



**COUNTY PROGRAM or INTERLOCAL
LONG-TERM PAYABLE AGREEMENT
AMENDMENT**

DSHS CONTRACT NUMBER:
0863-38304

Amendment No. 0863-38304-01

This 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 Ext:	CONTRACTOR FAX (509) 962-7687	CONTRACTOR E-MAIL ADDRESS judy.pless@co.kittitas.wa.us
DSHS ADMINISTRATION Executive Management and Operations		DSHS DIVISION Financial Services	DSHS CONTRACT CODE 6030CS-63
DSHS CONTACT NAME AND TITLE Antoinette Renshaw Financial Coordinator		DSHS CONTACT ADDRESS Blake Office Park West 4450 10th Ave SE Lacey, WA 98504-	
DSHS CONTACT TELEPHONE (360) 664-5759 Ext:	DSHS CONTACT FAX (360) 664-5775	DSHS CONTACT E-MAIL ADDRESS rensha@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS	
AMENDMENT START DATE 7/1/2009	CONTRACT END DATE 6/30/2010		
PRIOR MAXIMUM CONTRACT AMOUNT Based on Annual Review	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT Based on Annual Review	
REASON FOR AMENDMENT: CHANGE OR CORRECT PERIOD OF PERFORMANCE			
<p>ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Amendment by reference:</p> <p><input type="checkbox"/> Additional Exhibits (specify):</p> <p>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.</p>			
CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Alan Crankovich, Chairman Board of County Commissioners		DATE SIGNED 5/5/09
DSHS SIGNATURE 	PRINTED NAME AND TITLE Sheila R. Anderson, CCS Contracts Manager		DATE SIGNED 5/22/09

Current amounts
DD \$ 59,564.00
SA \$ 32,580.00

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 June 30, 2009, to June 30, 2010, as stated on Page One of this Amendment.
2. DSHS revises the DSHS Contact Name and Contact Address to Antoinette Renshaw, DSHS Financial Coordinator, as stated on Page One of this Amendment.

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

2009 MAY 20 AM 9:53

RECEIVED
DSHS