



**CONTRACT AMENDMENT  
DSA - Colville SEMS Access**

DSHS CONTRACT NUMBER:  
0862-49190

Amendment No. 06

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		CONTRACTOR doing business as (DBA)	
Confederated Tribes of the Colville Reservation		The Confederated Tribes of the Colville Reservatio	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
PO Box 150 Nespelem, WA 99155-			1075
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Sam Ankney	(509) 634-2782	(509) 634-2742	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		DSHS CONTACT ADDRESS	
Saundra Cheek Program Administrator		712 Pear St SE PO Box 9162 Olympia, WA 98507-9162	
DSHS CONTACT TELEPHONE	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS	
(360) 664-5025	(360) 586-3274	scheek@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No			
AMENDMENT START DATE	CONTRACT END DATE		
01/01/2015	06/30/2015		
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$-65,496.00	\$0.00	\$-65,496.00	
REASON FOR AMENDMENT: CHANGE OR CORRECT PERIOD OF PERFORMANCE			
<b>ATTACHMENTS.</b> 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	DATE SIGNED	
	Jim Boyd, Chairman	Nov 4, 2014	
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED	
	Ann Polanco DCS Contract Administrator DSHS/ESA/Division of Child Support	11/12/14	

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

The period of performance of this contract is amended to extend the contract end date to June 30, 2015.

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

# Confederated Tribes of the Colville Reservation

## Contract Change Order

Contractor Name: **Dept of Social & Health Services**      Contract Number: **CCT #008-331**  
 Contract Start: **01/01/2015** End Date: **06/30/2015**      Resolution Number: **2011-068**  
 Original Contract Amount: **\$65,496.00**      Purchase Order Number:

Program Name: Child Support      Change Order Number: **#6**

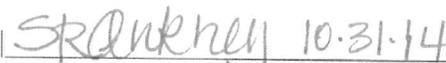
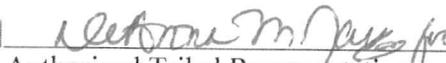
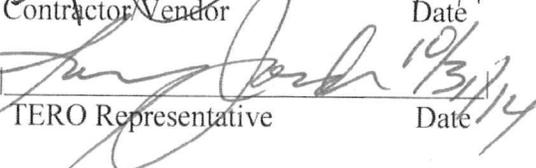
The following changes are hereby requested to the Contract Document:

Provide detailed justification to your Request:  
Indian Nation Program Agreement DSA-Colville SEMS Access – Contract Amendment #6.  
This agreement is necessary to provide CTCSP Case Referral, SEMS Screen access for Case  
Management System (SEMS), Data Security Requirements, IRS Confidentiality and Security  
Requirements. All other terms and conditions of the original Contract remain in full force and  
effect. **The agreement extension date is June 30<sup>th</sup> 2015.** The Chairman or designee is  
authorized to sign related pertinent documents.

**Change to CONTRACT PRICE:**

Original Contract Price	\$65,496.00
Total of all previous change order amounts	\$
This Change Order amount (increased/decreased)	\$
The new Contract Price including this Change Order will be:	<b>\$65,496.00</b>

**If you require a change in the contract time, identify the time: June 30<sup>th</sup> 2015**

 Contracting Office Representative      Date: 10-31-14		 Contractor/Vendor      Date: 11/12/14
 Authorized Tribal Representative      Date: 10/31/14		 TERO Representative      Date: 10/31/14

\* Change orders increasing the original contract amount over \$30,000 will require a Tribal Resolution Number.  
 \* For change orders increasing amounts or existing contracts over \$30,000 a new TERO C&U will need to be attached.