

 <p>Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES</p>	COUNTY PROGRAM or INTERLOCAL LONG-TERM PAYABLE AGREEMENT AMENDMENT	DSHS CONTRACT NUMBER: 0863-38304 Amendment No. 0863-38304-02
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 Ext:	CONTRACTOR FAX (509) 962-7687 CONTRACTOR E-MAIL ADDRESS judy.pless@co.kittitas.wa.us
DSHS ADMINISTRATION Executive Management and Operations		DSHS DIVISION Financial Services
DSHS CONTACT NAME AND TITLE Maria Aviles Financial Coordinator		DSHS CONTRACT CODE 6030CS-63 DSHS CONTACT ADDRESS MS 45842 4450 10th Avenue SE Olympia, WA 98504-5842
DSHS CONTACT TELEPHONE (360) 664-5751 Ext:	DSHS CONTACT FAX (360) 664-5775	DSHS CONTACT E-MAIL ADDRESS maria.aviles@dshts.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS
AMENDMENT START DATE 7/1/2010	CONTRACT END DATE 6/30/2011	
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT \$0.00
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 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 <i>Board of County Commissioners</i>	DATE SIGNED 5/4/2010
DSHS SIGNATURE	PRINTED NAME AND TITLE Angie Williams, Contract Consultant DSHS Central Contract Services	DATE SIGNED

SA Advance \$ 32,580.00
 DD advance Page 1 \$ 59,564.00
 total 92,144.00

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 June 30, 2010, to June 30, 2011, as stated on Page One of this Amendment.
2. DSHS revises the DSHS Contact Name and Contact Address to Maria Aviles, DSHS Financial Coordinator, as stated on Page One of this Amendment.

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