



State of Washington
Department of Corrections

Contract No. 11248
Amendment No. 3

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

WHEREAS the purpose of this Amendment is to extend the period of performance and update the DOC contract manager.

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:

1. Section II, Period of Performance, is amended to extend the expiration date as follows:

Subject to other contract provisions, the period of performance under this contract will be from July 1, 2016, through ~~((March 31, 2020))~~, June 30, 2021, unless sooner terminated as provided herein.

2. Section VII, Contract Representatives, is amended in part to update the DOC contract manager as follows:

A. The Department's Contract Manager for this contract shall be ~~((Belinda Stewart at 360.725.8821; belinda.stewart@doc.wa.gov))~~ Dawn Taylor, Corrections Specialist 4, 360-725-8626, dmtaylor@doc1.wa.gov. The Contract Manager will be responsible for monitoring the performance of the Contractor, the approval of actions by the Contractor, approval for payment of billings and expenses submitted by the Contractor, and the acceptance of any reports by the Contractor.

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 April 1, 2020.

THIS AMENDMENT, consisting of one (1) page(s) is executed by the persons signing below who warrant that they have the authority to execute the Contract.

**NATIVE AMERICAN REENTRY
SERVICES, dba HEAL**

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.