



# CONTRACT AMENDMENT

**DSHS CONTRACT NUMBER:**  
 1648-56120  
JUN 06 2016  
 Amendment No. 01  
**ODHH**

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)	
Paula Meyer		Meyer, Paula	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
364 Breakwater Ct		--	180153
Richland, WA 99345-			
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Paula Meyer	(513) 505-9496	Click here to enter text.	paula.meyer2012@ahoo.com
DSHS ADMINISTRATION		DSHS DIVISION	DSHS CONTRACT CODE
Aging & Long Term Support Admin		Office of the Deaf and Hard of Hearing	8402TS-48
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
Berle Ross Program Manager		14th and Jefferson Street Olympia, WA 98504	
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX		DSHS CONTACT E-MAIL ADDRESS
(360)339-4559			rossbee@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?			CFDA NUMBERS
No			
AMENDMENT START DATE		CONTRACT END DATE	
07/01/2016		12/31/2016	
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$0.00	\$0.00	\$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CHOOSE ONE:			
<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
<i>Paula Louise Meyer</i>	Paula Louise Meyer Sign Language Interpreter		6/2/16
DSHS SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
<i>B Ross</i>			6.6.16

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

**Purpose.** The purpose of this amendment is to extend the period of performance of this Sign Language Interpreter/Translator Services Contract.

**Period of Performance.** The period of performance of this Contract is extended for six (6) months for a new end date of December 31, 2016.

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