

**APPENDIX D**

**CONTRACT UPDATE FORM**

**GROUP 35200 – FIREARMS, AMMUNITION, HANDCUFFS, BATONS,  
& HOLSTERS (Statewide)**

---



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

<b>CONTRACT UPDATE FORM</b>	
<b>OGS CONTRACT NO.:</b> _____	<b>DATE OF SUBMISSION:</b> _____
<b>CONTRACT PERIOD:</b> From: _____ To: _____	<b>VENDOR CONTACT:</b> NAME: _____ PHONE NO: _____ FAX NO.: _____ E-MAIL: _____
<b>GROUP NO. &amp; DESCRIPTION:</b> _____ _____	
<b>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).</b>	

**INSTRUCTIONS:**

1. This form is to be used for all contract updates. The form is to be completed **in triplicate** and submitted to the OGS Procurement Services Group for final approval. Vendors shall complete, sign, and notarize where indicated, and attach this form to a cover letter written on standard company letterhead. Any submission that is not complete or signed **in triplicate** will be rejected.
2. *Contractor may be required to submit the Product and price information for the update in an Excel spreadsheet format (Excel 2007 or older is preferred, if available) on CD or thumb drive to the OGS Purchasing Officer. DISKETTES ARE NOT ACCEPTABLE. Contractor may send via email in advance for review before hard copies are received.*
3. *To expedite the processing of updates that qualify as Auto Adds, do not combine Auto Adds with Regular or Special Adds. **If more than one type of update is being submitted, they should be submitted as totally separate requests.***
4. *The list must be dated and the format should be consistent with the format of the price list(s) included in Special Terms and Conditions, 7.5 Contract Updates Clause, of the Contract.*
5. *The contract update must be accompanied by the revised Manufacturer’s Price List, revised NYS Price List, and links to other state, federal, or other contracts held by the contractor for the same manufacturer products, or other acceptable documentation to justify reasonableness of price.*

**GROUP 35200 – FIREARMS, AMMUNITION, HANDCUFFS, BATONS,  
& HOLSTERS (Statewide)**

---

**COMPLETE STATEMENTS 1 THROUGH 8 BELOW:**

<p>1. This request is an:  <input type="checkbox"/> Auto Add  <input type="checkbox"/> Regular Add  <input type="checkbox"/> Special Add          See contract for an explanation of these terms.</p>	<p>2. The intent of this submittal is to:  <input type="checkbox"/> Add new products  <input type="checkbox"/> Delete products  <input type="checkbox"/> Increase pricing  <input type="checkbox"/> Reduce pricing  <input type="checkbox"/> Amend VAR list</p>
<p>3. All terms and conditions of the contract shall apply to this request.  <input type="checkbox"/> Agree  <input type="checkbox"/> Disagree</p>	<p>4. All discounts as agreed to in the contract shall apply.   <input type="checkbox"/> Agree  <input type="checkbox"/> Disagree</p>
<p>5. All discounts are:  <input type="checkbox"/> From Manufacturer (MFG) list  <input type="checkbox"/> Most Favored Nation*           *Prices offered are the lowest offered to any similarly situated entity.</p>	<p>6. Attached documentation includes:  <input type="checkbox"/> Manufacturer's Price List  <input type="checkbox"/> Revised NYS Net Price List*  <input type="checkbox"/> Links to other state, federal, or other contracts  <input type="checkbox"/> Other</p>
<p>7. If other than an auto-add, describe the Nature and Purpose of the update:          _____          _____          _____</p>	
<p>8. For a regular add, please explain how pricing has been restructured to customers, and/or identify and describe new Products or services, which fall into a new group or category that did not exist at the time of approval of the Office of General Services. If not applicable, state NA:          _____          _____          _____</p>	

The following CORPORATE ACKNOWLEDGEMENT statement is to be included in each of the three original forms. The request must be signed by an individual given the authority to perform this action by the corporation's board of directors and the signature must be notarized.

\_\_\_\_\_  
 Signature of Authorized Vendor Representative

**GROUP 35200 – FIREARMS, AMMUNITION, HANDCUFFS, BATONS,  
& HOLSTERS (Statewide)**

---

**CORPORATE ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ }

: ss.:

COUNTY OF \_\_\_\_\_ }

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_, before me personally came: \_\_\_\_\_, to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in \_\_\_\_\_; that he/she/they is (are) \_\_\_\_\_ (the President or other officer or director or attorney in fact duly appointed) of \_\_\_\_\_, the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

\_\_\_\_\_  
Signature and Office of Person Taking Acknowledgment

**FOR STATE USE ONLY**

*OGS APPROVAL:*

Approved \_\_\_\_\_ Approved as  
amended \_\_\_\_\_ Disapproved \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

*OSC APPROVAL:*

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_