

 <p>Washington State Department of Social & Health Services</p> <p><i>Transforming lives</i></p>	<h2>CONTRACT AMENDMENT</h2> <h3>Treasury Offset - Tribal IV-D Program</h3>	<p>DSHS CONTRACT NUMBER: 2462-56066</p> <p>Amendment No. 01</p>	
<p>This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.</p>		<p>Program Contract Number Click here to enter text. Contractor Contract Number</p>	
<p>CONTRACTOR NAME Nooksack Indian Tribe</p>		<p>CONTRACTOR doing business as (DBA)</p>	
<p>CONTRACTOR ADDRESS PO Box 157 Deming, WA 98244-</p>		<p>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) --</p>	<p>DSHS INDEX NUMBER 1313</p>
<p>CONTRACTOR CONTACT Amber Barrett</p>	<p>CONTRACTOR TELEPHONE (360) 306-5090</p>	<p>CONTRACTOR FAX Click here to enter text.</p>	<p>CONTRACTOR E-MAIL ADDRESS abarrett@nooksack-nsn.gov</p>
<p>DSHS ADMINISTRATION Economic Services Administration</p>		<p>DSHS DIVISION Division of Child Support</p>	<p>DSHS CONTRACT CODE 3000NC-62</p>
<p>DSHS CONTACT NAME AND TITLE Christopher Franks Senior Manager of Tribal Relations</p>		<p>DSHS CONTACT ADDRESS PO Box 9162 Olympia, WA 98507-9162</p>	
<p>DSHS CONTACT TELEPHONE (360) 338-2917</p>	<p>DSHS CONTACT FAX Click here to enter text.</p>		<p>DSHS CONTACT E-MAIL ADDRESS Christopher.Franks@dshs.wa.gov</p>
<p>IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No</p>		<p>CFDA NUMBERS</p>	
<p>AMENDMENT START DATE 02/01/2025</p>	<p>CONTRACT END DATE 09/30/2027</p>		
<p>PRIOR MAXIMUM CONTRACT AMOUNT \$0.00</p>	<p>AMOUNT OF INCREASE OR DECREASE \$0.00</p>	<p>TOTAL MAXIMUM CONTRACT AMOUNT \$0.00</p>	
<p>REASON FOR AMENDMENT; CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO</p>			
<p>ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):</p>			
<p>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.</p>			
<p>CONTRACTOR SIGNATURE </p>	<p>PRINTED NAME AND TITLE Amber Barrett, Director</p>		<p>DATE SIGNED 3/26/2025</p>
<p>DSHS SIGNATURE</p>	<p>PRINTED NAME AND TITLE</p>		<p>DATE SIGNED</p>

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

1. **Purpose:** The purpose of this amendment is to modify the Statement of Work in the original Indian Nation Program Agreement between Nooksack Indian Tribe and the Division of Child Support (DCS).
2. **Statement of Work:** Section 4., Statement of Work, subsection c. Referral Process, sub (2) shall be removed and replaced with the following:

(2) The Tribe will indicate on the referral that they are requesting Treasury Offset Program Withholding for the following:

Federal Tax Refund Offset only

Federal Tax Refund Offset and Administrative Costs

Federal Tax Refund Offset and Passport Denial

All of the above remedies

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