



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 Pless

CONTRACTOR TELEPHONE

(509) 962-7502

CONTRACTOR FAX

(509) 962-7687

CONTRACTOR E-MAIL ADDRESS

judy.pless@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:

☐ 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

7/12/12

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

1. DSHS extends the Agreement End Date twelve months from July 1, 2012, to June 30, 2013, as stated on Page One of this Amendment.
2. DSHS revises the DSHS Contact Name and Contact Address to Alice Lang as stated on Page One of this Amendment.

All other terms and conditions of this Contract remain in full force and effect.