

Kittitas County Review Form Grants & Contract Agreement



Today's Date 11/07/2017	Agenda Date
Fund/Department 116-Public Health	

Contract/Grant Information

Contract /Grant Agency: DSHS Developmental Disabilities Admin Amendment 1	
Period Begin Date:	Period End Date:
Total Grant/Contract Amount: \$835,289.00 (increase of \$14,948.00)	
Grant/Contract Number: 1763-98187 Amendment 1	
Contract/Grant Summary: Contract amendment increases the amount of contract by \$14,948.00 for a new revised maximum of \$835,289.00. The attached shows the amended spend plan.	

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: _____, Administrator Date: _____

Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

Signature of Prosecutor's Office	Date
Signature of Auditor's Office	Date
Signature of Board of Health member	Date

Financial Information

Total Amount \$835,289.00	State Funds \$835,289.00	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$ <small>Explain</small>	
Is Equipment being purchased?	Who owns equipment?	

New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

Budget Information

Budget Amendment Needed?	Yes <input checked="" type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?	Will enter in budget center	
Revenue Code		
105.568.334.04.68- \$835,289.00		

Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

Submitted

Signature:	Date:
Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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CONTRACT AMENDMENT DDA Employment & Day

DSHS CONTRACT NUMBER:
1763-98187

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 Kittitas County		CONTRACTOR doing business as (DBA) Kittitas County DDA County Services	
CONTRACTOR ADDRESS 507 North Nanum Street Suite 102 Ellensburg, WA 98926-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 192-002-673	DSHS INDEX NUMBER 1225
CONTRACTOR CONTACT Joann Schaan	CONTRACTOR TELEPHONE (509) 933-8233	CONTRACTOR FAX Click here to enter text.	CONTRACTOR E-MAIL ADDRESS Click here to enter text.
DSHS ADMINISTRATION Developmental Disabilities Admin		DSHS DIVISION Division of Developmental Disabilities	DSHS CONTRACT CODE 1769CS-63
DSHS CONTACT NAME AND TITLE Seanna Woodard Operations Manager		DSHS CONTACT ADDRESS 1611 W Indiana Ave Spokane, WA 99205	
DSHS CONTACT TELEPHONE (509)329-2952	DSHS CONTACT FAX (509)568-3037	DSHS CONTACT E-MAIL ADDRESS woodas@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS	
AMENDMENT START DATE 09/01/2017	CONTRACT END DATE 06/30/2018		
PRIOR MAXIMUM CONTRACT AMOUNT \$820,341.00	AMOUNT OF INCREASE OR DECREASE \$14,948.00	TOTAL MAXIMUM CONTRACT AMOUNT \$835,289.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT			
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		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE Melissa Diebert, Contract Specialist		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. The Total Maximum Contract Amount is hereby increased in the amount of \$14,948 for a new Contract Amount of \$835,289. The additional amount is reflected in the attached amended Spend Plan.

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

EXHIBIT B
Program Agreement Budget
 Original Budget Budget Revision
REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2018	State Only	413,416	421,051		
	Waiver				
	Local				
	Medicaid Match to Local				
	Total Rev.	\$820,341	\$835,289		

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2019	State Only				
	Waiver				
	Local				
	Medicaid Match to Local				
	Total Rev.				

COUNTY FY 2018 SPENDING PLAN

	Planned Expenditures				TOTAL
	Local Funds	PASRR Funds	State Funds	Medicaid Funds	
ADMINISTRATION (CMIS/AWA BARS 11)		651	29697	24298	54646
OTHER CONSUMER SUPPORTS (CMIS/AWA Code 31, 32, 41, 92, 93, 94)			27754	22708	50462
CONSUMER SUPPORT STATE-ONLY		464	6312		6776

Child Development					
MEDICAID CLIENTS		8829	357288	357288	723405
ROADS to COMMUNITY LIVING					
TOTAL		9944	421051	404294	835289