STATE OF COLORADO

OFFICE OF THE STATE ARCHITECT

STATE BUILDINGS PROGRAM

SUPPLEMENT to CONSULTANT AGREEMENT

**Supplement Number:**

****State Agency/Institution****

Insert Department or IHE’s Full Legal Name

****Consultant****

Insert Consultant’s Full Legal Name, including “Inc.”, “LLC”, etc.

****Original Contract Number****

Insert CMS Number or Other Contract Number of the Original Contract

****Supplement Contract Number****

Insert CMS Number or Other Contract Number of this Amendment

****Project Name****

Insert project name as provided in the Appropriation if applicable

****Project Number****

Insert project number assigned by the State Controller’s Office if applicable

# AUTHORIZATION FOR ADDITIONAL SERVICES

PARTIES. THIS SUPPLEMENT is entered into by and between the STATE OF COLORADO, acting by and through the , Principal Representative, hereinafter referred to as the State, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_having its offices at hereinafter referred to as the Consultant.

EFFECTIVE DATE AND NOTICE OF NONLIABILITY. This Supplement shall not be effective or enforceable until it is approved and signed by the State Controller or its designee (hereinafter called the “Effective Date”), but shall be effective and enforceable thereafter in accordance with its provisions. The State shall not be liable to pay or reimburse Consultant for any performance hereunder or be bound by any provision hereof prior to the Effective Date.

Which authorizes the Consultant, upon written approval, to proceed to perform additional services consisting of:

Proposal dated , which is attached hereto and made a part thereof by reference as Exhibit \*.

for which additional compensation in an amount not to exceed Dollars ($ ) is hereby approved.

|  |  |  |
| --- | --- | --- |
| SUMMARY OF CHANGES | | |
| Document | Description of Work/Date | Dollar Amounts |
| Original Agreement | Insert date Agreement was fully executed |  |
| Supplement #1 | Brief Description |  |
| **Current Contract Sum (To Date):** | |  |

Reimbursement for the aforesaid services shall be due upon completion thereof and payable upon application therefore in accordance with the original Agreement.

\*This Exhibit shall be attached to and made a part of the original Agreement referenced above.

# THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT

Each person signing this Supplement represents and warrants that the signer is duly authorized to execute this Agreement and to bind the Party authorizing such signature.

Project Number/Name: Insert OSC Project Number followed by Project Name

Contract ID No.: Insert CMS Number & Encumbrance Number

Consultant Firm Signature Name and Title Date

Principal Representative Signature Name and Title Date

State Buildings Program Signature Name and Title Date

Controller or authorized Delegate Signature Name and Title Effective Date