



CONTRACT AMENDMENT

RSN Interlocal Agreement

DSHS CONTRACT NUMBER:
0969-74901

Amendment No. 0969-74901-03

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 North Sound Regional Support Network		CONTRACTOR doing business as (DBA) North Sound RSN	
CONTRACTOR ADDRESS 117 North First Street, Suite 8 Mount Vernon, WA 98273-2858		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601-291-840	DSHS INDEX NUMBER 1553
CONTRACTOR CONTACT Charles Benjamin	CONTRACTOR TELEPHONE (360) 416-7013 Ext:239	CONTRACTOR FAX (360) 416-7017	CONTRACTOR E-MAIL ADDRESS charles_benjamin@nsmha.org
DSHS ADMINISTRATION Health and Recovery Services Administration		DSHS DIVISION Division of Health Services	DSHS CONTRACT CODE 4105LS-69
DSHS CONTACT NAME AND TITLE Charles Lassiter Contracts Counsel		DSHS CONTACT ADDRESS PO Box 45530 Olympia, WA 98504-5530	
DSHS CONTACT TELEPHONE (360) 725-1666 Ext:	DSHS CONTACT FAX (360) 753-7315	DSHS CONTACT E-MAIL ADDRESS lassicl@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS	
AMENDMENT START DATE 4/30/2010	CONTRACT END DATE 9/30/2011		
PRIOR MAXIMUM CONTRACT AMOUNT \$39,603,842.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$39,603,842.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO			
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 Charles R. Benjamin, Executive Director		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE Michael Rice, Senior Contracts Manager HRSA, Division of Legal Services		DATE SIGNED

North Sound				
State Only Contract				
October 2009 to June 2011				
	Monthly October 2009 to June 2010	Maximum October 2009 to June 2010	Monthly July 2010 to June 2011	Maximum July 2010 to June 2011
State Only *	\$1,595,596	\$14,360,368	\$1,600,313	\$19,203,759
ECS	\$15,625	\$140,625	\$15,625	\$187,500
PACT	\$108,333	\$975,000	\$108,333	\$1,300,000
PALS	\$120,235	\$1,082,113	\$120,235	\$1,442,818
a) PALS	\$61,902	\$557,113	\$61,902	\$742,818
b) PALS used for PACT	\$58,333	\$525,000	\$58,333	\$700,000
Jail Services	\$62,268	\$560,415	\$62,268	\$747,220
WMIP	(18,856)	(169,704)	(18,856)	(226,272)
Total	\$1,883,201	\$16,948,817	\$1,887,918	\$22,655,025

*State only funding includes Community Inpatient, Direct Care Wage, Double Staff and a decrease in State only funding with a corresponding increase in Federal Block Grant within the calculation.