



## 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		CONTRACTOR doing business as (DBA)	
Pacific County			
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
PO Box 187		- -	1231
South Bend, WA 98586-0187			
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Michael Sullivan	(360) 875-9326 Ext:	(360) 875-9351	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		DSHS CONTACT ADDRESS	
Randy Sparks Capital Facilities Budget Administrator		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?		CFDA NUMBERS	
Yes		16.523	
AMENDMENT START DATE	CONTRACT END DATE		
6/24/2011	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			
<b>ATTACHMENTS.</b> 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		DATE SIGNED
	Del Hontanosas Grabts & Contracts Manager		

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.