



**State of Washington
Department of Corrections**

**Contract No. K11248
Amendment No. 2**

This Amendment is made by the state of Washington, Department of Corrections, hereinafter referred to as "Department," and Native American Reentry Services dba HEAL, hereinafter referred to as the "Contractor," for the purpose of amending the above-referenced Contract, heretofore entered into between the Department and the Contractor.

WHEREAS the purpose of this contract amendment is to extend the period of performance and allocate funds for the extension;

NOW THEREFORE, in consideration of the terms and conditions contained herein, or attached and incorporated and made a part hereof, the Department and Contractor agree as follows:

Paragraph II PERIOD OF PERFORMANCE is amended, in part, as follows:

Subject to other contract provisions, the period of performance under this contract will be from July 1, 2016, through ~~((June 30, 2019))~~, March 31, 2020, unless sooner terminated as provided herein.

Paragraph IV PAYMENT, is amended, in part, by inserting after the final paragraph:

E. During the contract period from July 1, 2019, through March 31, 2020, consideration shall not exceed \$18,508.50 per month for a total of \$166,576.50.

Attachment C, BILLING AND PAYMENT, Section (I) Allowable Costs is amended, in part, by inserting after the final paragraph:

During the contract period from July 1, 2019, through March 31, 2020, consideration shall not exceed \$18,508.50 per month for a total of \$166,576.50.

Additions to this text are shown by underline and deletions by ~~((strikeout))~~. All other terms and conditions remain in full force and effect. The effective date of this amendment is the date of last signature.

THIS CONTRACT AMENDMENT, consisting of two (2) pages, is executed by the persons signing below who warrant that they have the authority to execute the contract.

NATIVE AMERICAN REENTRY SERVICES
DBA HEAL FOR REENTRY

DEPARTMENT OF CORRECTIONS

(Signature)

(Signature)

(Printed Name)

Debra J. Eisen

(Printed Name)

(Title)

Contracts Administrator

(Title)

(Date)

(Date)

Approved as to Form:
This amendment format was approved
by the office of the Attorney General.
Approval on file.