

# Kittitas County Review Form Grants & Contract Agreement



Today's Date	Agenda Date <u>6/17/16</u>
Fund/Department 116-Public Health	

## Contract/Grant Information

Contract /Grant Agency: DSHS DDA County Services Agreement	
Period Begin Date: 04/18/2016	Period End Date: 06/30/2016
Total Grant/Contract Amount: \$738,941.00	
Grant/Contract Number: 1563-44899	
<b>Contract/Grant Summary:</b> The amendment to the contract between the State of Washington Department of Social and Health Services and Kittitas County is established to increase the original contract amount of \$689,190.00 by \$49,751.00. The new contract total maximum is \$738,941.00. The agreement allows the county to provide services and allow staff to administer DD services within the county as set in the agreement.	

## Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_

Department Head Signature: <u>[Signature]</u> , Administrator	Date: <u>6/3/16</u>
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## Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

<u>[Signature]</u> Signature of Prosecutor's Office	<u>5-4-16</u> Date
<u>[Signature]</u> Signature of Auditor's Office	<u>5-16-16</u> Date
_____ Signature of Board of Health member	_____ Date

## Financial Information

Total Amount \$738,941.00	State Funds \$738,941.00	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 checked="" type="checkbox"/> attach budget form Will enter in the budget center	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		
105-568.334.04.68 -\$738,941		

### 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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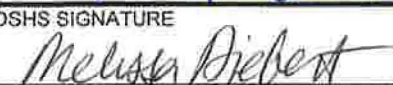
## CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:  
1563-44899

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  
Click here to enter text.  
Contractor Contract Number

CONTRACTOR NAME <b>Kittitas County</b>		CONTRACTOR doing business as (DBA) <b>Kittitas County DDA County Services</b>	
CONTRACTOR ADDRESS <b>507 North Nanum Street Suite 102 Ellensburg, WA 98926-</b>		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) <b>192-002-673</b>	DSHS INDEX NUMBER <b>1225</b>
CONTRACTOR CONTACT <b>Robin Read</b>	CONTRACTOR TELEPHONE <b>509-962-7515</b>	CONTRACTOR FAX <b>509-962-7581</b>	CONTRACTOR E-MAIL ADDRESS <b>Robin.read@co.kittitas.wa.us</b>
DSHS ADMINISTRATION <b>Developmental Disabilities Admin</b>		DSHS DIVISION <b>Division of Developmental Disabilities</b>	DSHS CONTRACT CODE <b>1769CS-63</b>
DSHS CONTACT NAME AND TITLE <b>Roger Van Allen Operations Manager</b>		DSHS CONTACT ADDRESS <b>1611 W Indiana Ave Spokane, WA 99205-</b>	
DSHS CONTACT TELEPHONE <b>(509) 329-2952</b>		DSHS CONTACT FAX <b>(509) 568-3037</b>	DSHS CONTACT E-MAIL ADDRESS <b>vanalr@dshs.wa.gov</b>
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <b>No</b>		CFDA NUMBERS	
AMENDMENT START DATE <b>04/18/2016</b>		CONTRACT END DATE <b>06/30/2016</b>	
PRIOR MAXIMUM CONTRACT AMOUNT <b>\$689,190.00</b>	AMOUNT OF INCREASE OR DECREASE <b>\$49,751.00</b>		TOTAL MAXIMUM CONTRACT AMOUNT <b>\$738,941.00</b>
REASON FOR AMENDMENT; CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT			
<b>ATTACHMENTS.</b> 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): <b>Program Agreement Budget</b>			
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 <b>Robin H. Read, Administrator</b>	DATE SIGNED <b>6/9/16</b>
DSHS SIGNATURE 		PRINTED NAME AND TITLE <b>Melissa Diebert Contract Manager</b>	DATE SIGNED <b>6-28-16</b>

RECEIVED

JUN 24 2016

Budget, Finance & Contracts

RECEIVED

JUN 15 2016  
Page 1

DDA SPOKANE

DSHS Central Contract Services  
6024PF Contract Amendment (3-31-05)

JUL 06 2016

BY: 



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 \$49,751 to fund additional clients added during this contract period. The new maximum amount is \$738,941 and is reflected in the amended Spend plan incorporated to this revision

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	Fund Source	Original	1 <sup>st</sup> Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision
2016	State only	358425	383595		
	Waiver				
	Local				
	Medicaid Match to Local				
	Total Rev.	689190	\$738941	\$	\$

Fiscal Year	Fund Source	Original	1 <sup>st</sup> Revision	2 <sup>nd</sup> Revision	3 <sup>rd</sup> Revision
2017	State				
	Waiver				
	Local				
	Medicaid Match to Local				
	Total Rev.	\$	\$	\$	\$

#### COUNTY FY 2016 SPENDING PLAN

	Planned Expenditures				
	Local Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION (CMIS/AWA BARS 11)		748	26177	21417	47594

OTHER CONSUMER SUPPORTS (CMIS/AWA Code 31, 32, 41, 92, 93, 94)			21500	17591	39091
CONSUMER SUPPORT <b>STATE-ONLY</b>			31020		31020
Child Development					
<b>MEDICAID CLIENTS</b>		10692	304898	304898	609796
<b>ROADS to COMMUNITY LIVING</b>					
<b>TOTAL</b>		11440	383595	343906	738941