



AMENDMENT

DATE: 9/17/2019

ADVANTAGE CONTRACT #: 18F 20181023\*\*1441

DEPARTMENT AGREEMENT #: NASPO MA-AR2507

AMENDMENT AMOUNT: \$ 72,000

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

State of Maine DEPARTMENT

DEPARTMENT: Administrative and Financial Services

Address: 14 SHS

City: Augusta

State: ME

Zip Code: 04333

PROVIDER

PROVIDER: Workday, Inc.

Address: 6230 Stoneridge Mall Road

City: Pleasanton

State: CA

Zip Code: 94588

Provider's Vendor Customer #: VS0000012890

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

Department of Administrative and Financial Services

*Richard Thompson*

Signature Richard Thompson, Deputy  
Commissioner Date 9/24/19

Workday, Inc.

*Margie Duffek*  
Margie Duffek (Sep 23, 2019)

Sep 23, 2019

Signature Representative Name and Title Date

Senior Director, Customer Care & Support Programs

Department of Administrative and Financial Services, Office of Information Technology

DocuSigned by:

*Frederick Brittain*  
Frederick Brittain, Chief Information Officer Date 9/20/2019

**AMENDMENT**

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

<input type="checkbox"/>	<b>Amended Period:</b>	Original Start Date: _____ Current End Date: _____ Amendment Start Date: _____ New End Date: _____ Reason:
<input checked="" type="checkbox"/>	<b>Amended Contract Amount:</b>	Amount of Adjustment: \$ <b>72,000</b> New Contract Amount: \$ <b>15,381,695</b> Reason: <b>adding a new tenant – see below</b>
<input checked="" type="checkbox"/>	<b>Amended Scope of Work:</b>	The Scope of work in Rider A is amended as follows: <b>see description below</b>
<input type="checkbox"/>	<b>Other:</b>	Reason:

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

**CODING**

LINE TOTAL	FUND	DEPT	UNIT	SUB UNIT	OBJ	PROGRAM	PROGRAM PERIOD	BOND FUNDING	FISCAL YEAR
\$ 72,000	010	18F	2208	01	5561	HRMS	S2020		

LINE TOTAL	FUND	DEPT	UNIT	SUB UNIT	OBJ	PROGRAM	PROGRAM PERIOD	BOND FUNDING	FISCAL YEAR
\$									

(Departments - Attach separate sheet as needed for additional coding.)

Tenant: this environment will be used to maintain the Supervisory Organization that is critical for a successful go-live. Currently, this structure does not exist in our legacy system so cannot be updated during the data conversion process. Post go-live, this tenant would be used for Training and Testing activities.

**ORDER FORM # 00197898.0  
TO MASTER SUBSCRIPTION AGREEMENT ("MSA")**

<b>Customer Name</b>	State of Maine
<b>MSA Effective Date</b>	October 18, 2018
<b>Order Effective Date</b>	The later of the dates beneath the parties' signatures below
<b>Order Term</b>	September 27, 2019 through March 26, 2020
<b>Order Term in Months</b>	6
<b>Currency</b>	USD
<b>Total Subscription Fees</b>	\$48,000

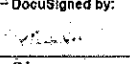
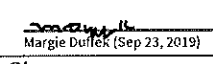
Payment #	Payment Due Date	Payment Amount
1	Invoiced upon Order Effective Date, due in accordance with the MSA	\$48,000
	<b>Total Due</b>	<b>\$48,000</b>

SKU	Service	Tenant Name	Cost per Month per Tenant	Deployment Tenant Subscription Fees
DT	Deployment Tenant ("Tenant")	maine6	\$8,000.00	\$48,000.00

Customer Billing Contact Information, In Care of	
Contact Name	Nicole Drisko
Street Address	176 State House Station
City/Town, State/Region/County	45 Commerce Drive, Suite 13
Zip/Post Code, Country	Augusta Maine 04330
	United States
Phone/Fax #	(207) 592-3654
Email (required)	<a href="mailto:nicole.drisko@maine.gov">nicole.drisko@maine.gov</a>

This Order Form is only valid and binding on the parties when executed by both parties and is subject to the additional terms in the above-referenced MSA and in Addendum A attached hereto. All remittance advice and invoice inquiries can be directed to [Accounts.Receivable@workday.com](mailto:Accounts.Receivable@workday.com).

IN WITNESS WHEREOF, this Order Form is entered into and becomes a binding part of the above-referenced MSA as of the **Order Effective Date**, defined above.

State of Maine	Workday, Inc.
DocuSigned by: 	 Margie Duffek (Sep 23, 2019)
Signature	Signature
Fred Britain	Margie Duffek
Name	Name
Chief Information Officer	Senior Director, Customer Care & Support Programs
Title	Title
9/20/2019	Sep 23, 2019
Date Signed	Date Signed

**ADDENDUM A**  
**ADDITIONAL ORDER FORM TERMS – DEPLOYMENT TENANTS**

1. **Other Terms.** All Tenant Management requests must be logged via the Workday Case Management System. The Tenant may be “refreshed” during the next appropriate Workday scheduled maintenance window after having first logged such request in the Case Management System. Please note that there are periods of time when the Tenant will be unavailable outside the standard maintenance windows. Refer to the Calendar in the Workday Community for details. Deployments Tenants are for non-Production use only and are intended solely for planning, testing and training purposes. This Order Form will automatically terminate upon termination or expiration of the MSA. All fees hereunder are non-cancelable and non-refundable and cannot be used as a credit toward any other fees due to Workday. If the fees due hereunder are not paid when due, Workday may suspend Customer’s access to Deployment Tenants upon thirty (30) days prior written notice unless full payment is made within the notice period.

*Amendment rev. July 2019*

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