

Kittitas County Review Form Grants & Contract Agreement



Today's Date 07/15/2016	Agenda Date
Fund/Department 116-Public Health	

Contract/Grant Information

Contract /Grant Agency: State of Washington DSHS DD Agreement Amendment #2	
Period Begin Date: 07/01/2016	Period End Date: 06/30/2017
Total Grant/Contract Amount: Increased agreement amount of \$762,332.00 for a new total maximum contract amount of \$1,501,273.00	
Grant/Contract Number:	
Contract/Grant Summary: The State of Washington DSHS DD Agreement Amendment 2 increases total maximum dollar in the amount of \$762,332.00 for a new contract amount of \$1,501,273.00. The amendment also includes a few other amendments as outlined on page 2 of the agreement.	

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 \$762,332.00	State Funds \$762,332.00	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?		Included in the budgeting process
Revenue Code		
105-5683340468 - \$762,332.00		

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

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	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 County Day Program

DSHS CONTRACT NUMBER:
1563-44899

Amendment No. 02

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

Program Contract Number
Click here to enter text.
Contractor Contract Number

CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
Kittitas County		Kittitas County DDA County Services	
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 vanalrl@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No			
AMENDMENT START DATE	CONTRACT END DATE		
07/01/2016	06/30/2017		
PRIOR MAXIMUM CONTRACT AMOUNT \$738,941.00	AMOUNT OF INCREASE OR DECREASE \$762,332.00	TOTAL MAXIMUM CONTRACT AMOUNT \$1,501,273.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE AND MAX 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 and Spending 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
	Melissa Diebert, Contract Manager		

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

1. The Total Maximum Contract Amount is hereby increased in the amount of \$762,332 for a new Contract Amount of \$1,501,273. This amount is for services provided during the added fiscal year.
2. The Program Agreement end date is extended to June 30, 2017.
3. Section 7. Statement of Work, sub-paragraph h. Qualified Providers. Will add the following paragraph:

DDA contracts with Technical Assistance providers that maybe utilized by Counties with prior written approval.
4. Section 8. Consideration sub-paragraph b. Fees, item (2) Fee Limitations, sub-section (b) will be replaced in its entirety with the following:

(b) Community Access services will not exceed and hourly rate of \$35.00.
5. Section 9. Billing and Payment, will add sub-paragraph (k) as follows:

(k) PASRR Administration: The County may bill for administration costs as identified in Exhibit B. Monthly claims for administration cost will be based on the actual PASRR expenditures multiplied by 7%.
6. Exhibit B. Program Agreement Budget is hereby replaced with the following Budget Revision:

Program Agreement Budget

X Budget Revision

REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2016	State Funds				
	Medical Funds				
	Total	\$			
2017	State Funds	389360			
	Federal Funds				
	Total	762332			

COUNTY FY 2017 SPENDING PLAN

	Planned Expenditures				
	Local Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION (CMIS/AWA BARS 11)		403	27208	22261	49872
OTHER CONSUMER SUPPORTS (CMIS/AWA Code 31, 32, 41, 92, 93, 94)			22180	18148	40328
CONSUMER SUPPORT STATE-ONLY			13572		13572
Child Development					
MEDICAID CLIENTS		5760	326400	326400	658,560
ROADS to COMMUNITY LIVING					
TOTAL		6163	389360	366809	762332

