





PROFESSIONAL SERVICE AGREEMENT

FACE SHEET

CONTRACTOR IS A <input type="checkbox"/> SUBRECIPIENT <input checked="" type="checkbox"/> VENDOR		CONTRACT NUMBER: PSA WFF YNHS 16-17
1. NAME/ADDRESS: Anita Monoian, President & CEO Yakima Neighborhood Health Services 12 South 8th Street Yakima, WA 98901	2. ORIGINAL CONTRACT AMOUNT: \$ 1,000	5. PREVIOUS CONTRACT AMOUNT: \$ 0.00
	3. CASH MATCH REQUIREMENT: \$ 0.00	6. MODIFICATION AMOUNT: \$ 38,968.68
	4. TOTAL CONTRACT AMOUNT: \$ 1,000	7. NEW TOTAL CONTRACT AMOUNT: \$ 39,968.68
8. CONTACT INFO: Rhonda Huff, YNHS Chief Operating Officer/Deputy CEO (509)574-5552 Rhonda.hauff@ynhs.org	9. YVCOG PROGRAM CONTACT INFO: Crystal Testerman 311 N 4 th St, Suite 204 Yakima WA 98901 509-454-4695 crystal.testerman@yvcog.org	10. YVCOG FISCAL CONTACT INFO: Christina Wickenhagen 311 N 4 th St, Suite 204 Yakima WA 98901 509-574-7986 chris.wickenhagen@yvcog.org
11. CONTRACT START DATE: January 1, 2017	12. CONTRACT END DATE: March 31, 2017	
13. FUNDING AUTHORITY: 2163 Local Funds – Homeless Program		
14. STATE AND FEDERAL "BARS" CODE: 565-XX-XXX	15. CFDA NUMBER(S): n/a	
16. PURPOSE: The Contractor shall perform professional services as defined by the Statement of Work incorporated herein. This contract represents year 9 of 10 for he Match Dollars for Fiestas WFF Project.		
EXHIBITS: When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract by reference: <input checked="" type="checkbox"/> Exhibits (specify): EXHIBIT A – N/A EXHIBIT B – Scope of Work EXHIBIT C - Budget		
This Contract contains all of the terms and conditions agreed upon by the parties and all documents attached or incorporated by reference, include Basic Interagency Agreement or its successor. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind the parties. The parties signing below warrant that they have read and understand this Contract and have authority to enter into this Contract.		
YAKIMA NEIGHBORHOOD HEALTH SERVICES YNHS	YAKIMA VALLEY CONFERENCE OF GOVERNMENTS	
 _____ Anita Monoian, CEO	 _____ James A Restucci, Chairman	
2-17-17 _____ Date	 _____ Lauris C Mattson, Executive Director	
Attest:  _____ Jessica Hansen, Office & Communications Specialist	Approved as to form: _____ YVCOG Attorney WSBA#	