

 <p>Washington State Department of Social & Health Services</p> <p><i>Transforming lives</i></p>	CONTRACT AMENDMENT Treasury Offset - Tribal IV-D Program	DSHS CONTRACT NUMBER: 2462-56066 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 Click here to enter text. Contractor Contract Number
CONTRACTOR NAME Nooksack Indian Tribe		CONTRACTOR doing business as (DBA)
CONTRACTOR ADDRESS PO Box 157 Deming, WA 98244-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) -- DSHS INDEX NUMBER 1313
CONTRACTOR CONTACT Amber Barrett	CONTRACTOR TELEPHONE (360) 306-5090	CONTRACTOR FAX Click here to enter text. CONTRACTOR E-MAIL ADDRESS abarrett@nooksack-nsn.gov
DSHS ADMINISTRATION Economic Services Administration		DSHS DIVISION Division of Child Support DSHS CONTRACT CODE 3000NC-62
DSHS CONTACT NAME AND TITLE Christopher Franks Senior Manager of Tribal Relations		DSHS CONTACT ADDRESS PO Box 9162 Olympia, WA 98507-9162
DSHS CONTACT TELEPHONE (360) 338-2917	DSHS CONTACT FAX Click here to enter text. DSHS CONTACT E-MAIL ADDRESS Christopher.Franks@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS
AMENDMENT START DATE 02/01/2025	CONTRACT END DATE 09/30/2027	
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 CONTRACT TERMS OR SOW, SEE PAGE TWO		
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 Amber Barrett, Director	DATE SIGNED 3/26/2025
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

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

1. **Purpose:** The purpose of this amendment is to modify the Statement of Work in the original Indian Nation Program Agreement between Nooksack Indian Tribe and the Division of Child Support (DCS).
2. **Statement of Work:** Section 4., Statement of Work, subsection c. Referral Process, sub (2) shall be removed and replaced with the following:

(2) The Tribe will indicate on the referral that they are requesting Treasury Offset Program Withholding for the following:

☐ *Federal Tax Refund Offset only*

☐ *Federal Tax Refund Offset and Administrative Costs*

☐ *Federal Tax Refund Offset and Passport Denial*

☒ *All of the above remedies*

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