

**STANDARD MODIFICATION FORM
MARYLAND DEPARTMENT OF HEALTH**

(Set forth below is the standard modification form. Instructions are provided throughout the modification in red and in parentheses. Do NOT leave the instructions or red font in the document. Please be advised that this is just a form. Your modification may require additional or different language. You are strongly encouraged to work with OPASS and your Assistant Attorney General prior to sending to the contractor for signature.)

Date of Modification: (insert date)

Whereas, on (insert date), a Contract entitled (insert the title of the Contract), Control # (insert the Control or OPASS number, as appropriate), was executed between (insert the full name of the Contractor), hereinafter referred to as the “Contractor,” and the (insert the name of the unit/administration at MDH), a unit of the Maryland Department of Health, hereinafter referred to as the “Department;” and

Whereas, the Contract commenced on (insert date) and was to terminate on (insert date);
and

Whereas, the original amount of this Contract is \$ (insert original dollar amount); and

Whereas, there (have/has) been (insert number) prior modification(s) to this Contract; and

Whereas, due to various circumstances, the Contractor and the Department now wish to modify portions of this Contract.

Now therefore, the Contractor and the Department agree that:

1) The original Contract identified above is hereby modified in accordance with the terms and conditions contained in this document.

2) Except as modified by the terms and conditions of this document, all provisions of the original Contract, as well as changes made by all prior modifications, if any, shall remain in full force and effect.

- 3) The specific terms and conditions which constitute the modification(s) are set forth in item numbers 4, 5, 6, and 7 and any other attached pages of this document.
- 4) The effective date of this modification shall be (insert date).
- 5) The term of this Contract, if changed, shall now be (Insert the new Contract term. If the term of the Contract is not changed with this modification, enter: unchanged)
- 6) The dollar amount of this modification, if any, is \$ (Insert the dollar amount of this modification. If the modification does not add or subtract dollars to the Contract sum, enter: none or \$0)
- 7) The total adjusted Contract value, including this modification and all prior modifications, is now \$ (insert the current total dollar amount of the Contract, including this modification.)

In acknowledgement of the aforementioned, these authorized representatives of the Contractor and the Department do hereby indicate their consent.

FOR THE CONTRACTOR

FOR THE DEPARTMENT

By: _____
Signature

By: _____
Secretary, Maryland Department of Health

or, Designee

Name (Type or Print)

Signature

Title (Type or Print)

Name (Type or Print)

Date of Signing

Title (Type or Print)

Date of Signing

Approved as to Form and Legal Sufficiency

This _____ Day of _____, 20____

By: _____
Assistant Attorney General

Name (Type or Print)

MDH-OPASS No. _____

Additional terms and conditions which constitute the modification(s) to the Contract referenced on page 1 of this modification are as follows: (Insert the details of the modification, setting forth the rights and obligations of the parties. Reference the appropriate sections of the current Contract terms, if applicable. Set forth below in red are *examples only* of common modifications. Each modification will be different.)

1. The term of this Contract is hereby extended in order to continue services through the revised Contract term, as set forth in this modification.

2. The dollar value of this Contract is hereby increased in order to provide additional services at the unit price(s) set forth in the Contract.

3. ...

(Include any necessary background text or previous modifications or options exercised upon this contract.)