WSU CONTRACT SPC00xxxx

Formerly WSU Contract xxxxx

Amendment x

This Contract, made and entered into by and between the state of Washington, **Washington State University**, hereinafter referred to as the "UNIVERSITY", and **NAME OF CONTRACTOR**, hereinafter referred to as “CONTRACTOR,” is amended as follows:

1. **PURPOSE OF THIS AMENDMENT**

check all that apply

Inform Contract of the change to SPC Contract No.

Extend Period of Performance

Add Place of Performance (required)

Modify Scope of Work

Increase Compensation Amount

Update Billing Procedures

Update Contract Management designee(s)

1. **SCOPE OF WORK**

check one

This Amendment makes no changes to the existing Scope of Work.

The Amendment modifies the Scope of Work.

Describe the additional work the Contractor is to do, if applicable. The amendment can have a Scope of Work exhibit if you have a proposal or it would be expedient to have an added page describing the expectations.

1. **PERIOD OF PERFORMANCE**

The Period of Performance is extended through **Month Day, Year.**

1. **PLACE OF PERFORMANCE**

check one

CONTRACTOR will perform all services remotely and/or virtually.

CONTRACTOR will perform on-site services on UNIVERSITY premises at this location: xxxxxxxxxxxxxx

CONTRACTOR will perform on-site services at a location other than a UNIVERSITY premises.   
Location: xxxxxxxxxxxxxxxxxxx

CONTRACTORS engaging in on-site work on UNIVERSITY premises must comply with the applicable laws and executive orders specific to COVID-19.

1. **COMPENSATION AND PAYMENT**

check one

This Amendment makes no changes to the not-to-exceed Compensation Amount of the Contract.

UNIVERSITY shall pay an additional amount not to exceed **$xx,xxx** for the services and/or deliverables added to the Scope of Work by this Amendment.

CONTRACTOR'S compensation for services rendered shall be in accordance with the following terms:

1. **Fees:** an amount not to exceed **$[total fee amount, including the increase].**

check one

1. **Expenses:**  CONTRACTOR shall receive expense reimbursement not to exceed **$x,xxx**.
2. **Expenses:** There are no reimbursable expenses authorized.
3. **BILLING PROCEDURES**

New email address for invoices: xxxxxxxxxxxxxxxxxxx@wsu.edu

1. **CONTRACT MANAGEMENT**

check all that apply

No change of Contract Management designees.

Update designated Contract Manager. Provide name, address, telephone and email in table below

Update designated Project Manager. Provide name, address, telephone and email in table below

|  |  |  |
| --- | --- | --- |
|  | Manager for the CONTRACTOR | Manager for UNIVERSITY |
| Name |  |  |
| Address |  |  |
| Address |  |  |
| Telephone |  |  |
| Email |  |  |

All other terms and conditions of this Contract remain unchanged.

This Contract Amendment, consisting of ONE page and NO attachments, is executed by the persons signing below who warrant they have delegated authority to alter or amend the Contract.

**NAME OF CONTRACTOR** **WASHINGTON STATE UNIVERSITY**

Name Date Patty Gropp, C.P.M Date

Title Associate Director, Purchasing