

APPENDIX X

AGENCY CODE: **51000**

CONTRACT NO: _____

PERIOD: _____

FUNDING: _____

This AGREEMENT between the STATE OF NEW YORK, acting by and through the Office for People with Developmental Disabilities (**STATE**), and _____ (**CONTRACTOR**), for modification of Contract Number _____, as amended in attached Appendix(ices) _____.

All other provisions of said AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures:

SIGNATURES

CONTRACTOR

STATE

By: _____

By: _____

(name printed)

(name printed)

Title: _____

Title: _____

Date: _____

Date: _____

State Agency Certification: In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract.

INDIVIDUAL (OR) CORPORATE ACKNOWLEDGEMENT (SELECT ONE)

STATE OF NEW YORK: _____)
) SS:
COUNTY OF _____)

INDIVIDUAL ACKNOWLEDGEMENT:

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the same person described in and who executed the within instrument, and he/she duly acknowledged to me that he/she executed the same.

CORPORATE ACKNOWLEDGEMENT:

On this _____ day of _____, 20____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____, of the corporation described herein which executed the foregoing instrument and that he/she signed his/her name thereto by order of the board of directors of said corporation.

NOTARY: _____
(SIGNATURE)

OFFICE OF THE STATE COMPTROLLER:

(SIGNATURE)

(Please Affix Stamp)

(Title)