PROFESSIONAL SERVICE AGREEMENT FACE SHEET

CONTRACTOR IS A SUBRECIPIE	ENT TVENDOR	CONTRACT NUMBER	: 2017-18 PSA YNHS (mod1)
1. NAME/ADDRESS:	2. ORIGINAL CONTR		5. PREVIOUS CONTRACT AMOUNT:
	\$ 120,000.00		\$ 0.00
Anita Monoian, President & CEO Yakima Neighborhood Health	3. CASH MATCH REQUIREMENT:		6. MODIFICATION AMOUNT:
Services	\$ 0.00		\$ 0,000
12 South 8th Street Yakima, WA 98901	4. TOTAL CONTRACT AMOUNT: \$ 120,000.00		7. NEW TOTAL CONTRACT AMOUNT:
Takima, WA 90901	V12	20,000.00	\$ 0.00
8. CONTACT INFO:	9. YVCOG PROGRAM CONTACT INFO:		10. YVCOG FISCAL CONTACT INFO:
Rhonda Huff, COO/Deputy CEO (509)574-5552	Crystal Testerman		Christina Wickenhagen
Rhonda.hauff@ynhs.org	509-424-4695 crystal.testerman@yvcog.org		509-574-7986 chris.wickenhagen@yvcog.org
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11. CONTRACT START DATE:			·
July 1, 2017 February 28, 2019			
13. FUNDING AUTHORITY: 2163 Local Funds – Homeless Program			
14. STATE AND FEDERAL "BARS" CODE:		15. CFDA NUMBER(S):	
16 PURPOSE			n/a
16. PURPOSE: This modification is for the purpose of	f extending the cont	ract end date through	r February 2019.
The Contractor shall perform profess			
EXHIBITS: When the box below is marked with an X, the following Exhibits are attached and are incorporated into this			
Contract by reference:			
MID 1915 / 100 EDECEMBER A D	714		
EXHIBIT A - N EXHIBIT B - S EXHIBIT C - B	Scope of Work		
EXHIBIT B – S EXHIBIT C - B	Scope of Work Sudget	upon by the parties an	d all documents attached or
EXHIBIT B - S EXHIBIT C - B This Contract contains all of the terms a incorporated by reference, include Basic	Scope of Work Budget nd conditions agreed Interagency Agreem	nent or its successor. N	o other understandings or
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