



The City of New York  
Department of Youth and Community Development

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156 William Street  
New York, NY 10038  
212-442-5900 Fax: 212-442-5998

Jeanne B. Mullgrav  
Commissioner

Department No.: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Term of Agreement: \_\_\_\_\_

Aggregate Adjusted Net  
Contract Amount: \$ \_\_\_\_\_

Amended Amount: \$ \_\_\_\_\_

Total Contract Amount: \$ \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Borough/Site: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Type of Procurement: \_\_\_\_\_

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**DYCD Contract Number:** \_\_\_\_\_  
**Amendment Number:** \_\_\_\_\_

**THIS AMENDMENT**, entered into as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, amends the \_\_\_\_\_ Agreement (the “Agreement”), dated \_\_\_\_\_, 20\_\_\_\_, between the City of New York, acting through the City of New York Department of Youth and Community Development (“DYCD”), located at 156 William Street, New York, New York 10038, and \_\_\_\_\_ (“Contractor”), located at \_\_\_\_\_.

WITNESSETH

**WHEREAS, DYCD** entered into the Agreement with the Contractor for services to be performed in Fiscal Year 2012 pursuant to Procurement Policy Board Rules Section 1-02(e); and

**WHEREAS**, in accordance with Procurement Policy Board Rules Section 1-02(e), the City Council has appropriated additional Discretionary Funds to be applied for the enhancement of the services that Contractor provides; and

**WHEREAS**, Contractor is ready, willing, and able to use these Discretionary Funds to enhance its services; and

**WHEREAS, DYCD** wishes to amend the Agreement and to engage the Contractor to provide additional services (“Additional Services”) in connection with the above program.

**NOW THEREFORE**, the undersigned agree to amend the Agreement in the following respects only:

1. The Contractor agrees to provide Additional Services as set forth in the amended Workscope which is attached hereto and made a part hereof as Exhibit 1.
2. The Additional Services shall be for the period beginning \_\_\_\_\_ to \_\_\_\_\_.
3. The Budget Amount of \$ \_\_\_\_\_ set forth Article 3 Financial Provisions, Paragraph A Maximum Reimbursable Amount is increased by \$ \_\_\_\_\_ (“Additional Services Increase”) for a total amount not to exceed \$ \_\_\_\_\_. The budget revision for the Additional Services Increase is reflected in the amended Budget which is attached hereto and made a part hereof of as Exhibit 2.
4. Except as otherwise provided herein, all terms and conditions of the Agreement shall remain in full force and effect.

**IN WITNESS WHEREOF**, the parties undersigned executed this Amendment effective as of the day and year first written above.

THE CITY OF NEW YORK DEPARTMENT OF  
YOUTH AND COMMUNITY DEVELOPMENT

BY: \_\_\_\_\_  
General Counsel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor

BY: \_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DYCD Contract Number

# AFFIRMATION

The undersigned Vendor affirms and declares that it is not in arrears to The City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to The City of New York, and has not been declared not responsible, or disqualified, by any agency of The City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the Vendor to receive public contracts except \_\_\_\_\_

\_\_\_\_\_  
(If none, so state):

Full Name of Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CHECK ONE (1) BOX AND INCLUDE APPROPRIATE NUMBER:

( ) A. Individual or Sole Proprietorship\*  
SOCIAL SECURITY NUMBER

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

( ) B. Partnership, Joint Venture or other Unincorporated Organization  
EMPLOYER IDENTIFICATION NUMBER

\_\_\_\_\_

( ) C. CORPORATION  
EMPLOYER IDENTIFICATION NUMBER

\_\_\_\_\_

BY: \_\_\_\_\_  
(SIGNATURE) (TITLE)

If a corporation, place seal here

Must be signed by an officer or duly authorized representative

\* "Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on City contracts is voluntary. Failure to provide a Social Security Number will not result in bidder's disqualification. Social Security Numbers will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying businesses which seek City Contracts."

**STATE OF NEW YORK** )  
**COUNTY OF NEW YORK** ) ss:

On this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, before me personally came \_\_\_\_\_, General Counsel of the New York City Department of Youth and Community Development, to me known, and known to me to be the person described in, and who executed the foregoing agreement, and acknowledge to me that he executed the foregoing as such for the purposes therein mentioned.

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**NOTARY PUBLIC**

**CORPORATE – WITH SEAL**

**STATE OF NEW YORK** )  
**COUNTY OF \_\_\_\_\_** )ss:

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she reside at \_\_\_\_\_ and that he/she is the \_\_\_\_\_ of the corporation described in, and which executed the above instrument, that he/she knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order.

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**NOTARY PUBLIC**

**CORPORATE – WITHOUT SEAL**

**STATE OF NEW YORK** )  
**COUNTY OF \_\_\_\_\_** )

On this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, before me personally came \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_ and that he/she is the \_\_\_\_\_ of the corporation described in, and which executed the foregoing agreement; that he/she signed his/her name thereto by order of the Board of Directors of said corporation, and that the corporation has no seal.

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**NOTARY PUBLIC**

**UNINCORPORATED ASSOCIATION**

**STATE OF NEW YORK** )  
**COUNTY OF \_\_\_\_\_** )ss:

On this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, before me personally came \_\_\_\_\_, to me and known to me to be the \_\_\_\_\_ of the unincorporated association described in and which executed the foregoing agreement; and who acknowledged to me that he/she executed the foregoing agreement on behalf of said unincorporated association.

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**NOTARY PUBLIC**

**THE CITY OF NEW YORK**  
**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT**

Contractor: \_\_\_\_\_

DYCD Contract Number: \_\_\_\_\_

Amendment Number: \_\_\_\_\_

**EXHIBIT 1**  
**WORKSCOPE**

**THE CITY OF NEW YORK**  
**DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT**

Contractor: \_\_\_\_\_

DYCD Contract Number: \_\_\_\_\_

Amendment Number: \_\_\_\_\_

**EXHIBIT 2**  
**BUDGET**