



**CONTRACT AMENDMENT
SIGN LANGUAGE INTERPRETER
SERVICES**

DSHS CONTRACT NUMBER:
1248-54861

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME CODAs Plus		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 800 NE Tenney Rd Suite 110 PMB 433 Vancouver, WA 98685-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 602-387-851	DSHS INDEX NUMBER 94075
CONTRACTOR CONTACT Luanne Conner	CONTRACTOR TELEPHONE (360) 576-7777	CONTRACTOR FAX (360) 258-3140	CONTRACTOR E-MAIL ADDRESS hohagal@comcast.net
DSHS ADMINISTRATION Executive Administration		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 07/01/2014	CONTRACT END DATE 12/31/2014		
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: <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 Luanne Conner Manager		DATE SIGNED 6.16.14
DSHS SIGNATURE 	PRINTED NAME AND TITLE BERLE ROSS		DATE SIGNED 7.14.14

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JUN 14 2014

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

1. Amend the Contract's End Date for an additional six months to December 31, 2014, as a one-time contract extension to allow time for DSHS to manage the new Sign Language Interpreter Services formal competitive procurement process.

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

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JUL 14 2014
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