



CONTRACT AMENDMENT DSA - Colville SEMS Access

DSHS CONTRACT NUMBER:
0862-49190

Amendment No. 04

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 Confederated Tribes of the Colville Reservation		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS PO Box 150 Nespelem, WA 99155-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER 1075
CONTRACTOR CONTACT Sam Ankney	CONTRACTOR TELEPHONE (509) 634-2782	CONTRACTOR FAX (509) 634-2742	CONTRACTOR E-MAIL ADDRESS sam.ankney@colvilletribes.com
DSHS ADMINISTRATION Economic Services Administration		DSHS DIVISION Division of Child Support	DSHS CONTRACT CODE 3000NC-62
DSHS CONTACT NAME AND TITLE Ted Thornton Program Administrator		DSHS CONTACT ADDRESS 712 Pear Street SE Olympia, WA 98507-9162	
DSHS CONTACT TELEPHONE (360) 664-5028	DSHS CONTACT FAX (360) 664-5342		DSHS CONTACT E-MAIL ADDRESS tthornto@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? N		CFDA NUMBERS	
AMENDMENT START DATE 01/01/2013	CONTRACT END DATE 12/31/2013		
PRIOR MAXIMUM CONTRACT AMOUNT \$-76,908.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$-76,908.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE			
<p>ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:</p> <p><input type="checkbox"/> Additional Exhibits (specify):</p> <p>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.</p>			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE Kathleen Jenkins, Program Administrator DSHS/Division of Child Support		DATE SIGNED

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

Period of performance is changed to extend the contract end date from December 31, 2012 to December 31, 2013.

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