



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

JUVENILE REHABILITATION ADMINISTRATION

14<sup>th</sup> & Jefferson Street • PO Box 45720 • Olympia WA 98504

(360) 902-8499 • FAX (360) 902-8108

RECEIVED  
JAN 14 2010

KITTITAS COUNTY  
PROBATION SERVICES

December 28, 2009

Kittitas County  
William Holmes  
205 West Fifth, Suite 211  
Ellensburg, WA 98926

**RE: DSHS CONTRACT #: 0663-98328-04**

Dear William:

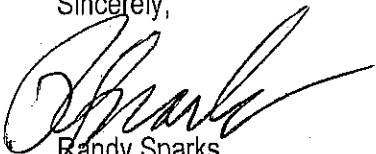
Due to a misinterpretation in the grant increase of the JABG grant for Federal Fiscal Year (FFY) 2008, your JABG increase will not actually take effect until the next year's grant renewal period. Therefore, for the current contract period from September 1, 2009 through August 31, 2010, your maximum consideration will be at the same level as the previous grant period.

I have attached a new amendment which replaces and supersedes Amendment #: 0663-98328-03 and reflects the change in funding for your review and signature.

If you have already submitted billings for this current grant period, you will need to make adjustments to future billings to avoid any over expenditures. A new budget will not need to be submitted unless there are changes to your program for this current grant period.

I apologize for any inconvenience that may result from this change in funding for this grant period. Please feel free to contact me if you have any questions.

Sincerely,

  
Randy Sparks  
JABG Program Administrator

cc: Contract File



## CONTRACT AMENDMENT JABG FFY08

DSHS CONTRACT NUMBER:  
0663-98328

Amendment No. 0663-98328-04

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 205 West Fifth, Suite 211 Ellensburg, WA 98926-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 192-002-673	DSHS INDEX NUMBER 1225
CONTRACTOR CONTACT William Holmes	CONTRACTOR TELEPHONE (509) 962-7516 Ext:	CONTRACTOR FAX (509) 962-7667	CONTRACTOR E-MAIL ADDRESS william.holmes@co.kittitas.wa.us

DSHS ADMINISTRATION Juvenile Rehabilitation	DSHS DIVISION Division of Operations Support Services	DSHS CONTRACT CODE 5002CS-63
DSHS CONTACT NAME AND TITLE Randy Sparks Capital Facilities Budget Administrator	DSHS CONTACT ADDRESS P.O. Box 45720 Olympia, WA 98504-5720	
DSHS CONTACT TELEPHONE (360) 902-8099 Ext:	DSHS CONTACT FAX (360) 902-8108	DSHS CONTACT E-MAIL ADDRESS sparkra@dshs.wa.gov

IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes	CFDA NUMBERS
--	--------------

AMENDMENT START DATE 9/1/2009	CONTRACT END DATE 8/31/2010	
PRIOR MAXIMUM CONTRACT AMOUNT \$41,200.00	AMOUNT OF INCREASE OR DECREASE \$-1,200.00	TOTAL MAXIMUM CONTRACT AMOUNT \$40,000.00

REASON FOR AMENDMENT;  
CHANGE OR CORRECT OTHER: SEE PAGE TWO

**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 Michael E. Cooper - Judge	DATE SIGNED 2-3-10
DSHS SIGNATURE	PRINTED NAME AND TITLE Del Hontanosas Grants & Contracts Manager	DATE SIGNED

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

The purpose of this amendment is to replace and supersede amendment #: 0663-98328-03 due to an error in determining the JABG funding for Federal Fiscal Year (FFY) 2008.

1. In Section #6. Acknowledgement of Assistance, delete "Award No. 2005-JB-FX-0037" and replace with "Award No. 2008-JB-FX-0038".
2. In Section #20. Reports, add item (g):

"The Contractor shall complete the JRA provided "FFY08 - JABG Annual Data Report", incorporated herein by reference, and submit to the JABG Program Administrator identified on page one of this Agreement no later than May 15, 2010."

