



CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:
1548-29879

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: Universal Language Service, Inc. CONTRACTOR doing business as (DBA):

CONTRACTOR ADDRESS: PO Box 4147, Bellevue, WA 98009- WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI): 601-771-713 DSHS INDEX NUMBER: 66183

CONTRACTOR CONTACT: Elena Vasiliev CONTRACTOR TELEPHONE: (888) 462-0500 CONTRACTOR FAX: (425) 454-3635 CONTRACTOR E-MAIL ADDRESS: management@ulsonline.net

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: Berle Ross, Program Manager DSHS CONTACT ADDRESS: 14th and Jefferson Street, Olympia, WA 98504

DSHS CONTACT TELEPHONE: (360)339-4559 DSHS CONTACT FAX: DSHS CONTACT E-MAIL ADDRESS: rossbee@dshs.wa.gov

IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?: No CFDA NUMBERS:

AMENDMENT START DATE: 07/01/2016 CONTRACT END DATE: 12/31/2016

PRIOR MAXIMUM CONTRACT AMOUNT: \$0.00 AMOUNT OF INCREASE OR DECREASE: \$0.00 TOTAL MAXIMUM CONTRACT AMOUNT: \$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: 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: [Signature] PRINTED NAME AND TITLE: Elena Vasiliev, President / CEO DATE SIGNED: 8 / 2 / 2016

DSHS SIGNATURE: [Signature] PRINTED NAME AND TITLE: Berle Ross, Program Manager DATE SIGNED: 8/2/2016

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.