



CONTRACT AMENDMENT Refugee Health Screening

DSHS CONTRACT NUMBER:
1865-39097
Amendment No. 01

Refugee CB

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 Harborview Medical Center		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 325 Ninth Avenue Box 50009 Seattle, WA 98104-2420		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 578-037-394	DSHS INDEX NUMBER 1145
CONTRACTOR CONTACT Kate Friedenbach	CONTRACTOR TELEPHONE (206) 744-6772	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS kfbach@uw.edu
DSHS ADMINISTRATION Economic Services Administration		DSHS DIVISION Community Services Division	DSHS CONTRACT CODE 3000LC-65
DSHS CONTACT NAME AND TITLE Cathy Vue Program Manager		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 ADDRESS vuec@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS	
AMENDMENT START DATE 10/01/2019	CONTRACT END DATE 09/30/2020		
PRIOR MAXIMUM CONTRACT AMOUNT \$62,150.00	AMOUNT OF INCREASE OR DECREASE \$70,000.00	TOTAL MAXIMUM CONTRACT AMOUNT \$132,150.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: 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 <i>Paul Hayes</i>	PRINTED NAME AND TITLE Paul Hayes, RN Executive Director		DATE SIGNED 10.7.19
DSHS SIGNATURE <i>Charley Barron</i>	PRINTED NAME AND TITLE Charley Barron CSD Contracts Officer		DATE SIGNED 10/2/19

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

Effective October 1, 2019

1. The Contract End Date is extended to **September 30, 2020**.
2. The Maximum Contract Amount is increased by **\$70,000** to a new Maximum Contract Amount of **\$132,150**.
3. Special Terms and Conditions, Section 5 b, Billing and Payment is replaced with the following language:
 - b. The Contractor may submit one (1) additional final September invoice to ORIA for any previously denied claims or services provided but not billed during the current federal fiscal year of this contract. The final invoice must be received by ORIA by **December 31, 2020**.

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