

**AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH**

Amendment #: _____

LAGOV#: _____

LDH #: _____

(Regional/ Program/ Facility) _____

Original Contract Amt _____

AND

Original Contract Begin Date _____

Original Contract End Date _____

Contractor Name _____

RFP Number: _____

AMENDMENT PROVISIONS

Change Contract From: From Maximum Amount: _____ Current Contract Term : _____

Change Contract To: To Maximum Amount: _____ Changed Contract Term: _____

Justifications for amendment:

This Amendment Becomes Effective: _____

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

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

**STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH**

Secretary, Louisiana Department of Health or Designee

CONTRACTOR SIGNATURE _____ **DATE** _____

PRINT NAME _____

CONTRACTOR TITLE _____

SIGNATURE _____ **DATE** _____

NAME _____

TITLE _____

OFFICE _____

PROGRAM SIGNATURE _____ **DATE** _____

NAME _____