



Office of General Services

Procurement Services

STATE OF NEW YORK
EXECUTIVE DEPARTMENT - OFFICE OF GENERAL SERVICES
PROCUREMENT SERVICES GROUP
Corning Tower – 38th Floor
Empire State Plaza
Albany, New York 12242

CONTRACT UPDATE FORM	
OGS CONTRACT NO.: _____	DATE OF SUBMISSION: _____
CONTRACT PERIOD: From: <u>January 1, 2018</u> To: <u>December 31, 2023</u> GROUP NO. & DESCRIPTION: <u>40061 –</u> <u>Protective Outerwear (Firefighting,</u> <u>Emergency/Rescue, and Safety) (Stateside)</u>	VENDOR CONTACT: NAME: _____ PHONE NO: _____ FAX NO.: _____ E-MAIL: _____
NOTE: Submission of this FORM does not constitute acceptance by the State of New York until approved by the appropriate New York State representative(s).	

INSTRUCTIONS:

1. *This form is to be used for all contract updates. The form is to be completed and submitted to the OGS Procurement Services Group for final approval. Contractor shall complete and sign where indicated, and attach this form to a cover letter written on standard company letterhead for the request. Any submission that is not complete or signed may be rejected.*
2. *Contractor may be required to submit the product and price information for the update in an Excel spreadsheet format on electronic media (i.e. CD, thumb drive or flash drive) to the OGS Contract Management Specialist. DISKETTES AND HARD COPIES ARE NOT ACCEPTABLE. Contractor may send via email with advance permission from OGS.*
3. *The Manufacturer's current published commercial price list (i.e. a suggested retail price list, suggested list price or a commercial price list). Price List must be dated and include the name of the Price List (e.g. ABC Company's 2017 Consumer Price List, effective 3/1/17).*
4. *OGS reserves the right to request links to other state, federal, or other contracts held by the contractor for the same manufacturer's products, or other acceptable documentation to justify reasonableness of price.*

COMPLETE STATEMENTS 1 THROUGH 8 BELOW:

1. The intent of this submittal is to: ____ Add new products ____ Delete products ____ Increase pricing ____ Reduce pricing ____ Amend Reseller list	2. All terms and conditions of the contract shall apply to this request. ____ Agree ____ Disagree
3. All discounts as agreed to in the contract shall apply. ____ Agree ____ Disagree	4. All discounts are: ____ From Manufacturer's (MFG) list ____ Most Favored Nation* *Prices offered are the lowest offered to any similarly situated entity.
5. Attached documentation includes: ____ Manufacturer's Price List ____ Links to other state, federal, or other contracts ____ Other	

This form must be signed by an individual given the authority to perform this action by the contractor.

Signature of Authorized Vendor Representative

Date

FOR STATE USE ONLY		
<i>OGS APPROVAL:</i>		
<i>Approved</i> _____	<i>Approved as amended</i> _____	<i>Disapproved</i> _____
<i>Name:</i> _____		
<i>Title:</i> _____		
<i>Date</i> _____		