
 <p>Washington State Department of Social & Health Services <i>Transforming lives</i></p>		<p align="center">COUNTY PROGRAM AGREEMENT AMENDMENT</p> <p align="center">DDD County Services</p>		DSHS Agreement Number 2163-23573 Amendment No. 03
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 Click here to enter text. County Agreement Number
DSHS ADMINISTRATION Developmental Disabilities Admin	DSHS DIVISION Division of Developmental Disabilities	DSHS INDEX NUMBER 1231	CCS CONTRACT CODE 1231	
DSHS CONTACT NAME AND TITLE Wendi Winchel		DSHS CONTACT ADDRESS PO BOX 45315 Olympia, WA 98504-5315		
DSHS CONTACT TELEPHONE (360) 725-4264	DSHS CONTACT FAX (360) 586-6502	DSHS CONTACT E-MAIL winchwa@dshs.wa.gov		
COUNTY NAME Pacific County Pacific County DDA County Services		COUNTY ADDRESS PO Box 26 South Bend, WA 98586-		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME Katie Lindstrom		
COUNTY CONTACT TELEPHONE (360) 642-9300	COUNTY CONTACT FAX (360) 642-9352	COUNTY CONTACT E-MAIL koien@co.pacific.wa.us		
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No			CFDA NUMBERS	
AMENDMENT START DATE 01/01/2023		PROGRAM AGREEMENT END DATE 06/30/2023		
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$635,312.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$635,312.00		
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO				
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: <input checked="" type="checkbox"/> Exhibits (specify): Exhibit B-1, Program Agreement Budget				
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) Katie Lindstrom, Director		DATE(S) SIGNED 4/17/23
DSHS SIGNATURE		PRINTED NAME AND TITLE		DATE SIGNED

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

- A. Exhibit B, Program Agreement Budget, is revised and replaced with Exhibit B-1, Program Agreement Budget, which is attached hereto and incorporated herein.

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

Exhibit B1

Program Agreement Budget

Original Budget X Budget Revision
REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2022	State only	153,345	153,345	153,345	153,345
	Medicaid	149,513	149,513	149,513	149,513
	Total Rev.	\$302,858	\$302,858	\$302,858	\$302,858

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2023	State only		153,345	178,331	178,331
	Medicaid		149,513	154,123	154,123
	Total Rev.		\$302,858	\$332,454	\$332,454

Account Title / BARS	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION 11,12,13,14	0	0	11,962	9,787	21,749
OTHER CONSUMER SUPPORTS 31, 32, 41, 92, 93, 94, 97	0	0	31,180	9,147	40,327
CONSUMER SUPPORT STATE-ONLY 62, 64, 65, 67, 69	0	0	0		0
Child Development 61			0		0
MEDICAID CLIENTS 62, 64, 65, 67, 69 95, 96	0	0	135,189	135,189	270,378
ROADS to COMMUNITY LIVING 62, 64, 65, 67, 69			0	0	0
TOTAL	0	0	178,331	154,123	332,454