




ORIGINAL


 <p>Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES</p>	COUNTY PROGRAM AGREEMENT Jail Services for 18 year & older	DSHS Agreement Number 1463-20367
This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below, and is issued in conjunction with a County and DSHS Agreement On General Terms and Conditions, which is incorporated by reference.		Administration or Division Agreement Number County Agreement Number
DSHS ADMINISTRATION Juvenile Justice and Rehabilitation Administration	DSHS DIVISION Division of Community Programs	DSHS INDEX NUMBER 1225
DSHS CONTRACT CODE 5000CC-63		
DSHS CONTACT NAME AND TITLE Barbara Kraemer FA5	DSHS CONTACT ADDRESS OB 2 PO Box 45720 Olympia, WA 985045720	
DSHS CONTACT TELEPHONE (360)902-0765	DSHS CONTACT FAX (360)902-8108	DSHS CONTACT E-MAIL kraembj@dshts.wa.gov
COUNTY NAME Kittitas County Kittitas Co. Sheriffs Office	COUNTY ADDRESS 205 W 5th Ave Ste1Jail Ellensburg, WA 98926-	
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY CONTACT NAME Paula Hctor	
COUNTY CONTACT TELEPHONE (509) 962-7617	COUNTY CONTACT FAX (509) 962-7037	COUNTY CONTACT E-MAIL paula.hctor@co.kittitas.wa.us
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No		CFDA NUMBERS
PROGRAM AGREEMENT START DATE 10/15/2014	PROGRAM AGREEMENT END DATE 06/30/2016	MAXIMUM PROGRAM AGREEMENT AMOUNT \$40,000.00
EXHIBITS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this County Program Agreement by reference: <input type="checkbox"/> Exhibits (specify): No Data Security Exhibit		
The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below represent that they have read and understand this Contract, and have the authority to execute this Contract. This Contract shall be binding on DSHS only upon signature by DSHS.		
COUNTY SIGNATURE(S) 	PRINTED NAME(S) AND TITLE(S) Gene Dana, Sheriff	DATE(S) SIGNED 09/11/2014
DSHS SIGNATURE	PRINTED NAME AND TITLE Del R. Hontanosas Grants and Contract Manager	DATE SIGNED

Special Terms and Conditions

DATED this 10th day of September 2014.

BOARD OF COUNTY COMMISSIONERS
KITITAS COUNTY, WASHINGTON


Gene Dana, Sheriff


Neil Caulkins, Legal


Paul Jewell, Commissioner

Absent
Gary Berndt, Commissioner


Obie O'Brien, Commissioner




Clerk of the Board