

APPENDIX X

Agency Code _____ Contract No. _____ Amendment # _____

Entire Contract Period _____ Entire Contract Amount for Period _____

Amendment Period _____ Amendment Amount for Period _____

This is an AGREEMENT between The State of New York, acting by and through the Office of Mental Health, having its principal office at 44 Holland Avenue, Albany, NY 12229 (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for modification of Contract Number _____, as amended in attached Appendix (ices)

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: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Must complete the Individual, Corporation, Partnership, or LLC Acknowledgement page and have it notarized

STATE AGENCY

Printed Name: Thomas P. O'Connor Title: Director, Contracts and Claims Unit, CBFM

Signature: _____ 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."

"No information that may negatively impact the contractor's responsibility has come to the agency's attention and OMH has reasonable assurance that the contractor continues to be responsible

CIVIL SERVICE APPROVAL (If Required)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

APPENDIX X (Continued)

Contract Number:

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGEMENT

STATE OF)
County of) SS:

On this ___ day of ___, 20___, before me personally appeared ___, to me known and known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he/she resides at ___, Town of ___, County of ___, State of ___; and further that:

[CHECK ONE]

() If an Individual: he/she executed the foregoing instrument in his/her name and on his/her own behalf.

() If a Corporation: he/she is the ___ of ___, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he/she is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

() If a Partnership: he/she is the ___ of ___, the partnership described in said instrument; that, by the terms of said partnership, he/she is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

() If a Limited Liability company: he/she is a duly authorized member of ___ LLC, the limited liability company described in said instrument; that, he/she is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public

Registration Number: ___ State of ___