

**CONTRACT AMENDMENT**

DCHS / <u>CSD / Aging Program</u>	Contract No.	<u>D38958D</u>
Project/Exhibit(s) <u>Senior Services</u>	Original Contract Date	<u>01/01/2009</u>
Agency/Contractor <u>City of Issaquah</u>	Amendment No.	<u>2</u>
Address <u>PO Box 1307</u> <u>Issaquah, WA 98027</u>	Amendment Start Date	<u>07/01/2009</u>

Amendment Requested By:	Amendment Effects:
Community Services Division	<input checked="" type="checkbox"/> Scope of Service
Linda Wells, 206 263-9069	<input type="checkbox"/> Time of Performance
	<input type="checkbox"/> Compensation
	<input type="checkbox"/> Method of Payment

**PURPOSE**

Change number of unduplicated clients served in order to reflect the intent of the original amendment.

**A. STANDARD CONTRACT CHANGES**

No Changes.

**B. EXHIBIT CHANGES**

**EXHIBIT II, CITY OF ISSAQUAH, CITY OF ISSAQUAH SENIOR CENTER PROGRAM**

**Section II. PROGRAM DESCRIPTION, E.1.b. Unduplicated Number of Clients Served.**

Change to read as follows:

	"1 <sup>st</sup> qtr	Jan- Mar	2 <sup>nd</sup> qtr	Jan- Jun (cumulative)	3 <sup>rd</sup> qtr	Jan- Sep (cumulative)	4 <sup>th</sup> qtr	Jan- Dec (cumulative)
Unduplicated No. of Clients Served	375	375	375	750	405	1,155	405	1,560"

IN WITNESS HEREOF, the parties hereto have caused this amendment to be executed and instituted on the date first above written.

KING COUNTY

CITY OF ISSAQUAH

\_\_\_\_\_  
King County Executive

FOR

*Ann Frisinger*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Ava Frisinger*  
\_\_\_\_\_  
NAME (Please type or print)

*10-30-09*  
\_\_\_\_\_  
Date