

MODIFIED VENDING MACHINE SERVICES UNDER CONTRACT #

New Location(s):

Deleted Location(s):

Additional Machines at Existing Location(s):

Remove Machines at Existing Location(s):

The amount payable to the Commission for the Blind for all new machines will be subject to the same terms and conditions as set forth in Section 5 of the **AGREEMENT LICENSE AND CONCESSION within the contract.**

New York State Office of Children and Family Services
Agency Certification

"IN WITNESS WHEREOF, the Parties hereunto have signed this AMENDMENT to OFFICE OF CHILDREN AND FAMILY SERVICES CONTRACT # _____ on the date and year appearing opposite their respective signatures."

_____	_____	_____
Agency Signature	Title	Date
_____	_____	_____
Contractor Signature	Title	Date

Contractor's Federal ID Number		

NOTARIZATION FOR CONTRACTOR:

STATE OF NEW YORK)
) SS.:
County of _____)

On this _____ day of _____, 20____, before me personally appeared _____
_____ known to me to be the person who executed the foregoing instrument, who being
duly sworn by me did depose and say that he/she resides at _____,
County of _____, State of _____; and further that:

(Check One)

If an individual): ___he executed the foregoing instrument in his/her name and on his/her own behalf.
 If a corporation): ___he is the _____ of _____, the
corporation described in said instrument; that, by authority of the _____ of said
corporation, he/she is authorized to execute the foregoing instrument on behalf of the corporation for
purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument
in the name of and on behalf of said corporation as the act and deed of said corporation.

If a partnership): ___he is the _____ of _____, the
partnership described in said instrument; that, by the terms of said partnership, he/she is authorized to
execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that,
pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said
partnership as the act and deed of said partnership.

_____	My Commission Expires: _____
NOTARY PUBLIC	
Qualified in _____ County	Registration # _____

Approved: Thomas P. DiNapoli, Comptroller

By: _____

Date: _____