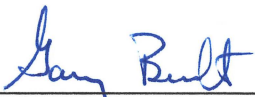

		COUNTY PROGRAM AGREEMENT AMENDMENT Kittitas County		DSHS Agreement Number 1163-27314 Amendment No. 13
This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.				Administration or Division Agreement Number County Agreement Number
DSHS ADMINISTRATION Behavioral Health and Service Integration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS INDEX NUMBER 1225	CCS CONTRACT CODE 1225	
DSHS CONTACT NAME AND TITLE Melinda Trujillo		DSHS CONTACT ADDRESS Sky Valley CSO 19705 SR 2 Monroe, WA 98272		
DSHS CONTACT TELEPHONE (360)805-8362	DSHS CONTACT FAX (360) 794-1334	DSHS CONTACT E-MAIL melinda.trujillo@dshs.wa.gov		
COUNTY NAME Kittitas County		COUNTY ADDRESS 507 North Nanum Street Suite 102 Ellensburg, WA 98926-		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME Dave Wilson		
COUNTY CONTACT TELEPHONE (509) 925-9821	COUNTY CONTACT FAX (509) 837-7700	COUNTY CONTACT E-MAIL davew@meritresources.org		
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? Yes		CFDA NUMBERS 93.959		
AMENDMENT START DATE 06/29/2015		PROGRAM AGREEMENT END DATE 06/30/2015		
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,375,701.00	AMOUNT OF INCREASE OR DECREASE \$-40,000.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,335,701.00		
REASON FOR AMENDMENT; CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT				
EXHIBITS. When the box below is marked with a check (☑) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference: <input checked="" type="checkbox"/> Exhibits (specify): Exhibit B - Awards and Revenues				
This Program Agreement 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 Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and have authority to enter into this Program Agreement Amendment.				
COUNTY SIGNATURE(S) 		PRINTED NAME(S) AND TITLE(S) Gary Berndt, Chairman Board Co Commissioners		DATE(S) SIGNED 10/20/15
DSHS SIGNATURE 		PRINTED NAME AND TITLE Sueleen Cantor BHSIA Contracts Manager		DATE SIGNED 10/26/15

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

The Total Maximum Contract Amount is being decreased by \$40,000, from \$1,375,701 to \$1,335,701. The decrease is due to a reduction of CJTA funds, as reflected on the attached Awards and Revenues Exhibit B.