



### CONTRACT AMENDMENT

DATE: 9/1/2023	AMENDMENT AMOUNT: \$ 0.00
ADVANTAGE CONTRACT #: MA 18P 21021800000000000081	
DEPARTMENT AGREEMENT #: DRPC-21-701 A	

This Contract Amendment is between the following State of Maine Department and Provider:

STATE OF MAINE DEPARTMENT		
DEPARTMENT NAME: Health and Human Services		
ADDRESS: 109 Capitol St		
CITY: Augusta	STATE: ME	ZIP CODE: 04333-0011

PROVIDER		
PROVIDER NAME: Bista Staffing Solutions Ince		
DBA:		
ADDRESS: 2800 East Cottonwood Parkway		
CITY: Salt Lake City	STATE: UT	ZIP CODE: 84121
PROVIDER'S VENDOR CUSTOMER #: VC1000094837		

Each signatory below represents that the person has the requisite authority to enter into this Contract. The parties sign and cause this Contract Amendment to be executed.

**Department Representative:**

**Provider Representative:**

 9/26/23

DocuSigned by:  
 9/27/2023 | 8:55 PM MDT

BY: Signature **Benjamin Mann,** Date  
**Deputy Commissioner of Finance**

BY: Signature **Adam Rousey** Date  
**Senior Vice-President**

*Upon final approval by the Division of Procurement Services, a case details page will be made part of this contract.*

## STATE OF MAINE | CONTRACT AMENDMENT

## AMENDMENT

The contract is hereby amended as follows: (Check and complete all that apply)

<input checked="" type="checkbox"/>	<b>Amended Period</b>	Original Start Date: <b>4/15/2021</b>	Amendment Start Date:	
		Current End Date: <b>4/14/2023</b>	New End Date: <b>4/15/2025</b>	
		Reason: <b>First renewal of the MA period.</b>		
<b>Agreement Amendment Summary</b>		<b>Original Agreement</b>	<b>\$</b>	<b>0.00</b>
		Amendment A <u>[extending end date only]</u>	\$	<u>0.00</u>
		<b>Revised Total</b>	<b>\$</b>	<b>0.00</b>

All other terms and conditions of the original contract and subsequent contract amendments remain in full force and effect.