



CONTRACT AMENDMENT JABG FFY10

DSHS CONTRACT NUMBER:
0663-05691

Amendment No. 0663-05691-06

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME Pacific County		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS PO Box 187 South Bend, WA 98586-0187		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) - -	DSHS INDEX NUMBER 1231
CONTRACTOR CONTACT Michael Sullivan	CONTRACTOR TELEPHONE (360) 875-9326 Ext:	CONTRACTOR FAX (360) 875-9351	CONTRACTOR E-MAIL ADDRESS msullivan@co.pacific.wa.us
DSHS ADMINISTRATION Juvenile Rehabilitation		DSHS DIVISION Division of Operations Support Services	DSHS CONTRACT CODE 5002CS-63
DSHS CONTACT NAME AND TITLE Randy Sparks Capital Facilities Budget Administrator		DSHS CONTACT ADDRESS P.O. Box 45720 Olympia, WA 98504-5720	
DSHS CONTACT TELEPHONE (360) 902-8099 Ext:	DSHS CONTACT FAX (360) 902-8108		DSHS CONTACT E-MAIL ADDRESS sparkra@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBERS 16.523	
AMENDMENT START DATE 6/24/2011		CONTRACT END DATE 6/30/2011	
PRIOR MAXIMUM CONTRACT AMOUNT \$51,200.00	AMOUNT OF INCREASE OR DECREASE \$0.00		TOTAL MAXIMUM CONTRACT AMOUNT \$51,200.00
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 Contract Amendment by reference: <input type="checkbox"/> 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
DSHS SIGNATURE		PRINTED NAME AND TITLE Del Hontanosas Grabs & Contracts Manager	DATE SIGNED

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

The period of performance is extended from 6/23/11 to 6/30/11 due to an administrative error.

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