

**BOARD OF COUNTY COMMISSIONERS  
COUNTY OF KITTITAS  
STATE OF WASHINGTON**

**RESOLUTION  
NO. 2017- 041**

**RESOLUTION TO AUTHORIZE EXECUTION OF AN AMENDMENT TO AN  
INTERAGENCY AGREEMENT BETWEEN THE KITTITAS COUNTY PUBLIC  
HEALTH DEPARTMENT AND THE WASHINGTON STATE DEPARTMENT OF  
HEALTH**

**WHEREAS**, Kittitas County, through the Kittitas County Public Health Department (KCPHD), is charged with the preservation, promotion, and improvement of health in the County; and

**WHEREAS**, KCPHD and the Washington State Department of Health (DOH) entered into an Agreement signed on April 18, 2014 for the purpose of providing a joint plan of responsibility for KCPHD and DOH with respect to the regulation of water systems in Kittitas County as required by law; and

**WHEREAS**, the Agreement allows for amendments that are in writing and agreed to by both the parties; and

**WHEREAS**, the Parties desire to amend the Agreement by amending the contact person information for DOH. The rest of the agreement remains unchanged.

**NOW THEREFORE, BE IT RESOLVED** that the Board of County Commissioners of Kittitas County, Washington, authorizes the Kittitas County Public Health Department to execute an amendment to an Agreement with the Washington State Department of Health that is attached hereto, and incorporated herein by reference.

DATED this 7<sup>th</sup> day of March, 2017, at Ellensburg, Washington.


BOARD OF COUNTY COMMISSIONERS  
KITTITAS COUNTY, WASHINGTON

  
Chair

  
Vice-Chair

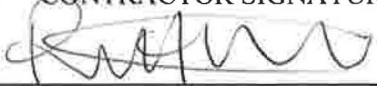

  
Commissioner



  
Clerk of the Board



## CONTRACT AMENDMENT

1. NAME OF CONTRACTOR <b>Kittitas County Public Health Department</b>	2. CONTRACT NUMBER <b>N19411</b>
1a. ADDRESS OF CONTRACTOR (STREET) <b>507 N Nanum Street, Suite 102</b>	2a. AMENDMENT NUMBER <b>1</b>
1b. CITY, STATE, ZIP CODE <b>Ellensburg, WA 98926</b>	
3. <input checked="" type="checkbox"/> <b>THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS.</b> The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in Item 5 below by mutual consent of all parties hereto.	
4. <input type="checkbox"/> <b>THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS.</b> The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in Item 5 below pursuant to that changes and modifications clause as contained therein.	
5. <b><u>DESCRIPTION OF AMENDMENT:</u> The purpose of this amendment is to update the Contact Person information for DOH. The rest of the agreement remains unchanged.</b>  <b>5a. <u>AGREEMENT MANAGEMENT:</u></b>  The Contact Person for DOH is: <b>Dorothy Tibbetts</b> Office of Drinking Water 16201 E Indiana Suite 1600 Spokane Valley, WA 99216 (509) 329-2105	
6. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect.	
7. <input type="checkbox"/> This is a unilateral amendment. Signature of contractor is not required below. <input checked="" type="checkbox"/> Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.	
8. CONTRACTOR SIGNATURE (also, please print/type your name)  <b>Robin H. Read</b>	DATE <b>3/16/17</b>
9. DOH CONTRACTING OFFICER SIGNATURE  <b>Frank Webley</b> Contract Specialist	DATE <b>3/30/17</b>

This document has been approved as to form only by the Assistant Attorney General.