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. 002
to
CONTRACT NO. 511B5500003
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR	PRIMARY CONTACT	EMAIL
Dr. Carla Skaates, DDS 1320 W. Ridge Street Marquette, MI 49855	Carla Skaates, DDS	carlaskaates@hotmail.com
	PHONE	CONTRACTOR'S TAX ID NO (LAST FOUR DIGITS ONLY)
	906-228-9592	2203978683-001

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
PROGRAM MANAGER/ CCI	DJJHV	Dr. Laurence Skendzel	906-226-3576	skendzell@michigan.gov
CONTRACT ADMINISTRATOR	DJJHV	Susan Belfry-Mellon	906-226-3576 x351	mellons@michigan.gov

CONTRACT SUMMARY

DESCRIPTION: Dental Services-1 year extension option

INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
11/1/2014	10/31/2015	4	10/31/15

PAYMENT TERMS	DELIVERY TIMEFRAME

ALTERNATE PAYMENT OPTIONS	EXTENDED PURCHASING
☐ P-card ☒ Direct Voucher (DV) ☐ Other	☐ Yes ☒ No

MINIMUM DELIVERY REQUIREMENTS

Buy-4_Michigan 051115B0003271

DESCRIPTION OF CHANGE NOTICE

EXERCISE OPTION?	LENGTH OF OPTION	EXERCISE EXTENSION?	LENGTH OF EXTENSION	REVISED EXP. DATE
☐		☒	1 year	10/31/2016

CURRENT VALUE	VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE
50,000.00	50,000.00	100,000.00

DESCRIPTION: 1 year extension option (of 4 available).

Change Notice Number: 002
Contract Number: 511B5500003

FOR THE CONTRACTOR:

Carla Ellen Skaates, DDS PC

Company Name

Authorized Agent Signature

Carla Skaates, DDS

Authorized Agent (Print or Type)

9-25-15

Date

FOR THE STATE:

Kimberly Graham

Signature

Kimberly Graham, Purchasing Manager

Name & Title

DMVA, DJ Jacobetti Home for Veterans

Agency

10/6/15

Date