AMENDMENT TO CONTRACT BETWEEN STATE OF LOUISIANA

DEPARTMENT OF CULTURE, RECREATION AND TOURISM

Insert Agency Name

AND

Contractor’s Legal Name: Insert Contractor’s Legal Name (“Contractor”)

Contractor’s Contact Information

Street Address: Type here.

P.O. Address: Type here if needed.

City, State, Zip: Type here.

Phone Number: Type here.

Vendor Number: Type LaGov No. here.

Contract Number: Type PO number here. Effective Date: Type date this AMD takes effect.

DCRT Number: Type DCRT number here.

**Amendment Provisions:** This is an amendment to Contract Type PO number here (“Amendment“) to extend the Contract end date to allow additional time for the completion of the project.

**Change 1**

Delete from Page 5, Section 14, Type Heading:

Type text from the Contract to be deleted here.

Add to Page 5, Section 14, Heading:

Type new text here.

**Change 2** Delete this section if no further changes are needed. Add more if needed.

Delete from Page 5, Section 14, Type Heading:

Type text from the Contract to be deleted here.

Add to Page 5, Section 14, Heading:

Type new text here.

**Amendment Justification:**

This Amendment has been requested to Type the purpose of the Amendment here. This Amendment serves the State’s best interest.

This Amendment contains or has attached hereto all revised terms and conditions agreed upon by the contracting parties.

The parties agree and consent to the use of electronic signatures solely for the purposes of executing the Contract and any related transactional document. Such electronic signature shall be deemed to have the same full and binding effect as a handwritten signature.

THUS DONE AND SIGNED AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 2021.

WITNESSES’ SIGNATURES: **Legal Name of Contractor]**

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BY:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: [Type Name of Contractor’s authorized signatory]

[Type Title of Signatory]

Sign:

Print Name:

THUS DONE AND SIGNED AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Louisiana, on the \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

WITNESSES’ SIGNATURES: **Department of Culture, Recreation & Tourism**

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BY:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: [Type Name of the DCRT Agency’s signatory, if any]

[Type Signatory’s title, e.g. “Assistant Secretary, Office of Tourism”; or “Executive Director, Volunteer Louisiana Commission”]

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:

THUS DONE AND SIGNED AT Baton Rouge, Louisiana, on the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

WITNESSES’ SIGNATURES: **Department of Culture, Recreation & Tourism**

Sign:\_ **BY:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: Nancy Watkins, Undersecretary

Sign:

Print name: