



CONTRACT AMENDMENT PIHP Amendment

DSHS CONTRACT NUMBER:
1669-58002

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
[Click here to enter text.](#)
Contractor Contract Number

CONTRACTOR NAME North Sound Behavioral Health Organization, LLC		CONTRACTOR doing business as (DBA) North Sound Behavioral Health Organization	
CONTRACTOR ADDRESS 301 Valley Mall Way Ste 110 Mount Vernon, WA 98273-5462		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 603-583-336	DSHS INDEX NUMBER 1553
CONTRACTOR CONTACT Joe Valentine	CONTRACTOR TELEPHONE (360) 416-7013	CONTRACTOR FAX (360) 416-7017	CONTRACTOR E-MAIL ADDRESS joe_valentine@northsoundbho.org
DSHS ADMINISTRATION Behavioral Health Administration		DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1684LS-69
DSHS CONTACT NAME AND TITLE Melinda Trujillo Program Manager		DSHS CONTACT ADDRESS Sky Valley CSO 19705 SR 2 Monroe, WA 98272	
DSHS CONTACT TELEPHONE (360)805-8362	DSHS CONTACT FAX (360) 794-1334		DSHS CONTACT E-MAIL ADDRESS melinda.trujillo@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS 93.778	
AMENDMENT START DATE 06/01/2018	CONTRACT END DATE 06/30/2018		
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO			
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 Joe Valentine, Executive Director		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED

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

1. The end date of the Contract is changed to June 30, 2018.
2. A new contract between the Health Care Authority and Contractor, HCA Contract Number 1869-33273, has been issued effective on July 1, 2018.
3. All other terms and conditions of this Contract remain in full force and effect.