3. In Exhibit A – Statement of Work, #4. Contract Project Dates, is amended as follows:

The project start date is September 1, 2009, with a duration of 12 months, ending on August 31, 2010.

For the new grant period of September 1, 2009 through August 31, 2010, the maximum consideration is only \$10,000 and the match amount is \$1,111. ~~No unspent funds from the previous grant period of September 1, 2008 through August 31, 2009 may be carried forward.~~

The amended total maximum consideration for this contract that includes the past grant periods is \$40,000.

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

## FFY08 - JABG Annual Data Report

Reporting Period: April 1, 2009 – March 31, 2010

JRA is required to report statistics each year on the JABG Grant. Please complete this data collection form to the extent possible for the reporting period referenced above. **Please mail, e-mail or fax this completed document to Randy Sparks at [sparkra@dshs.wa.gov](mailto:sparkra@dshs.wa.gov) or (360) 902-8108 by May 15, 2010.**

### **Instructions:**

#### **A. Target Population for this Subgrant**

Please check the appropriate boxes to indicate for this subgrant:

- 
1. The population actually served during the reporting period; and
  2. The populations, if any, to which the program offers targeted services.

Targeted services include any services or approaches specifically designed to meet the needs of the population (e.g., gender specific, culturally based, developmentally appropriate services).

#### **B. Output/Outcome Performance Measures for this Subgrant**

Please enter the appropriate value in each of the Reporting Format categories (e.g., A & B) and the percentage (C) will auto calculate for this subgrant.

# Kittitas County

## A. Target Population for this Subgrant

	Population	1. Did you <u>actually serve</u> any of the following groups during the reporting period?	2. Did you <u>offer targeted services</u> for any of the following groups during the reporting period?
ETHNICITY	American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
	Asian	<input type="checkbox"/>	<input type="checkbox"/>
	Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
	Hispanic or Latino (of any race)	<input type="checkbox"/>	<input type="checkbox"/>
	Native Hawaiian and Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
	Other Race	<input type="checkbox"/>	<input type="checkbox"/>
	White/Caucasian	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
JUSTICE	At-Risk Population (no prior offense)	<input type="checkbox"/>	<input type="checkbox"/>
	First Time Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Repeat Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Sex Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Status Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Violent Offenders	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
GENDER	Male	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
AGE	Under 11	<input type="checkbox"/>	<input type="checkbox"/>
	12 – 13	<input type="checkbox"/>	<input type="checkbox"/>
	14 – 15	<input type="checkbox"/>	<input type="checkbox"/>
	16 – 17	<input type="checkbox"/>	<input type="checkbox"/>
	18 and over	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
GEO	Rural	<input type="checkbox"/>	<input type="checkbox"/>
	Suburban	<input type="checkbox"/>	<input type="checkbox"/>
	Tribal	<input type="checkbox"/>	<input type="checkbox"/>
	Urban	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
	Truant/Dropout	<input type="checkbox"/>	<input type="checkbox"/>

