



**INDIAN NATION PROGRAM
AGREEMENT AMENDMENT
DATA SHARE AGREEMENT
ACES & SEMS WEB**

DSHS Agreement Number
1462-94991
Amendment No.
02

This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the Indian Nation identified below.

Administration or Division
Agreement Number:
Indian Nation Agreement Number

DSHS ADMINISTRATION
Economic Services
Administration

DSHS DIVISION
Community Services
Division

DSHS INDEX NUMBER
1329

DSHS CONTRACT CODE
3042NS-62

DSHS CONTACT NAME AND TITLE
Martin Bohl

DSHS CONTACT ADDRESS
712 Pear St SE
Olympia, WA 98504-5440

DSHS CONTACT TELEPHONE
(360)725-4656

DSHS CONTACT FAX
(360)725-4904

DSHS CONTACT E-MAIL
martin.bohl@dshs.wa.gov

INDIAN NATION NAME
Upper Skagit Tribe

INDIAN NATION ADDRESS
25944 Community Plaza Way
Sedro Woolley, WA 98284

INDIAN NATION FEDERAL EMPLOYER
IDENTIFICATION NUMBER

INDIAN NATION CONTACT NAME
Jennifer Washington

INDIAN NATION CONTACT TELEPHONE
(360) 854-7090

INDIAN NATION CONTACT FAX
(360) 854-7007

INDIAN NATION CONTACT E-MAIL
jenniferw@upperskagit.com

IS THE INDIAN NATION A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM
AGREEMENT?
No

CFDA NUMBERS

AMENDMENT START DATE
07/01/2018

PROGRAM AGREEMENT END DATE
09/30/2019

PRIOR MAXIMUM PROGRAM AGREEMENT
AMOUNT
\$0.00

AMOUNT OF INCREASE OR DECREASE
\$0.00

TOTAL MAXIMUM PROGRAM AGREEMENT
AMOUNT
\$0.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT OTHER: SEE PAGE TWO

EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference:

Exhibits (specify):

This Program Agreement 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 Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and are authorized, as representatives of their respective governments, to enter into this Program Agreement Amendment.

INDIAN NATION SIGNATURE

PRINTED NAME AND TITLE
Jennifer Washington USIT Chairman

DATE SIGNED
11/2/2018

Signature

PRINTED NAME AND TITLE
Aida Polanco DCS Key Contracts

DATE SIGNED
11/14/18

DSHS SIGNATURE

PRINTED NAME AND TITLE
Christine Simmonds, Contracts Officer
DSHS/ESA-Community Services Division

DATE SIGNED
11/7/2018

This Program Agreement between the Indian Nation and the State of Washington Department of Social and Health Services (DSHS) is hereby amended as follows:

1. **Purpose** - The purpose of this Amendment is to revise the Statement of Work to add additional dates for annual submission of Assurances and Certifications form (Exhibit B) to DSHS and to extend the period of performance to **September 30, 2019**.
2. Section 3, Statement of Work, Subsection e. Limitations on Use of Data, sub-subsection (2) ACES - SEMS Security Monitoring (b) The security monitor will: (iii) Assist in DSHS' efforts to monitor the security provisions of the DSA, by annually reviewing, completing and submitting the Assurances and Certifications form (see Exhibit B) to DSHS on the following dates: *(addition in italics)*:

(D) June 30, 2018

(E) June 30, 2019

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



**INDIAN NATION
PROGRAM AGREEMENT
AMENDMENT
DATA SHARE AGREEMENT
ACES & SEMS WEB**

DSHS Agreement Number
1462-94991
Amendment No.
01

This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the Indian Nation identified below.

