

	<b>COUNTY PROGRAM AGREEMENT AMENDMENT</b>	DSHS Agreement Number 1163-27316  Amendment No. 09	
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  County Agreement Number	
DSHS ADMINISTRATION Behavioral Health and Service Integration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS INDEX NUMBER 1227	CCS CONTRACT CODE 1227
DSHS CONTACT NAME AND TITLE Ruth Leonard		DSHS CONTACT ADDRESS 4500 10th Avenue SE  Lacey, WA 98503	
DSHS CONTACT TELEPHONE (360) 725-3742	DSHS CONTACT FAX (360) 586-9551	DSHS CONTACT E-MAIL leonamr@dshs.wa.gov	
COUNTY NAME Lewis County		COUNTY ADDRESS 360 NW North St Chehalis, WA 98532-	
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME Danette York	
COUNTY CONTACT TELEPHONE (360) 219-8006	COUNTY CONTACT FAX	COUNTY CONTACT E-MAIL danette.york@lewiscountywa.gov	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No		CFDA NUMBERS 93.959	
AMENDMENT START DATE 06/01/2013	PROGRAM AGREEMENT END DATE 06/30/2015		
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$2,772,216.00	AMOUNT OF INCREASE OR DECREASE \$30,000.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$2,802,216.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT			
<b>EXHIBITS.</b> 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: <input checked="" type="checkbox"/> Exhibits (specify): Exhibit A - Awards and Revenues			
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  DBHR Contracts	DATE SIGNED	

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

1. The Total Maximum Contract Amount is being increased by \$30,000, from \$2,772,216 to \$2,802,216, for the July 2011 to June 2015 time period. The increase of \$30,000 for the July 2011 to June 2013 time period is reflected on the attached Awards and Revenues Exhibit.

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