

Transforming lives

COUNTY PROGRAM or INTERLOCAL

LONG-TERM PAYABLE AGREEMENT

DSHS CONTRACT NUMBER: 2363-50846

Amendment No. 01

AMENDMENT

This Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below. Program Contr KC-421-23-/ Contractor Con							-421-23-A			
CONTRACTOR NAME				TRACTOR						
Kitsap County CONTRACTOR ADDRESS				WASHINGTON UNIFORM BUSINESS DSHS IN				EX NUMBER		
			IDENTIFIER (UBI)							
614 Division St MS23				182-002-345			1076			
Pt. Orchard, WA 98366-4676 CONTRACTOR CONTACT CONTRACTOR TELEPH							CONTRACTOR E-MAIL ADDRESS			
CONTRACTOR CONTACT	CONTRACT	ONE	ONE CONTRACTOR FAX			CONTRACTOR E-MAIL ADDRESS				
Allen Sharret	(360) 337-	(360) 337-7185			(360) 337-5721			asharett@kitsap.gov		
							DSHS CONTRACT CODE			
Facilities, Finance and Analytics		Financial Se		ervices		8030CS-63				
Administration	L DOUG CONTACT ADDRESS									
DSHS CONTACT NAME AND TITLE			DSHS CONTACT ADDRESS							
Rebecca Doane PO				Box 45842						
Office Chief	TO BOX 100 12									
	Olympia, WA 98504-5842									
DSHS CONTACT TELEPHONE DSHS CONTACT			A S S S S S S S S S S S S S S S S S S S			DSHS CONTACT E-MAIL ADDRESS				
(360)763-2977 Click here t							rebecca.doane@dshs.wa.gov			
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? CFDA NUMBERS										
No										
AMENDMENT START DATE CONTRACT END DATE										
07/01/2024 06/30/2025										
						TOTAL MAXIMUM CONTRACT AMOUNT				
\$0.00		A				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:										
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								DATE SIGNED		
Chi			Wistire Rolfes, Commissioner					1 ,		
DSHS SIGNATURE Cindy & Carroll Cindy			lotte Garrido, Commissioner				6/10/24			
DSHS SIGNATURE			PRINTED NAME AND TITLE					DATE SIGNED		
Cindy J Carro	.00							0/40/0004		
my y woo		Cindy J Carroll, Contracts Consultant DSHS Central Contracts and Legal Services					ces	6/13/2024		
			DOLLO OCHUAL CUMUAGO AMU LEGAL DELVICES							

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, 2024, to June 30, 2025, as stated on Page One of this Amendment.

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

