**RENEWAL**

**#**

Pursuant to IC § 5-22-17-4 and the terms of the Contract, \_\_\_\_\_\_\_\_\_\_\_\_ (the “State”) exercises its option to renew its Contract with \_\_\_\_\_\_ (the “Contractor”) under the same terms and conditions of the original Contract.

1. The Contract is hereby renewed for an additional period of \_\_\_\_\_\_\_\_\_\_. It shall terminate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. The consideration during this renewal period is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which reflects ***[a price escalation/no price escalation]*** as permitted by the terms of the original Contract. Total remuneration under the Contract is not to exceed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor.  Further, to the undersigned’s knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Renewal other than that which appears upon the face hereof.    **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Renewal, the Contractor attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

**Agreement to Use Electronic Signatures**

**[Applicable only to contracts processed through SCM]**

**In Witness Whereof**, Contractor and the State have, through their duly authorized representatives, entered into this Renewal.  The parties, having read and understood the foregoing terms of this Renewal, do by their respective signatures dated below agree to the terms thereof.

**[Contractor] [State Agency]**

By: By:

Printed Name: Printed Name:

Title: Title:

Date: Date:

**Department of Administration State Budget Agency**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lesley A. Crane, Commissioner Jason D. Dudich, Director

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_