



COUNTY PROGRAM AGREEMENT AMENDMENT Prevention Services

DSHS Agreement Number
1563-42487

Amendment No.
04

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 Behavioral Health Administration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS INDEX NUMBER 1231	CCS CONTRACT CODE 1231
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DSHS CONTACT NAME AND TITLE Julia Havens	DSHS CONTACT ADDRESS 4500 10th Avenue SE Lacey, WA 98503
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DSHS CONTACT TELEPHONE (509)220-4752	DSHS CONTACT FAX	DSHS CONTACT E-MAIL greesjr@dshs.wa.gov
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COUNTY NAME Pacific County	COUNTY ADDRESS 1216 West Robert Bush Drive Post Office Box 26 South Bend, WA 98586
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COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY CONTACT NAME Katie Oien-Lindstrom
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COUNTY CONTACT TELEPHONE (360) 875-9343	COUNTY CONTACT FAX (360) 875-9323	COUNTY CONTACT E-MAIL koien@co.pacific.wa.us
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IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No	CFDA NUMBERS
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AMENDMENT START DATE 07/01/2016	PROGRAM AGREEMENT END DATE 06/30/2017
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PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$246,557.00	AMOUNT OF INCREASE OR DECREASE \$39,974.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$286,531.00
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REASON FOR AMENDMENT;
CHANGE OR CORRECT CHOOSE ONE:

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:

Exhibits (specify):

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)	DATE(S) SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE BHA Contracts	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:

1. Amend the maximum contract consideration to add \$39,974, therefore increasing the maximum consideration from \$246,557 to \$286,531. The Awards and Revenues (A&R) is attached as Exhibit B.
2. Amend Exhibit G as follows:

Amend Section 3. Performance Work Statement, Subsection a.(1) by deleting and replacing with the following:

- (1) Submit final Work Plan for approval to DBHR Contract Manager or designee by February 15, 2016 for fiscal year 2016 and August 15, 2016 for fiscal year 2017.

Amend Section 3. Performance Work Statement, Subsection a.(2)(c) by deleting and replacing with the following:

- (c) Funds shall be used to support program costs for approved Work Plan for only the approved programs. This includes staff for program planning, training, implementation, service data entry and evaluation.

Amend Section 5. Claims for Payment, by adding Subsection c. as follows:

- c. Submit final billing under this Exhibit G for services provided during fiscal year 2017 no later than August 31, 2017.

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

**AWARD AND REVENUES
2015-2017 Biennium**

**CONTRACTOR NAME Pacific County
CONTRACT NUMBER 1563-42487
COUNTY Pacific**

The above named Contractor is hereby awarded the following amounts for the purposes listed.

<u>REVENUE SOURCE CODE:</u>	<u>TYPE OF SERVICE</u>	<u>AWARD AMOUNTS</u>			
		<u>SFY 16</u>	<u>SFY 17</u>	<u>Biennial Funds</u>	<u>Total 15-17 Biennium</u>
333.99.59	SABG Prevention	\$29,742	\$29,742		\$59,484
334.04.6X	GF-State- Admin (for SABG Prevention)	\$2,586	\$2,586		\$5,172
334.04.6X	Dedicated Marijuana Account-Fund 315-State	\$90,657	\$63,358		\$154,015
333.92.43	PFS-Total	\$54,288	\$13,572	\$0	\$67,860
	Year 2 FFY14 (7.1.15-9.29.15)	\$13,572			\$13,572
	Year 3 FFY15 (9.30.15-9.29.16)	\$40,716	\$13,572		\$54,288
	Year 4 FFY16 (9.30.16-6.30.17)				
Total Federal Funds		\$84,030	\$43,314	\$0	\$127,344
Total State Funds		\$93,243	\$65,944	\$0	\$159,187
TOTAL ALL AWARDS		\$177,273	\$109,258	\$0	\$286,531

Federal CFDA:

SABG-Substance Abuse Block Grant -CFDA 93.959 Substance Abuse and Mental Health Services Administration (SAMHSA)

PFS-Partnership for Success-CFDA 93.243 Substance Abuse and Mental Health Services Administration (SAMHSA)