

 <p>Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES</p>	COUNTY PROGRAM or INTERLOCAL LONG-TERM PAYABLE AGREEMENT	DSHS CONTRACT NUMBER: 1563-32734 Amendment No. 01	
AMENDMENT			
This Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.		Program Contract Number Click here to enter text. Contractor Contract Number	
CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
Kittitas County		Kittitas County	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
County Auditors Office 205 West 5th Ave County Courthouse Ste 105 Ellensburg, WA 98926-		192-002-673	1225
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Judy Pless	(509) 962-7502	(509) 962-7687	judy.pless@co.kittitas.wa.us
DSHS ADMINISTRATION Executive Administration		DSHS DIVISION Financial Services	DSHS CONTRACT CODE 8030CS-63
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
David Erickson Financial Coordinator		PO Box 45842 Olympia, WA 98504-5842	
DSHS CONTACT TELEPHONE (360)664-5757	DSHS CONTACT FAX (360)664-5775		DSHS CONTACT E-MAIL ADDRESS erickdd@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No			
AMENDMENT START DATE		CONTRACT END DATE	
07/01/2016		06/30/2017	
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 Amendment by reference:			
<input type="checkbox"/> Additional Exhibits (specify):			
This 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 County Program Agreement or Interlocal Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original County Program Agreement or Interlocal Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Amendment, and have authority to enter into this Amendment.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Obie O'Brien Chairman, Board of Co Commissioners		04/19/16
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
	Angela Williams, Contract Manager DSHS Central Contract Services		5/10/16

This Agreement 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, 2016, to June 30, 2017, as stated on Page One of this Amendment.
2. DSHS revises the DSHS Contact Name and Contact Address to David Erickson as stated on Page One of this Amendment.

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