of said unincorporated association.

_____
NOTARY PUBLIC

Thomas P. DiNapoli
State Comptroller
By: _____

Title: _____

Date: _____