

<h1>15422</h1>		<b>COUNTY</b>		DSHS Agreement Number
		<b>PROGRAM AGREEMENT</b>		0563-65115
		<b>AMENDMENT</b>		Amendment No.
		<b>King County SSEU</b>		01
This Program Agreement Amendment is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below.				Administration or Division Agreement Number
				County Agreement Number
DSHS ADMINISTRATION Economic Services Administration	DSHS DIVISION DCS	DSHS INDEX NUMBER 1067	CCS CONTRACT CODE 3000CC	
DSHS CONTACT NAME AND TITLE Bill Paine		DSHS CONTACT ADDRESS 712 Pear Street  Olympia, WA 98507		
DSHS CONTACT TELEPHONE (360) 664-5315 Ext:	DSHS CONTACT FAX (360) 664-5209	DSHS CONTACT E-MAIL bpaine@dshs.wa.gov		
COUNTY NAME King County King County Sheriff		COUNTY ADDRESS 516 Third Avenue W-116  Seattle, WA 98104-2312		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER 916001327	COUNTY CONTACT NAME  Bruce Peterson			
COUNTY CONTACT TELEPHONE (206) 296-3865 Ext:	COUNTY CONTACT FAX (206) 296-0913	COUNTY CONTACT E-MAIL Bruce.Peterson@metrokc.gov		
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No		CFDA NUMBERS 93-563		
AMENDMENT START DATE 01/01/2006	PROGRAM AGREEMENT END DATE 12/31/2006			
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$626,074.00	AMOUNT OF INCREASE OR DECREASE \$633,915.00	TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,259,989.00		
REASON FOR AMENDMENT: CHANGE OR CORRECT PERIOD OF PERFORMANCE AND MAX CONTRACT AMOUNT				
<b>EXHIBITS.</b> 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: <input type="checkbox"/> 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 have authority to enter into this Program Agreement Amendment.				
COUNTY SIGNATURE(S)		PRINTED NAME(S) AND TITLE(S)		DATE(S) SIGNED
DSHS SIGNATURE		PRINTED NAME AND TITLE Charley Barron ESA Contract Legal Analyst		DATE SIGNED

DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
COUNTY PROGRAM AGREEMENT NUMBER  
AMENDMENT NUMBER 01

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

1. The period of performance is extended for the time period January 1, 2006 to December 31, 2006.
2. The maximum consideration is increased from \$626,074 to \$1,259,989.
3. A new section g is added to the Statement of Work as follows:

**g. Modification**

All provisions of this Program Agreement, including the period of performance and the maximum consideration, may be modified and amended by the mutual written consent of the parties to the Program Agreement.

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