

# Contract Amendment Detail

Amendment Number*	2	
Contract Number*	A211070	
Contractor / Supplier*	State of Minnesota, Department of Corrections	
Supplier ID		
Begin Date*	11/1/2021	
Original End Date*	6/30/2023	
Amended End Date*	6/30/2024	
Fund*	10	
Account*	42360	
DeptID*	284199	
Project Number	1008757	
PC Business Unit	HNGRT	
Activity	PROGR	
Source Type		
Category		
Subcategory		
	Expenditure	Receivable
Amendment Amount*	\$ 0.00	\$ 50,000.00
Amended Not to Exceed*	\$ 0.00	\$ 150,000.00
Funding Source	Grant - State	
Funds Included in Budget	Yes	

# Contract Amendment Detail

<b>Amendment Number*</b>	2	
<b>Contract Number*</b>	PR00003883	
<b>Contractor / Supplier*</b>	ATTIC Correctional Services, Inc.	
<b>Supplier ID</b>	44424	
<b>Begin Date*</b>	12/15/2021	
<b>Original End Date*</b>	6/30/2023	
<b>Amended End Date*</b>	6/30/2024	
<b>Fund*</b>	10	
<b>Account*</b>	52880	
<b>DeptID*</b>	284199	
<b>Project Number</b>	1008757	
<b>PC Business Unit</b>	HNGRT	
<b>Activity</b>	PROGR	
<b>Source Type</b>		
<b>Category</b>		
<b>Subcategory</b>		
	<b>Expenditure</b>	<b>Receivable</b>
<b>Amendment Amount*</b>	\$ 100,000.00	\$ 0.00
<b>Amended Not to Exceed*</b>	\$ 258,333.00	\$ 0.00
<b>Funding Source</b>	Grant - State and Property Tax	
<b>Funds Included in Budget</b>	Yes	