



COUNTY PROGRAM AGREEMENT AMENDMENT

DSHS Agreement Number

1163-27316

Amendment No.

12

This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.

Administration or Division Agreement Number

County Agreement Number

DSHS ADMINISTRATION
Behavioral Health and Service
Integration

DSHS DIVISION
Division of Behavioral
Health and Recovery

DSHS INDEX NUMBER
1227

CCS CONTRACT CODE
1227

DSHS CONTACT NAME AND TITLE
Ruth Leonard

DSHS CONTACT ADDRESS
4500 10th Avenue SE

Lacey, WA 98503

DSHS CONTACT TELEPHONE
(360) 725-3742

DSHS CONTACT FAX
(360) 586-9551

DSHS CONTACT E-MAIL
leonamr@dshs.wa.gov

COUNTY NAME
Lewis County

COUNTY ADDRESS
360 NW North St
Chehalis, WA 98532-

COUNTY FEDERAL EMPLOYER IDENTIFICATION
NUMBER

COUNTY CONTACT NAME

Danette York

COUNTY CONTACT TELEPHONE
(360) 219-8006

COUNTY CONTACT FAX

COUNTY CONTACT E-MAIL
danette.york@lewiscountywa.gov

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM
AGREEMENT?
Yes

CFDA NUMBERS
93.959

AMENDMENT START DATE
02/15/2015

PROGRAM AGREEMENT END DATE
06/30/2015

PRIOR MAXIMUM PROGRAM AGREEMENT
AMOUNT
\$2,889,273.00

AMOUNT OF INCREASE OR DECREASE
\$27,407.00

TOTAL MAXIMUM PROGRAM AGREEMENT
AMOUNT
\$2,916,680.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT

EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference:

Exhibits (specify): B - Awards and Revenue

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

COUNTY SIGNATURE(S)

PRINTED NAME(S) AND TITLE(S)

DATE(S) SIGNED

DSHS SIGNATURE

PRINTED NAME AND TITLE

DATE SIGNED

BHSIA Contracts

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

The Maximum Amount Payable is increased by \$27,407, from \$2,889,273 to \$2,916,680. The Awards and Revenues (A&R) for the July 1, 2013 through June 30, 2015 time period is attached as Exhibit B.

SAPT Prevention funding: Effective July 1, 2014, \$13,257 from FY 2014 is moved to FY 2015 and is reflected on the attached A&R.

CJTA funding: Effective July 1, 2014, is increased by \$27,407 and is reflected on the attached A&R.

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