



**CONTRACT AGREEMENT
Mental Health Services
Program:**

C. 2015-1
15MH1721

*Entire document
is available in
Auditor's
office (orig.)*

This Agreement is by and between SPOKANE COUNTY, a political subdivision of the State of Washington, by and between SPOKANE REGIONAL SUPPORT NETWORK, (SCRSN), A DIVISION OF SPOKANE COUNTY COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT (CSHCD), (hereinafter "SCRSN"), and Contractor (hereinafter "Contractor") identified below and jointly referred to, as the "Parties" in the manner set forth herein.

CONTRACTOR INFORMATION:

Contractor Name: Pend Oreille County Counseling Services
Contractor Address: P.O. Box 5055, Newport WA 99156
Contractor Contact: Annabelle Payne **Phone:** (509) 447 - 5651 **Fax:** (509) 477 - 2671
Contractor E-Mail: apayne@pendoreille.org

SCRSN INFORMATION:

Division: Spokane County Community Services Housing and Community Development Department
Contact: Suzie McDaniel **E-Mail:** smcdaniel@spokanecounty.org
Address: 312 W. 8th Avenue, Spokane WA 99204
Phone: (509) 477-4510 **Fax:** (509) 477-6827

Additional Contacts:

Division: Spokane County Community Services Housing and Community Development Department
Contact: Christine Barada **E-Mail:** cbarada@spokanecounty.org
Address: 312 W. 8th Avenue, Spokane WA 99204
Phone: (509) 477-7561 **Fax:** (509) 477-6827

AGREEMENT START DATE: 01/01/15 **AGREEMENT END DATE:** 09/30/15

FUNDING:

Source: Medicaid Funds	Amount: \$1,052,895.00
Source: Non-Medicaid Funds	Amount: \$ 101,808.00
Source: Non-Medicaid Funds (Jail Services)	Amount: \$ 5,076.00
Total Funding: \$1,159,779.00	

COPY

The terms and conditions of this Agreement 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 for this Agreement between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on CSHCD only upon signature by Spokane County.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE
	Annabelle S. Payne Director	1-2-2015

PASSED AND ADOPTED this 2nd day of January, 2015.

BOARD OF COUNTY COMMISSIONERS
OF SPOKANE COUNTY, WASHINGTON

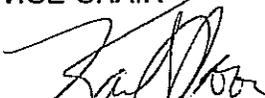
ATTEST:

Daniela Erickson
Clerk of the Board

CHAIR



VICE-CHAIR



COMMISSIONER

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CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE
<i>Annabelle S. Payne</i>	ANNABELLE S. PAYNE DIRECTOR	January 14, 2015

PASSED AND ADOPTED this 13th day of January, 2015.

BOARD OF COUNTY COMMISSIONERS
OF SPOKANE COUNTY, WASHINGTON



Todd Mielke

CHAIR

ATTEST:

VICE-CHAIR

Daniela Erickson

Daniela Erickson
Clerk of the Board

COMMISSIONER

