



Washington State  
Department of Social  
& Health Services

Transforming lives

## CONTRACT AMENDMENT Safe Routes Tacoma Traffic Gardens

DSHS CONTRACT NUMBER:  
2264-43623

Amendment No. 01

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 Tacoma, City of		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 747 Market St Room 644  Tacoma, WA 98402-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 278-012-338	DSHS INDEX NUMBER 3484
CONTRACTOR CONTACT Cailin Henley	CONTRACTOR TELEPHONE (253) 281-3675	CONTRACTOR FAX <a href="#">Click here to enter text.</a>	CONTRACTOR E-MAIL ADDRESS chenley@cityoftacoma.org

DSHS ADMINISTRATION Aging & Long Term Support Admin	DSHS DIVISION Division of Home And Community Services	DSHS CONTRACT CODE 1000LC-64
DSHS CONTACT NAME AND TITLE David Minor Program Manager	DSHS CONTACT ADDRESS Po Box 45600 4450 10th Ave SE Lacey, WA 98504-5600	

DSHS CONTACT TELEPHONE (360)725-2617	DSHS CONTACT FAX <a href="#">Click here to enter text.</a>	DSHS CONTACT E-MAIL ADDRESS minordp@dshs.wa.gov
---	---	--

IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS
---	--------------

AMENDMENT START DATE 07/01/2023	CONTRACT END DATE 06/30/2025
------------------------------------	---------------------------------

PRIOR MAXIMUM CONTRACT AMOUNT \$30,000.00	AMOUNT OF INCREASE OR DECREASE \$50,000.00	TOTAL MAXIMUM CONTRACT AMOUNT \$80,000.00
--	---	--

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:  
 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	DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

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

- A. The period of performance is extended through June 30, 2025.
- B. The maximum consideration is increased by \$50,000, for a new total maximum consideration of \$80,000.

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

**(City of Tacoma use only - blank lines are intentional)**

Director of Finance: \_\_\_\_\_

City Attorney (approved as to form): \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved By: \_\_\_\_\_