



CONTRACT AMENDMENT STR Grant

DSHS CONTRACT NUMBER:
1769-94160

Amendment No. 01

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		CONTRACTOR doing business as (DBA)	
North Sound Behavioral Health Organization, LLC			
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
301 Valley Mall Way Ste 110 Mount Vernon, WA 98273-5462		603-583-336	1553
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Joe Valentine	(360) 416-7013	(360) 416-7017	joe_valentine@northsoundbho.org
DSHS ADMINISTRATION Behavioral Health Administration		DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1690LC-69
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Stephanie Endler Project Director		4500 10th Avenue SE Lacey, WA 98503	
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS	
(360)725-3428	(360) 586-9727	stephanie.endler@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No			
AMENDMENT START DATE	CONTRACT END DATE		
07/01/2017	04/30/2018		
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$24,252.00	\$0.00	\$24,252.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE			
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	DATE SIGNED	
	Joe Valentine, Executive Director		
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED	
	BHA Contracts		

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

1. **Amend the Agreement End Date, by an extension of ten (10) months, for a Revised Agreement End Date of April 30, 2018.**
2. **Amend Subsection 4.b.(2) to read as follows:**

4.b.(2) Ensure non-insured members (that meet eligibility requirements above) have access to services through this project or are enrolled in Medicaid and unable to access services.

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