



## CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:  
1548-29993

Amendment No. 02

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 Paula Bazinet		CONTRACTOR doing business as (DBA) Bazinet, Paula	
CONTRACTOR ADDRESS 6818 W 13 Avenue Kennewick, WA 99338-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER 169482
CONTRACTOR CONTACT Paula Bazinet	CONTRACTOR TELEPHONE (509) 851-8848	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS paulabazinet@gmail.com

DSHS ADMINISTRATION Aging & Long Term Support Admin	DSHS DIVISION Office of the Deaf and Hard of Hearing	DSHS CONTRACT CODE 8402TS-48
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DSHS CONTACT NAME AND TITLE Berle Ross Program Manager	DSHS CONTACT ADDRESS 14th and Jefferson Street Olympia, WA 98504
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DSHS CONTACT TELEPHONE (360)339-4559	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS rossbee@dshs.wa.gov
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IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS
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AMENDMENT START DATE 07/01/2016	CONTRACT END DATE 12/31/2016
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PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$0.00
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REASON FOR AMENDMENT;  
CHANGE OR CORRECT CHOOSE ONE:

**ATTACHMENTS.** When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:  
 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 Paula Bazinet, Interpreter	DATE SIGNED 6/8/16
DSHS SIGNATURE 	PRINTED NAME AND TITLE Berle Ross, PM	DATE SIGNED 6-27-16

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.