
 <p>Washington State Department of Social & Health Services <i>Transforming lives</i></p>		<h2>COUNTY PROGRAM AGREEMENT AMENDMENT</h2>		DSHS Agreement Number 2563-63329 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 KC-340-25-A	
DSHS ADMINISTRATION Developmental Disabilities Admin		DSHS DIVISION Division of Developmental Disabilities		DSHS INDEX NUMBER 1076 CCS CONTRACT CODE 1076	
DSHS CONTACT NAME AND TITLE Wendi Winchel			DSHS CONTACT ADDRESS PO BOX 45315 Olympia, WA 98504-5315		
DSHS CONTACT TELEPHONE (360) 725-4264		DSHS CONTACT FAX (360) 586-6502		DSHS CONTACT E-MAIL wendi.winchel@dshs.wa.gov	
COUNTY NAME Kitsap County Kitsap County DDA County Services			COUNTY ADDRESS 614 Division St MS23 Pt. Orchard, WA 98366-4676		
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER			COUNTY CONTACT NAME Heidi Scheibner		
COUNTY CONTACT TELEPHONE (360) 337-4624		COUNTY CONTACT FAX (360) 337-5721		COUNTY CONTACT E-MAIL hscheibner@kitsap.gov	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No				CFDA NUMBERS	
AMENDMENT START DATE 07/01/2025		PROGRAM AGREEMENT END DATE 06/30/2026			
PRIOR MAXIMUM PROGRAM AGREEMENT AMOUNT \$5,137,334.00		AMOUNT OF INCREASE OR DECREASE \$444,998.00		TOTAL MAXIMUM PROGRAM AGREEMENT AMOUNT \$5,582,332.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO					
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 checked="" type="checkbox"/> Exhibits (specify): B-1					
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) Oran Root, Chair		DATE(S) SIGNED 4/13/26
DSHS SIGNATURE Rainavimarie Rivas			PRINTED NAME AND TITLE Rainavimarie Rivas, Contracts Specialist		DATE SIGNED 04/20/2026

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 **Total Maximum Contract Amount** is hereby increased in the amount of \$444,998.00 for a new Contract Amount of \$5,582,332.00.
2. Exhibit B. **Program Agreement Budget** is hereby replaced with the following Exhibit B-1, Program Agreement Budget.

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

Exhibit B-1

Program Agreement Budget

Original Budget X Budget Revision
REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2026	State only	2,685,010	2,884,914		
	Medicaid	2,452,324	2,697,418		
	Total Rev.	\$5,137,334	\$5,582,332	\$	\$

	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION (11, 12, 13)	0	15,518	270,457	221,283	507,258
OTHER CONSUMER SUPPORTS (31, 32, 41, 92, 93, 94, 97)	0	0	164,668	134,729	299,397
CONSUMER SUPPORT					
STATE-ONLY (62, 64, 65, 67, 69)	0	0	9,985		9,985
Child Development (61)		0	99,212		99,212
MEDICAID CLIENTS (62, 64, 67, 69, 95)	54,000	87,672	2,254,638	2,254,638	4,650,948
ROADS to COMMUNITY LIVING (62, 64, 65, 67, 69)		0	3,883	11,649	15,532
TOTAL	54,000	103,190	2,802,843	2,622,299	5,582,332

Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name: Principal: From: To:
WA UBI Number: RCW: Penalty Due: Wage Due:
License Number:

[Download all debarment data](#)

Show per page Showing 0 records

Company Name	UBI	License	Principals	Related Business	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.										

Show per page Showing 0 records