Form SOV Ordering Document Amendment

SOV Order # \_\_\_\_\_\_\_\_\_\_\_\_\_

Amendment No. \_\_\_

It is hereby agreed by and between the State of Vermont, AGENCY/DEPARTMENT (the "State") and CONTRACTOR NAME, (the "Contractor") that the above-referenced SOV Order between them originally dated as of ORDER DOCUMENT START DATE, as amended to date, (the “Order”) is hereby amended as follows:

REMOVE/EXPAND/REVISE THE BELOW AMENDMENT ITEMS, AS APPLICABLE

1. **Time of Performance**. The Order end date, wherever such reference appears in the Order, shall be changed from OLD END DATE to NEW END DATE.
2. **Maximum Amount**. The maximum amount payable under the Order, wherever such reference appears in the Order, shall be changed from $\_\_\_\_ to $\_\_\_\_, representing an increase / a decrease of $\_\_\_\_.
3. **Scope of Work**. The scope of work is amended as follows:

EXAMPLE: Section ## is amended by the addition of the following requirements [OR] Section ## is hereby deleted in its entirety and replaced as set forth below:

1. **Payment Provisions**.The payment provisions are amended as follows:

EXAMPLE: Section ## is amended by the addition of the following requirements [OR] Section ## is hereby deleted in its entirety and replaced as set forth below:

**REQUIRED CONTRACTOR CERTIFICATIONS**

Taxes Due to the State. Contractor certifies under the pains and penalties of perjury that, as of the date this contract Amendment is signed, the Contractor is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support(Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Contractor is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment. Contractor certifies under the pains and penalties of perjury that, as of the date this Amendment is signed, neither Contractor nor Contractor’s principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Contractor further certifies under pains and penalties of perjury that, as of the date this Amendment is signed, Contractor is not presently debarred, suspended, nor named on the State’s debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>

**SOV Cybersecurity Standard Update:** All products and service provided to or for the use of the State under this Order shall be in compliance with State of Vermont Cybersecurity Standard Update in effect at the time of this Amendment to the Order. The State of Vermont Cybersecurity Standard Update prohibits the use of certain branded products in State information systems or any vendor system, and a copy is available at: <https://digitalservices.vermont.gov/cybersecurity/cybersecurity-standards-and-directives>

**REQUIRED PRIOR APPROVALS**

**This Amendment** **shall not be valid unless approved by the Vermont Chief Information Officer/Secretary of the Agency of Digital Services prior to execution.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIO Approval Date

**If applicable, add certification block for AGO and approval block for Secretary of Administration.**

This document consists of \_\_\_ pages. Except as modified by this Amendment No. \_\_\_, all provisions of the Order remain in full force and effect.

**WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS AMENDMENT.**

<Insert Contractor Name>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature                                                                      Date

STATE OF VERMONT, <Insert Requesting Agency/Dept>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature                                                                      Date