



**COUNTY PROGRAM or INTERLOCAL  
LONG-TERM PAYABLE AGREEMENT**

DSHS CONTRACT NUMBER:  
1363-73741

Amendment No. 01

**AMENDMENT**

This Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME Kittitas County		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS County Auditors Office 205 West 5th Ave. - County Courthouse Ste. 105 Ellensburg, WA 98926-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 192-002-673	DSHS INDEX NUMBER 1225
CONTRACTOR CONTACT Judy Pless	CONTRACTOR TELEPHONE (509) 962-7502	CONTRACTOR FAX (509) 962-7687	CONTRACTOR E-MAIL ADDRESS judy.pless@co.kittitas.wa.us
DSHS ADMINISTRATION Executive Administration		DSHS DIVISION Financial Services	DSHS CONTRACT CODE 8030CS-63
DSHS CONTACT NAME AND TITLE Donna Corcoran Financial Coordinator		DSHS CONTACT ADDRESS 1115 Washington St SE Olympia, WA 98504	
DSHS CONTACT TELEPHONE (360)664-5769		DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS corcodl@dsHS.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS	
AMENDMENT START DATE 07/01/2014	CONTRACT END DATE 06/30/2015		
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE N/A	TOTAL MAXIMUM CONTRACT AMOUNT <b>Based on Annual Review</b>	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE			
<b>ATTACHMENTS.</b> When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):			
This Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original County Program Agreement or Interlocal Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original County Program Agreement or Interlocal Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Amendment, and have authority to enter into this Amendment.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Paul Jewell, Chairman Board of Co Commissioners		DATE SIGNED 5/6/14
DSHS SIGNATURE	PRINTED NAME AND TITLE Stephen Ssemaala, Contract Manager DSHS Central Contract Services		DATE SIGNED

SA \$32,580  
DD \$59,564  
\$92,144

This Agreement between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. DSHS extends the Agreement End Date twelve months from July 1, 2014, to June 30, 2015, as stated on Page One of this Amendment.
2. DSHS revises the DSHS Contact Name and Contact Address to Donna Corcoran as stated on Page One of this Amendment.

All other terms and conditions of this Agreement remain in full force and effect.