

		COUNTY PROGRAM AGREEMENT AMENDMENT REFUGEE HEALTH SCREENING		DSHS Agreement Number 2066-91749 Amendment No. 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 Click here to enter text. County Agreement Number
DSHS ADMINISTRATION Economic Services Administration	DSHS DIVISION Community Services Division	DSHS INDEX NUMBER 2014	CCS CONTRACT CODE 2014	
DSHS CONTACT NAME AND TITLE Cathy Vue		DSHS CONTACT ADDRESS 1700 E Cherry Street Seattle, WA 98122-_____		
DSHS CONTACT TELEPHONE (206)568-5597	DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL vuec@dshs.wa.gov	
COUNTY NAME Snohomish Health District		COUNTY ADDRESS 3020 Rucker Avenue Suite 203 Everett, WA 98201-_____		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME Katie Curtis		
COUNTY CONTACT TELEPHONE (425) 339-8711	COUNTY CONTACT FAX (425) 339-5255		COUNTY CONTACT E-MAIL kcurtis@snohd.org	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No			CFDA NUMBERS	
AMENDMENT START DATE 08/01/2021		PROGRAM AGREEMENT END DATE 09/30/2021		
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$230,000.00	AMOUNT OF INCREASE OR DECREASE \$50,000.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$280,000.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CHOOSE ONE:				
EXHIBITS. 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 Sandra Daniels, Contracts Officer DSHS/ESA-Community Services Division		DATE SIGNED

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

Effective August 1, 2021

1. The Maximum Contract Amount is increased by **\$50,000** to a new Maximum Contract Amount of **\$280,000**.
2. Revision to Exhibit B, Section 6 Consideration has been replaced with the following:

"The Contractor shall receive payment up to \$230,000.00 during the contract period based on the following:" to "The Contractor shall receive payment up to \$280,000.00 during the contract period based on the following:"

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