

**Kittitas County
Substance Abuse Treatment Agreement**

07-09 Contract - Amendment #3

This Agreement is by and between Kittitas County, hereinafter referred to as "County" and the Substance Abuse Treatment Provider identified below, hereinafter referred to as the "Contractor."

County Contact:

Skip Mynar, County Coordinator
c/o Alcohol Drug Dependency Services
507 N. Nanum St., Rm. 111
Ellensburg, WA 98926
(509)925-9821

Contractor Contact:

Pam Stoneburg, Program Administrator
Cascade Recovery Resource Center
707 N Pearl St Ste G
Ellensburg, WA 98926
(509)933-3838

For purposes of this Agreement, the Contractor is considered a:

☒ Subrecipient ☐ Vendor

Agreement Start Date:

July 1, 2007

Agreement End Date:

June 30, 2009

Maximum Agreement Amount:

\$90,871.94

EXHIBITS: The following exhibits are attached and incorporated into this Agreement by reference:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Definitions | <input checked="" type="checkbox"/> Statement of Work |
| <input checked="" type="checkbox"/> General Terms and Conditions | <input checked="" type="checkbox"/> Exhibit A – Service Rates |

By their signatures below, the parties agree to the terms and conditions of this Agreement and all documents incorporated by reference. No other understandings or representations, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind the parties. The parties signing below certify that they are authorized to sign this Agreement.

For the Contractor:


Director/Administrator

11-17-09

Date

Board of Directors (if applicable)

Date

For the County


County Coordinator

11-16-09

Date


County Commissioners

11/3/09

Date