



# CONTRACT AMENDMENT RSN Interlocal Agreement

DSHS CONTRACT NUMBER:  
0969-74901

Amendment No. 0969-74901-02

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 <b>North Sound Regional Support Network</b>		CONTRACTOR doing business as (DBA) <b>North Sound RSN</b>	
CONTRACTOR ADDRESS <b>117 North First Street, Suite 8 Mount Vernon, WA 98273-2858</b>		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) <b>601-291-840</b>	DSHS INDEX NUMBER <b>1553</b>
CONTRACTOR CONTACT <b>Charles Benjamin</b>	CONTRACTOR TELEPHONE <b>(360) 664-5746 Ext:</b>	CONTRACTOR FAX <b>(360) 416-7017</b>	CONTRACTOR E-MAIL ADDRESS <b>charles_benjamin@nsmha.org</b>
DSHS ADMINISTRATION <b>Health and Recovery Services Administration</b>		DSHS DIVISION <b>Division of Health Services</b>	DSHS CONTRACT CODE <b>4105LS-69</b>
DSHS CONTACT NAME AND TITLE <b>Charles Lassiter Contracts Counsel</b>		DSHS CONTACT ADDRESS <b>PO Box 45530 Olympia, WA 98504-5530</b>	
DSHS CONTACT TELEPHONE <b>(360) 725-1666 Ext:</b>	DSHS CONTACT FAX <b>(360) 753-7315</b>	DSHS CONTACT E-MAIL ADDRESS <b>lassicl@dshs.wa.gov</b>	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <b>No</b>		CFDA NUMBERS	
AMENDMENT START DATE <b>4/1/2010</b>	CONTRACT END DATE <b>9/30/2011</b>		
PRIOR MAXIMUM CONTRACT AMOUNT <b>\$39,603,842.00</b>	AMOUNT OF INCREASE OR DECREASE <b>\$0.00</b>	TOTAL MAXIMUM CONTRACT AMOUNT <b>\$39,603,842.00</b>	
REASON FOR AMENDMENT; CHANGE OR CORRECT <b>OTHER: SEE PAGE TWO</b>			
<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 <b>Charles R. Benjamin, Executive Director</b>		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE <b>Michael Rice, Senior Contracts Manager HRSA, Division of Legal Services</b>		DATE SIGNED

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

**Effective 10/1/2009, Section 15.4.2 is amended to read as follows:**

15.4.2 The Contractor shall pay HRSA \$378 per day for each PALS bed. The Contractor shall be required to pay the full amount regardless of whether these beds are fully utilized. The PALS beds allocated to each RSN are contained in Exhibit F of the original Contract.

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