Form No. DTMB-3521 (Rev. 7/2015)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract change will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
525 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 004
to
CONTRACT NO. 511B4300009
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR	PRIMARY CONTACT	EMAIL
Dr. Dorothy S. Kahler	Dorothy S. Kahler	dskahler@uplogon.com
290 Rublein, Suite D	PHONE	CONTRACTOR'S TAX ID NO. (LAST FOUR DIGITS ONLY)
Marquette, MI 49855	(906) 226-9100	3375468938-001

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
PROGRAM MANAGER / CCI	DMVA	Dr. Laurence Skendzel	906-226-3576	skendzell@michigan.gov
CONTRACT ADMINISTRATOR	DMVA	Susan Belfry-Mellon	906-226-3576	mellons@michigan.gov

CONTRACT SUMMARY			
DESCRIPTION: Mental Health Services			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
12/1/13	9/30/14	4	9/30/15
PAYMENT TERMS		DELIVERY TIMEFRAME	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
☐ P-card ☒ Direct Voucher (DV) ☐ Other			☐ Yes ☒ No
MINIMUM DELIVERY REQUIREMENTS			
Per RFP #0511171214B0000730			

DESCRIPTION OF CHANGE NOTICE				
EXERCISE OPTION?	LENGTH OF OPTION	EXERCISE EXTENSION?	LENGTH OF EXTENSION	REVISED EXP. DATE
☐		☒	1 year	09/30/2016
CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE		
37,440.00	No change	No change		
DESCRIPTION: 1 year option. No additional funds required.				

Change Notice Number: **004**
Contract Number: **511B4300009**

FOR THE CONTRACTOR:

Dorothy S. Kahler, Psy.D.
Company Name

Authorized Agent Signature

Dorothy S. Kahler, Psy.D.
Authorized Agent (Print or Type)

9/24/15
Date

FOR THE STATE:

Signature

Brad Slagle, Administrator
Name & Title

DMVA, D. J. Jacobetti Home for Veterans
Agency

9/29/15
Date