

FOR BOCES USE ONLY:
PO # _____
W9: _____
INV/SIG: _____

CONTRACT MODIFICATION FORM ARTS-IN-EDUCATION/EXPLORATORY ENRICHMENT

(Please fill in what has changed and attach to a copy of the original contract)

Artist/Vendor/Organization: _____
New Name of Artist/Vendor/Organization _____
Address/City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____
SS#: _____ OR TIN#: _____

*Please assure the information provided here reflects name/address of check recipient and exactly matches the 1099 (W9) for reporting purposes.

Original Program Date(s): _____
New Program Dates(s): _____

Original Fee (AIE)/Site-Based Fee (EE): _____
New Fee (AIE)/Site-Based Fee (EE): _____

School District: _____ School: _____
Other Location: _____
School Contact: _____ Phone: _____
E-Mail: _____ Fax: _____

*Evaluation of program is required. Staff responsible for follow-up/evaluation will be: _____

- Pre-Payment (purchases only, e.g. tickets, registrations) **REQUIRED BY** _____
- Partial Payment requested: # _____ of payments/include details regarding dates/fees under changes in contract below
- If Federal/State/County Grant was used put **ONLY** the amount remaining after subtracting the partial grant dollars in the "FEE" section above)

Describe other noted changes in the contract here:
