

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

Amendment #: \_\_\_\_\_  
LAGOV#: \_\_\_\_\_  
LDH #: \_\_\_\_\_

**Agency Name...**

(Regional/ Program/  
Facility) \_\_\_\_\_

Original Contract Amount \_\_\_\_\_

**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 \_\_\_\_\_