



CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:
1548-29870

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		CONTRACTOR doing business as (DBA)	
Nexus Inland NW		Nexus Inland NW	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
1206 N Howard St Spokane, WA 99201-2410		601-140-526	1709
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Brenda Estes	(509) 328-9220	435-0886 (509) 327-4622	director@nexusinw.com
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Office of the Deaf and Hard of Hearing	DSHS CONTRACT CODE 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:			
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	
<i>Brenda Estes</i>	Brenda Estes Executive Director	6-8-16	
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED	
<i>Berle Ross</i>	Berle Ross, SLIM Program Manager	6/10/2016	

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.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF THE DEAF AND HARD OF HEARING
PO BOX 45300 Olympia WA 98504-5301

May 26th, 2016

Dear Contractor;

Enclosed you will find a copy of your Sign Language Interpreter Contract amendment. We are extending this contract until December 31, 2016. Please review the contract template to ensure that the data is correct, such as; name, email address, phone number and contract amendment start and end dates. If all information is correct, please sign/date and return to me by June 15th, 2016.

The amendment starts July 1, 2016 and will expire on December 31, 2016.

We will be releasing the RFQQ sometime in late August. The next procurement will be a competitive bid, which means your BID packets will be evaluated and scored by a team of qualified professionals. You will need to meet the minimum score to be awarded a contract with us.

Sincerely

A handwritten signature in black ink that reads "Berle Ross".

Berle Ross
Sign Language Interpreter Program Manger
Office of the Deaf and Hard of Hearing