

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
AMENDMENT TO INDEPENDENT CONSULTANT AGREEMENT**

\_\_\_\_\_  
Consultant's Name

\_\_\_\_\_  
Amendment No. Agreement No.

\_\_\_\_\_  
Consultant's Firm Name

Effective Time Period of Amendment: \_\_\_\_\_ Through \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Department

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Department Contact/Telephone Number / ( )

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
NCA / FUND / DPA / PROG CODE / FY

The Terms and Conditions of the Independent Consultant Agreement entered into on \_\_\_\_\_ are hereby amended as follows:

- Add the additional tasks described below. These tasks were not included in the original scope because...
- Authorize the next phase of work contemplated in the original Scope of Work. The authorization of these additional services is based on the acceptance of the following Deliverables....
- Provide additional time for the completion of tasks in the original Scope of Work. The extension of the Performance Period is required because...
- Provide additional on-going services as described in the original Scope of Work. The continuing need for these services is based on...
- Cancel Agreement effective:

Funding continues to be billable on a \_\_\_\_\_ (hourly, monthly, acceptance of Deliverable) basis. The additional funding to support the additional services and/or performance period is \$\_\_\_\_\_ and shall be added to the previously authorized amount of \$\_\_\_\_\_.

The amount of additional work is \_\_\_\_\_ (hours, months, etc) at the rate of \$\_\_\_\_\_ per\_\_\_\_\_.

All other terms and conditions of the Agreement remain the same.

**Current Maximum Amount:** \$ \_\_\_\_\_  
**Amount of Change:** \$ \_\_\_\_\_  
**New/Revised Maximum Amount:** \$ \_\_\_\_\_

**CONSULTANT:**

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**

**Firm Name:** \_\_\_\_\_

**EXECUTED BY:**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Signature of Program Review Official** **Date**

\_\_\_\_\_  
**Print or Type Name and Title**

\_\_\_\_\_  
**Print or Type Name and Title**

\_\_\_\_\_  
**Social Security or  
Employer Identification Number**

**ADMINISTRATIVE APPROVAL BY:**

\_\_\_\_\_  
**Responsible Administrative Official** **Date**  
**Michele C. Kibbe, JD**  
**Manager, Campus Procurement and Business Contracts**