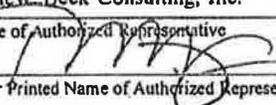
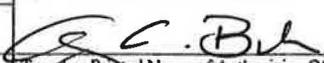
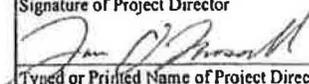
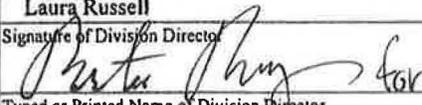


State of Alaska
Amendment to Professional Services Contract

1. Agency Contract Number 0619-006
2. Solicitation Number (if used)
3. Optional Renewal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Years remaining _____
4. Financial Coding
5. Agency Assigned Encumbrance Number
6. Amendment Number One (1)

This agreement is between the State of Alaska,		
7. Department of Health and Social Services Health and Social Services/ Alaska Psychiatric Institute (API)		hereafter the State, and
8. Contractor Agnew::Beck Consulting, Inc		hereafter the Contractor
Mailing Address 441 West Fifth Street	Street or P.O. Box	City Anchorage
		State AK
		ZIP Code 99501
9. Original period of performance From: 09/24/18 To: 03/01/2019		10. Amended period of performance From: 09/24/18 To: 06/30/2019
11. Previous amount of contract to date: \$ 313,976.00	12. Amount of this amendment: \$ 0	13. This amended contract shall not exceed a total of: \$ 313,976.00
<p>14. In accordance with the provisions of the above referenced contract, the parties to that contract agree that the services to be performed by the contractor under the contract are amended as follows:</p> <p>This amendment extends the period of performance of this agreement.</p> <p>All other terms and conditions of the contract remain in effect.</p> <p>In full consideration of the Contractor's performance under and including this amendment, the State shall pay the Contractor a new total not to exceed \$ 313,976.00</p> <p>IN WITNESS WHEREOF the parties hereto have executed this amendment.</p> <p>NOTICE! This amendment has no effect until signed by the head of the contracting agency, project director and head contracting agency or designee.</p>		
15. CONTRACTOR		17. CERTIFICATION:
Name of Firm Agnew::Beck Consulting, Inc.		I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-.820. Other disciplinary action may be taken up to and including dismissal.
Signature of Authorized Representative 	Date 2/27/19	
Typed or Printed Name of Authorized Representative Thea Agnew Bembem		
Title Managing Principal		
16. CONTRACTING AGENCY		Signature of Head Contracting Agency or Designee 
Department of Health and Social Services / API		Date 2.28.19
Signature of Project Director 	Date 2/27/19	Typed or Printed Name of Authorizing Official Amy Burke
Typed or Printed Name of Project Director Laura Russell		Title Grants & Procurement Chief
Signature of Division Director 	Date 2/28/19	
Typed or Printed Name of Division Director Gennifer Moreau		