
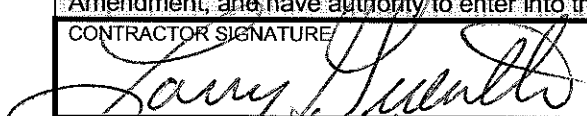



#C - 45-2009

KK531

| | | | | |
|---|---|---|--|-------------------------------|
|  | COUNTY PROGRAM or INTERLOCAL LONG-TERM PAYABLE AGREEMENT | | DSHS CONTRACT NUMBER: 0863-38284 | |
| | AMENDMENT | | Amendment No. 0863-38284-01 | |
| 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 Stevens County | | CONTRACTOR doing business as (DBA) | | |
| CONTRACTOR ADDRESS 165 E. Hawthorne Ave Colville, WA 99114- | | WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 332-001-193 | DSHS INDEX NUMBER 1240 | |
| CONTRACTOR CONTACT Robert Schwartz | CONTRACTOR TELEPHONE (509) 775-8168 Ext: | CONTRACTOR FAX (509) 775-2937 | CONTRACTOR E-MAIL ADDRESS rschwartz@co.stevens.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 | | | | |
| 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 Larry Guenther Vice Chairman | | DATE SIGNED 2-24-09 |
| DSHS SIGNATURE  | | PRINTED NAME AND TITLE Sheila R. Anderson, CCS Contracts Manager | | DATE SIGNED 3/11/09 |

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.