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CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:
1548-29994

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 Sarah Rasmussen		CONTRACTOR doing business as (DBA) Rasmussen, Sarah	
CONTRACTOR ADDRESS PO Box 44385 Tacoma, WA 98448-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601-007-561	DSHS INDEX NUMBER 66140
CONTRACTOR CONTACT Sarah Rasmussen	CONTRACTOR TELEPHONE (253) 222-3725	CONTRACTOR FAX 253-537-4165 ~~(360) 537-4125~~	CONTRACTOR E-MAIL ADDRESS 2sarahras@gmail.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 07/01/2016	**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 Sarah Rasmussen	PRINTED NAME AND TITLE SARAH RASMUSSEN CI/CT	DATE SIGNED 6-7-16
DSHS SIGNATURE BRoss	PRINTED NAME AND TITLE	DATE SIGNED 6-14-16

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.