



CONTRACT AMENDMENT FFY12

DSHS CONTRACT NUMBER: 1363-84187

Amendment No. 01

This Contract 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		CONTRACTOR doing business as (DBA)	
Kittitas County			
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
507 North Nanum Street, Suite 102 Ellensburg, WA 98926-		192-002-673	1225
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
William Holmes	(509) 962-7516	(509) 962-7667	william.holmes@co.kittitas.wa.us
DSHS ADMINISTRATION Juvenile Justice and Rehabilitation Administration		DSHS DIVISION Division of Operations Support Services	DSHS CONTRACT CODE 5002CS-63
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Philip Gonzales Program Manager		OB-2 Olympia, WA 98504-	
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS	
(360) 902-8083	(360) 902-8108	GONZAPA@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
Yes		16.523	
AMENDMENT START DATE	CONTRACT END DATE		
07/01/2014	08/15/2014		
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$7,000.00	\$0.00	\$7,000.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):			
This Contract 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 Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Paul Jewell, Chairman, BOCC Scott R. Sparks, Presiding Judge		7/3/14 6/24/14
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Del Hontanosas Grants & Contracts Manager		7/3/14

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

The period of performance is extended from July 1, 2014 through August 15, 2014.

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

JUVENILE REHABILITATION ADMINISTRATION
14th & Jefferson ~ PO Box 45720 ~ Olympia, Washington 98504-5720
Telephone: (360) 902-8499 ~ FAX: (360) 902-8108

July 14, 2014

Kittitas County
Attn: Michael Stafford
205 W 5th Ave Suite 211
Ellensburg WA 98926-2887

**RE: Department of Social and Health Services
Contract Number 1363-84187 Amendment 1**

Dear Michael Stafford,

Enclosed is a fully executed copy of the above-referenced contract between Kittitas County and the Department of Social and Health Services, Juvenile Rehabilitation Administration.

If you have any questions regarding this contract, please feel free to call me at (360) 902-8087 or via e-mail at hontadr@dshs.wa.gov.

Sincerely,


for Del Hontanosas
Grants and Contracts Manager

Enclosures

RECEIVED
JUL 18 2014
KITTITAS COUNTY
PROBATION SERVICES