



CONTRACT AMENDMENT
LONG-TERM PAYABLE AGREEMENT
AMENDMENT

DSHS CONTRACT NUMBER:
1163-26398

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

Contractor Contract Number

CONTRACTOR NAME Kittitas County		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS County Auditors Office 205 West 5th Ave. - County Courthouse Ste. 105 Ellensburg, WA 98926-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 192-002-673	DSHS INDEX NUMBER 1225
CONTRACTOR CONTACT Judy Piess	CONTRACTOR TELEPHONE (509) 962-7502	CONTRACTOR FAX (509) 962-7687	CONTRACTOR E-MAIL ADDRESS judy.piess@co.kittitas.wa.us
DSHS ADMINISTRATION Executive Administration		DSHS DIVISION Financial Services	DSHS CONTRACT CODE 8030CS-63
DSHS CONTACT NAME AND TITLE Alice Lang Grants & Contracts Manager		DSHS CONTACT ADDRESS 1115 S Washington St. PO Box 45842 Olympia, WA 98504	
DSHS CONTACT TELEPHONE (360)664-5752		DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS langal@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS	
AMENDMENT START DATE 07/01/2012		CONTRACT END DATE 07/01/2013	
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE N/A		TOTAL MAXIMUM CONTRACT AMOUNT Based on Annual Review
REASON FOR AMENDMENT: CHANGE OR CORRECT PERIOD OF PERFORMANCE			
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 type="checkbox"/> Additional Exhibits (specify):			
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 Alan Crankovich, Chairman Board of County Commissioners	DATE SIGNED 7/3/2012
DSHS SIGNATURE		PRINTED NAME AND TITLE Angie Williams, Contract Manager DSHS Central Contract Services	DATE SIGNED