Agency Contract No. \_\_\_\_

STATE OF NEW MEXICO

**[FILL IN AGENCY NAME]**

AUDIT CONTRACT AMENDMENT No. \_1\_

**[FILL IN AGENCY NAME]**, hereinafter referred to as the "Agency," and

**[FILL IN IPA FIRM NAME]**, hereinafter referred to as the "Contractor,” agree:

**1. RECITALS.**

Agency and Contractor are parties to that certain Audit Contract dated **[FILL IN ORIGINAL CONTRACT DATE]** (the “Contract”), which they wish to amend pursuant to this Audit Contract Amendment (the “Amendment”)

**2. AMENDMENTS.**

The parties wish to amend the Contract, as follows:

1. Section \_\_\_\_ is deleted in its entirety and the following is substituted in its place:

**[FILL IN CHANGES TO SCOPE OF WORK]**

B. Sections 3A and 3C are deleted in their entirety and the following is substituted in their place:

A. The total amount payable by the Agency to the Contractor under this Contract shall not exceed \_\_\_\_\_\_\_\_\_\_\_\_\_, plus applicable gross receipts tax.

C. Total Compensation will consist of the following:

|  |  |
| --- | --- |
| **SERVICES** | **AMOUNTS** |
| (1) Financial statement audit | \_\_\_\_\_\_\_\_ |
| (2) Federal single audit | \_\_\_\_\_\_\_\_ |
| (3) Financial statement preparation | \_\_\_\_\_\_\_\_ |
| (4) Other nonaudit services, such as depreciation schedule updates | \_\_\_\_\_\_\_\_ |
| (5) Other (i.e., foundations or other component units, specifically identified) 2 Component Units | \_\_\_\_\_\_\_\_ |

Total Compensation = \_\_\_\_\_\_\_\_, plus applicable gross receipts tax

**3. MISCELLANEOUS**

All provisions of the Contract not expressly amended in this Amendment remain unchanged.

**SIGNATURE PAGE**

This Amendment is effective as of the date of the signature of the Office of the State Auditor.

**AGENCY** **CONTRACTOR**

|  |  |
| --- | --- |
| SIGNATURE  NAME:  TITLE:  DATE: | SIGNATURE  NAME:  TITLE:  DATE: |

This Amendment has been approved by:

**OFFICE OF THE STATE AUDITOR**

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: DEPUTY STATE AUDITOR

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE AUDITOR CONTRACT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_