**FORM 5 - U.S. SERVICE PROVIDER AMENDED SCHEDULE A or B**

**For Major Changes in the Scope of Work and Compensation**

**INSTRUCTIONS**

**[Delete this page – for CARE Internal Use Only]**

**USE this form for:**

1. **Major scope of work changes and/or price changes for:**
   1. **Schedule A or B of Independent Contractor and Business Service Provider Contracts (FORM 1)**
   2. **Schedule A or B of Photographer Contracts (FORM 2)**

**DO NOT USE this form for:**

1. **Master Services Agreements (FORM 3)**
2. **Agreements for the Purchase of Goods (FORM 4)**

### FIRST/SECOND/ETC. AMENDED SCHEDULE A [or B]

Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARE CONTRACT/Purchase Order #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Agreement”)

Amendment No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[*E.g., No .1 for First Amendment; No. 2 for Second Amendment; etc.*]** (“Amended Schedule”)

Amendment Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

The Parties acknowledge and agree that: (1) this Amended Schedule shall supersede the original Schedule A [or B] and/or any Amended Schedule A [or B] executed prior to the Amendment Effective Date above (“Prior Terms and Conditions”), so that such Prior Terms and Conditions shall have no further force or effect as of the Amendment Effective Date; and (2) all non-conflicting terms set forth in the Agreement shall remain in full force and effect. The capitalized terms used but not defined in this Amended Schedule shall have the same meanings given to them in the Agreement.

**[COPY AND PASTE SCHEDULE A (SCOPE OF WORK) OR SCHEDULE B (COMPENSATION) AS APPROPRIATE IN ITS ENTIRETY BELOW AND EDIT AS NEEDED]**

|  |  |
| --- | --- |
| **COOPERATIVE FOR ASSISTANCE**  **AND RELIEF EVERYWHERE, INC.**  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SERVICE PROVIDER**  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |