



**CONTRACT AMENDMENT  
JABG FFY11**

DSHS CONTRACT NUMBER:  
0663-05691

Amendment No. 08

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

Program Contract Number  
COJABG2011  
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	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	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? No		CFDA NUMBERS 16.523	
AMENDMENT START DATE 07/01/2012		CONTRACT END DATE 06/30/2013	
PRIOR MAXIMUM CONTRACT AMOUNT \$61,525.00	AMOUNT OF INCREASE OR DECREASE \$9,000.00	TOTAL MAXIMUM CONTRACT AMOUNT \$70,525.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO			
<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		Del Hontanosas Grants & 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 purpose of this amendment is to award the Federal Fiscal Year (FFY) 2011 JABG Grant.

1. In Exhibit A – Statement of Work, #4. Contract Project Dates, is amended as follows:

The project start date is July 1, 2012 and ending on June 30, 2013. For this new grant period, the maximum consideration shall only be **\$9,000** with a match amount of **\$1,000** for a total of **\$10,000**.

No unspent funds from the previous grant period of July 1, 2011 through June 30, 2012 may be carried forward.

2. In Section #6. Acknowledgement of Assistance, delete "Award No. 2010-JB-FX-0087" and replace with "Award No. 2011-JB-FX-0058".
3. The Contractor shall submit an updated Budget to the JRA Program Administrator identified on page one of this Agreement prior to their first billing.
4. The following JABG reports must be completed and submitted to JRA by the designated timelines below. JRA may withhold payments for failure to submit the required JABG reports by the designated timelines.
  - 1) Quarterly Progress Report: Due by the 10<sup>th</sup> of the month following the end of each calendar year quarter (April 10<sup>th</sup>, July 10<sup>th</sup>, October 10<sup>th</sup>, January 10<sup>th</sup>). A report must be submitted even if no activity occurred during that period.
  - 2) Annual Population Report: Due by April 15, 2013.

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

**FFY11 – JABG COUNTY BUDGET**

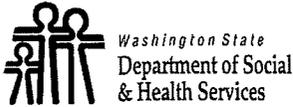
**CONTRACTOR NAME:** Pacific County

**PROJECT NAME:** Pacific County Public Defender Program

<b>BUDGET CATEGORIES</b>		<b>SOURCE OF FUNDS</b>		<b>%</b>
PERSONNEL AND BENEFITS	\$0	JABG ALLOCATION	\$10,000	90%
CONTRACTUAL SERVICES	\$11,111	CASH MATCH	\$1,111	10%
TRAVEL	\$0			
SUPPLIES	\$0			
EQUIPMENT	\$0			
OTHER GOODS AND SERVICES	\$0			
CONSTRUCTION	\$0			
<b>TOTAL DIRECT COSTS</b>	\$11,111			
ADMINISTRATIVE COSTS	\$0			
<b>TOTAL PROGRAM COST</b>	\$11,111	<b>TOTAL PROGRAM FUNDS</b>	11,111	100%

**CONTRACTOR'S FINANCIAL OFFICER**

**NAME:** Pacific County Auditor's Office  
**ADDRESS:** PO Box 97  
**CITY:** South Bend, WA 98586  
**PHONE NUMBER:** (360) 875-9309  
**FAX:** (360) 875-9333  
**E-MAIL:**



## Certificate of Indirect Costs

\_\_\_\_\_  
NAME OF LOCAL GOVERNMENT

CONTACT'S NAME	
CONTACT'S TELEPHONE NUMBER (INCLUDE AREA CODE)	CONTACT'S EMAIL ADDRESS
INDIRECT COST PROPOSAL RATE	TIME PERIOD THE RATE COVERS FROM _____ TO _____
<p>This is to certify that I have reviewed the indirect cost rate submitted with this contract and to the best of my knowledge and belief:</p> <ol style="list-style-type: none"> <li>1. All costs included in this rate proposal (date) _____ to establish billing or final indirect costs rates for (period covered by rate) _____ are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.</li> <li>2. All costs included in this proposal are properly allocated to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.</li> </ol> <p>I declare that the foregoing is true and correct.</p>	
SIGNATURE	DATE OF EXECUTION
PRINTED NAME OF OFFICIAL	TITLE



**JUSTIFICATION AND EXPLANATION**

Justify all personal services contracts related to the Juvenile Crime Enforcement Plan. Include the method of selecting contractors.

**This is a continuation of a previous project partially funded by JABG. Our previous public defender contract expired. When we sought out bids for a new public defender contract, we found that to secure contractors we had to increase the funds paid for juvenile cases. We believe the JABG grant would best serve public safety and juvenile crime control this year by helping to absorb some of this increase.**

The method for selecting contractors was by open public bidding. All local attorneys were notified and a call for bids was published in the local newspaper. We received many different bids and the local judge selected the lowest qualified bidder to provide these services. This contract will go out for bid again in the fall of 2006. The cost of the services will likely increase.