

		CONTRACT AMENDMENT	HCA Contract No.: K3934 Amendment No.: 03
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME Pacific County		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS PO Box 26 South Bend, WA 98586		CONTRACTOR CONTRACT MANAGER Name: Katie Lindstrom Email: koien@co.pacific.wa.us	
AMENDMENT START DATE February 1, 2022	AMENDMENT END DATE June 30, 2023	CONTRACT END DATE June 30, 2023	
PRIOR MAXIMUM CONTRACT AMOUNT \$917,550.00	AMOUNT OF DECREASE \$140,513.00	TOTAL MAXIMUM COMPENSATION \$ 777,037.00	

WHEREAS, HCA and Contractor previously entered into a Contract K3934 for CPWI services and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 17, Amendment, to decrease funding, and update contract language;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 8, Compensation and Billing, Subsection 8.1, Consideration and Source of Funds is amended to reflect a decrease in maximum compensation of \$140,513.00 from \$917,550.00 to \$777,037.00.
2. Section 8, Compensation and Billing, Subsection 8.2, Reimbursements, paragraphs 5 – 9 are replaced as follows to clarify 45-day invoicing requirements:

Contractor shall submit invoices for costs due and payable that were incurred prior to the expiration date of the Contract within 45 days of the date services were provided.

All work under this Contract must end on or before the funding source end date and the final reimbursement request must be submitted to HCA within forty-five (45) calendar days after the funding source end date. If the Contract is identified as funded by a federal grant, Contractor must submit all invoices within forty-five (45) calendar days of the end of the grant fiscal year.

Upon expiration, suspension, or termination of the Contract, invoices for work performed or allowable expenses incurred after the start of the Contract and prior to the date of expiration, suspension, or termination must be submitted by the Contractor within forty-five (45) calendar days. HCA is under no obligation to pay invoices submitted forty-six (46) or more calendar days after the Contract expiration, suspension, or termination date ("Belated Claims"). HCA will pay Belated Claims at its sole discretion.

Contractor must submit invoices for costs due and payable under this contract within forty-five (45) days of the date services were provided or within forty-five (45) calendar days after the funding source end date, whichever comes first.

3. Attachment 8-A, Federal Award Identification for Subrecipients, is attached hereto and incorporated herein.

4. This Amendment is effective February 1, 2022 ("Effective Date").
5. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
6. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

Attachment 8-A

Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Partnerships for Success 2018

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	Pacific County
(ii) Subrecipient's unique entity identifier; (DUNS)	846060016
(iii) Federal Award Identification Number (FAIN);	H79SP080980
(iv) Federal Award Date (see §200.39 Federal award date);	September 13, 2018
(v) Subaward Period of Performance Start and End Date;	February 1, 2022 – June 30, 2023
(vi) Amount of Federal Funds Obligated by this action;	(\$40,913.00)
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$85,303.00
(xiii) Total Amount of the Federal Award;	\$11,300,000 (9/30/18-9/29/23)
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	WA State Strategic Prevention Framework – Partnerships for Success Project
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 Keri.waterland@hca.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.243
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimis (10%)

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)
Washington State Opioid Response II (SOR II) Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	Pacific County
(ii) Subrecipient's unique entity identifier; (DUNS)	846060016
(iii) Federal Award Identification Number (FAIN);	H79TI083286
(iv) Federal Award Date (see §200.39 Federal award date);	August 9, 2021
(v) Subaward Period of Performance Start and End Date;	February 1, 2022 – June 30, 2023
(vi) Amount of Federal Funds Obligated by this action;	(\$62,809.00)
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$72,825.00
(xiii) Total Amount of the Federal Award;	\$27,173,792
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Washington State Opioid Response II (SOR II) Grant
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 Keri.waterland@hca.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.788
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimus (10%)

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)
Substance Abuse Prevention and Treatment Block Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	Pacific County
(ii) Subrecipient's unique entity identifier; (DUNS)	846060016
(iii) Federal Award Identification Number (FAIN);	B08TI083486-01
(iv) Federal Award Date (see §200.39 Federal award date);	February 2, 2021
(v) Subaward Period of Performance Start and End Date;	February 1, 2022 – June 30, 2023
(vi) Amount of Federal Funds Obligated by this action;	(\$36,791.00)
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$202,583.00
(viii) Total Amount of the Federal Award;	\$37,788,257
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 Keri.waterland@hca.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.959 Substance Abuse Prevention and Treatment Block Grant
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimus (10%)