

AMENDMENT NO. 3 TO AGREEMENT NO. G1000468

BETWEEN THE

STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

AND

PACIFIC COUNTY

Purpose: To amend the above referenced grant agreement between the Department of Ecology (Department) and **Pacific County** (Recipient). This amendment will allow the recipient to receive reimbursement for activities within the scope of work through June 30, 2011.

IT IS MUTUALLY AGREED that the agreement is amended as follows:

1. The total maximum eligible cost for this agreement increases by \$ **18,928** from \$ **94,717** to \$ **113,645**. The state share amount for this agreement increases by \$ **14,196** from \$ **71,037** to \$ **85,233**.
2. The following table outlines the changes to the budget listed by task.

Budget Table			
Category and Task	Original Budget Totals Maximum Eligible Cost	Budget Changes Maximum Eligible Cost	Revised Budget Totals Maximum Eligible Cost
SWE	\$ 94,717	\$ 18,928	\$113,645
I. Solid Waste Enforcement	\$ 94,717	\$ 18,928	\$113,645
TOTAL MAXIMUM ELIGIBLE COST	\$ 94,717	\$ 18,928	\$113,645
STATE SHARE	\$ 71,037	\$ 14,196	\$ 85,233

FUND SOURCE: CPG (SBCA)

Maximum Eligible Cost:		\$ 113,645
FUND	GRANT PERCENT (%)	STATE GRANT SHARE
State Building Construction Account (SBCA)	75%	\$ 85,233
MATCH REQUIREMENT	MATCH PERCENT (%)	LOCAL SHARE
Cash Match	25%	\$ 28,412
Interlocal Costs	0%	\$0

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3. Recipient acknowledges all funds must be spent by **June 30, 2011** and the final payment request and progress report for these funds must be received by Ecology no later than **August 13, 2011**.
4. If additional Phase Two funding becomes available it will cover costs incurred from July 01, 2011 through December 31, 2011 only.
5. The effective date of this amendment is January 1, 2010.
6. All other terms and conditions of the original agreement and previous amendments remain in full force and effect.

IN WITNESS WHEREOF, the parties sign this Amendment:

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PACIFIC COUNTY

Laurie G. Davies
Program Manager
Waste 2 Resources Program

Authorized Official _____ Date _____

Print Name of Authorized Official

APPROVED AS TO FORM ONLY
Assistant Attorney General