A-2017-80

Washington State Department of Social & Health Services

CONTRACT AMENDMENT
DDA Employment & Day

DSHS CONTRACT NUMBER:
1763-97690

Amendment No. 01

This Contract 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)	
Pend Oreille County	Pend Oreille County DDA County Services	
CONTRACTOR ADDRESS 105 S Garden Avenue PO Box 5025 Newport, WA 99156-5055	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 264-000-801	DSHS INDEX NUMBER 1233
CONTRACTOR CONTACT Annabelle Payne	CONTRACTOR TELEPHONE (509) 447-5651	CONTRACTOR FAX (509) 447-2671	CONTRACTOR E-MAIL ADDRESS apayne@pendoreille.org
DSHS ADMINISTRATION Developmental Disabilities Admin	DSHS DIVISION Division of Developmental Disabilities	DSHS CONTRACT CODE 1769CS-63
DSHS CONTACT NAME AND TITLE Seanna Woodard Operations Manager	DSHS CONTACT ADDRESS 1611 W Indiana Ave Spokane, WA 99205	
DSHS CONTACT TELEPHONE (509)329-2952	DSHS CONTACT FAX (509)568-3037	DSHS CONTACT E-MAIL ADDRESS woodas@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS	
AMENDMENT START DATE 09/01/2017	**CONTRACT END DATE** 06/30/2018	
PRIOR MAXIMUM CONTRACT AMOUNT $96,144.00	AMOUNT OF INCREASE OR DECREASE $10,991.00	TOTAL MAXIMUM CONTRACT AMOUNT $107,135.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:
☐ Additional Exhibits (specify):

This Contract 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 Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
Annabelle S. Payne	Annabelle S. Payne, Director	11-8-17
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
Melissa Diebert	Melissa Diebert, Contract Manager	11-22-17

RECEIVED
NOV 27 2017
Budget, Finance & Contracts

RECEIVED
NOV 16 2017
DDA SPOKANE

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. The Total Maximum Contract Amount is hereby increased in the amount of $10,991 for a new Contract Amount of $107,135. The additional amount is reflected in the attached amended Spend Plan.

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

EXHIBIT B

Program Agreement Budget

☐ **Original Budget** **X Budget Revision**

REVENUES

Fiscal Year	Fund Source	Original	1st Revision	2nd Revision	3rd Revision
2018	State Only	48,680	54,245		
	Waiver				
	Local				
	Medicaid Match to Local				
	Total Rev.	$96,144	$107,135		

Fiscal Year	Fund Source	Original	1st Revision	2nd Revision	3rd Revision
2019	State Only				
	Waiver				
	Local				
	Medicaid Match to Local				
	Total Rev.				

COUNTY FY 2018 SPENDING PLAN

	Planned Expenditures				
	Local Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION (CMIS/AWA BARS 11)			3855	3154	7009
OTHER CONSUMER SUPPORTS (CMIS/AWA Code 31, 32, 41, 92, 93, 94)			3602	2948	6550
CONSUMER SUPPORT					
STATE-ONLY					

Child Development					
MEDICAID CLIENTS			46788	46788	93576
ROADS to COMMUNITY LIVING					
TOTAL			54245	52890	107135