**SE-232 AMENDMENT NO.:**

**TRANSMITTAL OF AMENDMENT TO SMALL PROFESSIONAL SERVICES CONTRACT**

***FOR INFORMATION ONLY***

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**NAME OF FIRM:**

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGETARY INFORMATION *(Complete ALL 4 items)*** | | | |
| **1.** | **TOTAL PROJECT BUDGET:** **PIP** *(enter latest A-1 “Total Project Budget”)* |  |  |
|  | **Non-PIP** *(enter Agency’s project budget)* |  |  |
| **2.** | **BASIC & ADDITIONAL SERVICES FEE:** Contract Fees Prior to This Amendment |  |  |
|  | Change in Fees Per This Amendment |  |  |
|  | **Total Revised Additional Services Fee:** |  | $ 0.00 |
| **3.** | **REIMBURSABLE EXPENSES:** Contract Amount Prior to This Amendment |  |  |
|  | Change in Amount Per This Amendment |  |  |
|  | **Total Revised Reimbursable Expenses:** |  | $ 0.00 |
| **4.** | **TOTAL CONTRACT AMOUNT:** Total Contract Prior to This Amendment | $ 0.00 |  |
|  | Change in Amount Per This Amendment | $ 0.00 |  |
|  | **Total Revised Contract Amount:** |  | $ 0.00 |
| **5.** | **SUM OF ALL FEES PAID TO THIS FIRM IN THE PAST 24 MONTHS, EXCLUDING REIMBURSABLES** *(cannot exceed $75,000.)*: |  |  |

|  |
| --- |
| **REASONS FOR AMENDMENT:** *(Insert reason in space provide below)* |

**BY:**  **DATE:**

*(Signature of Agency Representative)*

**Print Name:**       **Title:**

**SUBMIT THE FOLLOWING DOCUMENTS TO OSE:**

1. SE-232

2. Copy of signed amendment.

**OSE PM: DATE:**