



CONTRACT AMENDMENT SIGN LANGUAGE INTERPRETER SERVICES

DSHS CONTRACT NUMBER:
1548-29964

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 Katherine E. Bunze		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 8109 S Assembly Road Spokane, WA 99224-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601-364-581	DSHS INDEX NUMBER 87968
CONTRACTOR CONTACT Katherine Bunze	CONTRACTOR TELEPHONE (509) 747-6508	CONTRACTOR FAX (509) 838-0491	CONTRACTOR E-MAIL ADDRESS katherinebunze@msn.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 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 07/01/2015	CONTRACT END DATE 06/30/2016		
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 PERIOD OF PERFORMANCE			
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 Katherine E. Bunze	DATE SIGNED 10/30/2015	
DSHS SIGNATURE 	PRINTED NAME AND TITLE Berle Ross, SLIM Program Manager	DATE SIGNED 11/1/2015	

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

Correct error in Amendment 01 which set the contract End Date to 6/30/2015, instead of 6/30/2016. This amendment sets the contract End Date to 6/30/2016, as intended by the contractor and DSHS since the inception of the contract.

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