**SE-232 AMENDMENT NO.:**

**AMENDMENT TO SMALL PROFESSIONAL SERVICES CONTRACT**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**NAME OF FIRM:**       **CONTRACT DATE:**

**This Contract is changed as follows:** *(Insert description of change in space provided below)*

|  |
| --- |
| **ADJUSTMENTS IN THE CONTRACT SUM:** |
| **1.** | **BASIC & ADDITIONAL SERVICES FEE:** Contract Fees Prior to This Amendment |  |       |
|  |  Change in Fees Per This Amendment |       |  |
|  |  **Total Revised Basic & Additional Services Fee:** |  | $ 0.00 |
|  |  |  |  |
| **2.** | **REIMBURSABLE EXPENSES:** Contract Amount Prior to This Amendment |  |       |
|  |  Change in Amount Per This Amendment |       |  |
|  |  **Total Revised Reimbursable Expenses:** |  | $ 0.00 |
|  |  |  |  |
| **3.** | **TOTAL CONTRACT AMOUNT:** Total Contract Prior to This Amendment |  | $ 0.00 |
|  |  Change in Amount Per This Amendment | $ 0.00 |  |
|  |  **Total Revised Contract Amount:** |  | $ 0.00 |
|  |  |  |  |
| **4.** | **SUM OF ALL FEES PAID TO THIS FIRM IN THE PAST 24 MONTHS, EXCLUDING REIMBURSABLES** *(cannot exceed $150,000.)*: |  |       |

**A/E ACCEPTANCE:**

**BY: Date:**

*(Signature of A/E Representative)*

**Print Name of A/E Representative:**

**AGENCY ACCEPTANCE AND CERTIFICATION:**

I certify that the Agency has authorized, unencumbered funds available for obligation to this contract.

**BY: Date:**

*(Signature of Agency Representative)*

**Print Name of Agency Representative:**

**SUBMIT THE FOLLOWING TO OSE**

1. SE-232, fully completed and signed by the A/E and Agency;
2. Supporting cost and schedule data that justifies the changes shown.

**OSE PM: DATE:**