

Kittitas County Review Form Grants & Contract Agreement



Today's Date	Agenda Date
Fund/Department 116-Public Health	

Contract/Grant Information

Contract /Grant Agency: DSHS DDA County Services Amendment 1	
Period Begin Date: 01/01/2015	Period End Date: 06/30/2015
Total Grant/Contract Amount: \$641,366.00	
Grant/Contract Number: 1463-15598	
Contract/Grant Summary: The contract amendment between the State of Washington Department of Social and Health Services and Kittitas County increases the contract by \$33,487.00 for funding of services of four additional waiver clients for the remainder of the year.	

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: _____, Administrator Date: _____
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

Signature of Prosecutor's Office	Date	
Signature of Auditor's Office	Date	
Signature of Board of Health member	Date	

Financial Information

Total Amount \$674,853	State Funds \$674,853	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$	
	Explain	

Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input checked="" type="checkbox"/> Why not
New Division Created?		Will only need if actual amount billed exceeds contract amount – will do at year end.
Revenue Code		
105-568.334.04.68 -\$674,853		

Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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County Departments Impacted

<input type="checkbox"/>	Auditor	<input type="checkbox"/>	Facilities Maintenance
<input type="checkbox"/>	Information Services	<input type="checkbox"/>	Human Resource
<input type="checkbox"/>	Prosecutor	<input type="checkbox"/>	Treasurer

Submitted

Signature:	Date:
Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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CONTRACT AMENDMENT DDA County Services

DSHS CONTRACT NUMBER:
1463-15598

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		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
Amy Kocher			
DSHS ADMINISTRATION Developmental Disabilities Admin		DSHS DIVISION Division of Developmental Disabilities	DSHS CONTRACT CODE 1769CS-63
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Roger Van Allen Operations Manager		1611 W Indiana Ave Spokane, WA 99205-	
DSHS CONTACT TELEPHONE (509) 329-2952	DSHS CONTACT FAX (509) 568-3037		DSHS CONTACT E-MAIL ADDRESS vanalr@dsHS.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?			CFDA NUMBERS
No			
AMENDMENT START DATE	CONTRACT END DATE		
01/01/2015	06/30/2015		
PRIOR MAXIMUM CONTRACT AMOUNT \$641,366.00	AMOUNT OF INCREASE OR DECREASE \$33,487.00	TOTAL MAXIMUM CONTRACT AMOUNT \$674,853.00	
REASON FOR AMENDMENT: CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT			
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 checked="" type="checkbox"/> Additional Exhibits (specify): Program Agreement Budget/Spend Plan			
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
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows: Maximum contract amount is increased by \$33,487 to fund services for four additional waiver clients for the remainder of this fiscal year.

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

EXHIBIT B
Program Agreement Budget
Original Budget XX Budget Revision
REVENUES

Fiscal Year	Revenue Code	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2014	338	State				
	338	Federal				
		Total	\$	\$	\$	\$
			E			

Fiscal Year	Revenue Code	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2015	338	State	348931			
	338	Federal	292435			
		Total	\$641366	\$	\$	\$

COUNTY FY 2014 SPENDING PLAN

	Planned Expenditures		
	State Funds	Medicaid Funds	TOTAL
.10 ADMINISTRATION			
.30, .40, .90 OTHER CONSUMER SUPPORTS			
.60 CONSUMER SUPPORT			
STATE-ONLY			
.61 Child Development			
MEDICAID CLIENTS			
ROADS to COMMUNITY LIVING			
TOTAL			

COUNTY FY 2015 SPENDING PLAN

	Planned Expenditures		
	State Funds	Medicaid Funds	TOTAL
.10 ADMINISTRATION	26490	17660	44150
.30, .40, .90 OTHER CONSUMER SUPPORTS	17126	11417	28543
.60 CONSUMER SUPPORT			
STATE-ONLY	42396		42396
.61 Child Development			
MEDICAID CLIENTS	279882	279882	559764
ROADS to COMMUNITY LIVING			
PASSR			
TOTAL	365894	308959	674853