

**AMENDMENT 1  
TO THE AGREEMENT  
BETWEEN  
CENTRAL WASHINGTON UNIVERSITY  
AND  
KITITITAS COUNTY PUBLIC HEALTH DEPARTMENT**

Central Washington University (University) and Kittitas County Public Health Department (KCPHD) hereby enter into this Amendment 1 to the Agreement for work described in the original Agreement as the County provided SANE examinations, executed as of October 1, 2009.

1. **Purpose of this Amendment:** Extend the timeframe for an additional year, add funds for additional exams, have all exams necessary provided by KCPHD and update the point of contact.
2. **Modifications:**
  - A. To revise Period of Performance – The original period of performance was January 1, 2009 through December 31, 2009. Both parties agree to extend for an additional year. The new end date is December 31, 2010.
  - B. To revise Payment section – An increased usage of the exams is possible during the extension period. The not to exceed dollar amount is increased from \$3200 to \$11,650.40 or 20 possible exams. This is an increase of \$8,450.40.
  - C. The University is no longer performing SANE exams and will contact KCPHD for all necessary exams during the extension period.
  - D. Program Manager for the University is changed to the following:  
  
Dr. Randy Robinette, Interim Sr. Director of Student Health & Counseling  
Central Washington University  
400 East University Way  
Ellensburg, WA 98926-7585  
Phone: (509) 963-1391  
Fax: (509) 963-1886  
E-Mail: robinetr@cwu.edu
3. **Terms and Conditions:** Except as amended herein, all other terms and conditions of the Original Agreement apply to this Amendment.

4. **Execution:** The parties hereby execute and authorize this Amendment to be effective as of the date signed below.

KITTITAS COUNTY PUBLIC  
HEALTH DEPARTMENT

CENTRAL WASHINGTON UNIVERSITY

*Charlotte Juller*

Signature

*Catherine Lambrecht*

Signature

*VP, SAEM*

Title

*Administrator*

Title

*12/8/09*

Date

*3/3/10*

Date

# Kittitas County Review Form Grants & Contract Agreement



Today's Date 12/28/2009	Agenda Date
Fund/Department 116-Public Health Department	

## Contract/Grant Information

Contract /Grant Agency: Amendment 1 to the Central Washington University and Kittitas County Public Health Department	
Period Begin Date: January 1, 2009	Period End Date: December 31, 2009 <u>2010</u>
Total Grant/Contract Amount: \$11,650.40- increase of <del>\$8,454.40</del> <u>\$8450.40 JIM</u>	
Grant/Contract Number:	
Contract/Grant Summary: This Amendment to the Agreement between Central Washington University and Kittitas County Public Health Department is for an extension on the time frame for an additional year and add funds for additional exams, have all exams necessary provided by KCPHD, and update the point of contact.	

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

Department Head Signature: <u>Catherine Bambrick</u> Administrator	Date: <u>11/22/10</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>11/27/10</u> Date	
<u>[Signature]</u> Signature of Auditor's Office	<u>2/2/10</u> Date	Contract changed by hand to reflect the correct amt. of \$8450.40 Increase.
<u>[Signature]</u> Signature of Board of Health member	<u>2-17-10</u> Date	

## Financial Information

Total Amount \$11,650.40	State Funds \$0.00	Federal Funds \$0.00
Percentage County Funds	Matching Funds \$0.00	CFDA#
	In-Kind \$0.00	
	Explain	

Is Equipment being purchased? No	Who owns equipment? n/a
New Personnel being hired? No	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 This is a fee-for-service that potentially may not be used. We are not budgeting for this income and will amend later if it has a significant impact on our financials.
New Division Created?		
Revenue Code 6255034620		

### Pass Through Information

Agency to Pass Through	n/a
Amount to Pass Through	\$0.00
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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