Administration or Division Agreement Number
Click here to enter text.
Indian Nation Agreement Number

DSHS ADMINISTRATION Economic Services Administration	DSHS DIVISION Community Services Division	DSHS INDEX NUMBER 1329	DSHS CONTRACT CODE 3042NS-62
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DSHS CONTACT NAME AND TITLE Martin Bohl	DSHS CONTACT ADDRESS 712 Pear St SE Olympia, WA 985075470
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DSHS CONTACT TELEPHONE (360)725-4656	DSHS CONTACT FAX Click here to enter text.	DSHS CONTACT E-MAIL bohlmc@dshs.wa.gov
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INDIAN NATION NAME Upper Skagit Tribe	INDIAN NATION ADDRESS 25944 Community Plaza Way Sedro Woolley, WA 98284
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INDIAN NATION FEDERAL EMPLOYER IDENTIFICATION NUMBER	INDIAN NATION CONTACT NAME Patrick Check
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INDIAN NATION CONTACT TELEPHONE (360) 854-7090	INDIAN NATION CONTACT FAX () -	INDIAN NATION CONTACT E-MAIL patc@UPPERSKAGIT.com
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IS THE INDIAN NATION A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No	CFDA NUMBERS
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AMENDMENT START DATE 07/01/2016	PROGRAM AGREEMENT END DATE 06/30/2018
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PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$0.00
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REASON FOR AMENDMENT:
CHANGE OR CORRECT CHOOSE ONE:

EXHIBITS. When the box below is marked with a check (4) or an X, the following Exhibits are attached and are incorporated into this Program Agreement Amendment by reference:
 Exhibits (specify):

This Program Agreement 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 Program Agreement. No other understandings or representations, oral or otherwise, regarding the subject matter of this Program Agreement Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Program Agreement remain in full force and effect. The parties signing below warrant that they have read and understand this Program Agreement Amendment, and are authorized, as representatives of their respective governments, to enter into this Program Agreement Amendment.

INDIAN NATION SIGNATURE 	PRINTED NAME AND TITLE Jennifer R. Washington Chairwoman	DATE SIGNED 12/9/2016
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DSHS SIGNATURE 	PRINTED NAME AND TITLE Ann Polanco, Contract Manager/Monitor DSHS/ESA/Division of Child Support	DATE SIGNED 12/9/16
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This Agreement between the State of Washington Department of Social and Health Services (DSHS) and the Upper Skagit Tribe is hereby amended as follows:

1. Purpose of Amendment. The purpose of this amendment is to extend the period of performance.
2. Period of Performance. The term and period of performance of this contract is extended from the current end date of April 30, 2016 to June 30, 2018.

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



UPPER SKAGIT TRIBAL COUNCIL
RESOLUTION 2016 - 098

RE: Approval of the Indian Nation Program Agreement Amendment for the Automated Client Eligibility System (ACES) and Support Enforcement Management System (SEMS) with the State of Washington Department. of Social and Health Services effective July 1, 2016 through June 30, 2018.

WHEREAS the Upper Skagit Tribal Council is the governing body of the Upper Skagit Indian Tribe in accordance with its Constitution and By-Laws approved by the Secretary of the Interior on December 4, 1974, and in accordance with the Indian Reorganization Act of June 18, 1934; and

WHEREAS, the Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA) of 1996 authorizes Federally Recognized Indian Tribes to administer Temporary Assistance for Needy Families (Tribal TANF) programs; and

WHEREAS, the Upper Skagit Tribe has operated a Tribal TANF program from 2007 and has approved operating the program through June 30, 2019; and

WHEREAS, in order to operate the Upper Skagit Tribal TANF Program, it is necessary to access TANF Program client data from and share TANF Program client data with the State of Washington, Department of Social and Health Services through the use of the Automated Client Eligibility System (ACES) and Support Enforcement Management System (SEMS).


NOW THEREFORE BE IT RESOLVED, that the Upper Skagit Tribal Council approves the Indian Nation Program Agreement Amendment for the Automated Client Eligibility System (ACES) and Support Enforcement Management System (SEMS) with the State of Washington Department of Social and Health Services for the period of effective July 1, 2016 through June 30, 2018.

C E R T I F I C A T I O N


As Secretary of the Upper Skagit Indian Tribal Council, I hereby certify that the foregoing resolution was approved at a Regular Session of the Upper Skagit Tribal Council held on November 30, 2016 at which time a quorum was present and the resolution was passed by a vote of:

 6 *FOR*, 0 *AGAINST*, and 0 *ABSTENTIONS*.

ATTEST:



Jennifer R. Washington, Chairman
Upper Skagit Tribal Council



Tina Talley, Secretary
Upper Skagit Tribal Council