**B. Output/Outcome Performance Measures for this Subgrant**

**PA 14: Restorative Justice**

**(Mandatory Indicators are Bolded)**

#	Output/Outcome Measure	Definition	Reporting Format	Value	Reporting Term
1	Number and percent of eligible youth served using graduated sanctions approaches	An unduplicated count of the number of youth served using a graduated sanctions approach by the program during the reporting period. Definition of the number of youth served for a reporting period is the number of program youth served during any part of the reporting period using a graduated sanctions approach. To calculate the percentage, divide the number above by the total number of youth served during the reporting period. Program records are the preferred data source.	A Number of youth admitted to graduated sanctions program  B Number of youth admitted into any grantee program  C Percent A/B		Output
1	Number and percent of program youth completing program requirements	The number and percent of program youth who have successfully fulfilled all program obligations and requirements. Program obligations will vary by program, but should be a predefined list of requirements or obligations that clients must meet prior to program completion. Program records are the preferred data source. The total number of youth include those who exited successfully or unsuccessfully.	A Number of program youth who exited the program having completed program requirements  B Number of youth who left the program  C Percent A/B		Short Term Outcome
15	<b>Number and percent of program youth who reoffend</b>	The number and percent of program youth who were rearrested or seen at juvenile court for a new delinquent offense. Appropriate for any youth-serving program. Official records (police, juvenile court) are the preferred data source. (Short term if it occurs during or by the end of the program year. Long term if it occurs 6 months to 1 year after program completion/or program enters maintenance phase).	A Number of youth with a new offense  B Number of youth in the program  C Percent A/B		Short Term Outcome

# Kittitas County

#	Output/Outcome Measure	Definition	Reporting Format	Value	Reporting Term
16	<b>Number and percent of program youth who reoffend</b>	The number and percent of program youth who were rearrested or seen at juvenile court for a new delinquent offense. Appropriate for any youth-serving program. Official records (police, juvenile court) are the preferred data source. (Short term if it occurs during or by the end of the program year. Long term if it occurs 6 months to 1 year after program completion/or program enters maintenance phase).	A Number of youth with a new offense B Number of youth in the program C Percent A/B		Long Term Outcome
17a	<b>Substance use</b>	The number and percent of program youth who have exhibited a decrease in substance use during the reporting period. Self-report or staff rating are most likely data sources.	A Number of program youth participating in the program who have exhibited indicated change in behavior B Number of youth served during the reporting period C A/B		Short Term Outcome



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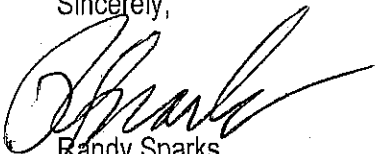
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Ellensburg, WA 98926-			
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
William Holmes	(509) 962-7516 Ext:	(509) 962-7667	william.holmes@co.kittitas.wa.us

DSHS ADMINISTRATION Juvenile Rehabilitation	DSHS DIVISION Division of Operations Support Services	DSHS CONTRACT CODE 5002CS-63
DSHS CONTACT NAME AND TITLE	DSHS CONTACT ADDRESS	
Randy Sparks Capital Facilities Budget Administrator	P.O. Box 45720 Olympia, WA 98504-5720	
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# Kittitas County

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	Asian	<input type="checkbox"/>	<input type="checkbox"/>
	Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
	Hispanic or Latino (of any race)	<input type="checkbox"/>	<input type="checkbox"/>
	Native Hawaiian and Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
	Other Race	<input type="checkbox"/>	<input type="checkbox"/>
	White/Caucasian	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
<b>J U S T I C E</b>	At-Risk Population (no prior offense)	<input type="checkbox"/>	<input type="checkbox"/>
	First Time Offenders	<input type="checkbox"/>	<input type="checkbox"/>
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	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
<b>G E N D E R</b>	Male	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
<b>A G E</b>	Under 11	<input type="checkbox"/>	<input type="checkbox"/>
	12 – 13	<input type="checkbox"/>	<input type="checkbox"/>
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	16 – 17	<input type="checkbox"/>	<input type="checkbox"/>
	18 and over	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
<b>G E O</b>	Rural	<input type="checkbox"/>	<input type="checkbox"/>
	Suburban	<input type="checkbox"/>	<input type="checkbox"/>
	Tribal	<input type="checkbox"/>	<input type="checkbox"/>
	Urban	<input type="checkbox"/>	<input type="checkbox"/>
	Youth population not directly served	<input type="checkbox"/>	<input type="checkbox"/>
<b>O T H E R</b>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
	Truant/Dropout	<input type="checkbox"/>	<input type="checkbox"/>

**B. Output/Outcome Performance Measures for this Subgrant**

**PA 14: Restorative Justice**

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# Kittitas County

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