**SE-232 AMENDMENT NO.:**

**TRANSMITTAL OF AMENDMENT TO SMALL PROFESSIONAL SERVICES CONTRACT**

***FOR INFORMATION ONLY***

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**NAME OF FIRM:**

**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 |
|  | Total Amendment Amount | $ 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 $150,000.00)***:** |  |  |

**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, completed and signed by the Agency
2. SE-232, Page 2, completed and signed by the A/E, with back-up information to support request

**OSE PM: DATE:**