



**COUNTY  
PROGRAM AGREEMENT**

DSHS Agreement Number  
1363-78917

**WorkFirst**

- Children with Special Needs  
 Onsite Family Violence Services

This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below, and is issued in conjunction with a County and DSHS Agreement On General Terms and Conditions, which is incorporated by reference.

Administration or Division Agreement Number  
  
County Agreement Number

DSHS ADMINISTRATION Economic Services Administration	DSHS DIVISION Community Services Division	DSHS INDEX NUMBER 1242	DSHS CONTRACT CODE 3003CS-63
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DSHS CONTACT NAME AND TITLE John Vasquez WorkFirst Coordinator	DSHS CONTACT ADDRESS PO Box 9428 Yakima, WA 98909-
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DSHS CONTACT TELEPHONE (509) 225-7923	DSHS CONTACT FAX (509) 575-2904	DSHS CONTACT E-MAIL vasquja@dshs.wa.gov
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COUNTY NAME Walla Walla County	COUNTY ADDRESS P.O. Box 1753 Walla Walla, WA 99362-
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COUNTY CONTACT NAME Harvey Crowder		
COUNTY CONTACT TELEPHONE (509) 524-2655	COUNTY CONTACT FAX (509) 524-2678	COUNTY CONTACT E-MAIL hcrowder@co.walla-walla.wa.us

IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No	CFDA NUMBERS
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PROGRAM AGREEMENT START DATE 07/01/2013	PROGRAM AGREEMENT END DATE 06/30/2015	MAXIMUM PROGRAM AGREEMENT AMOUNT \$1,000.00
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EXHIBITS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this County Program Agreement by reference:

- Data Security: Exhibit A – Data Security Requirements**
- Exhibits (specify):**
- Children with Special Needs Exhibits B – Statement of Work and Exhibit C – Monthly Reporting
  - Onsite Family Violence Services Exhibit B – Statement of Work
  - Onsite Family Violence Services Exhibit C – Monthly Report plus Attachment 1: TANF Family Violence Service Plan (*Sample*)
- Other Exhibits (specify):**

The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below represent that they have read and understand this Contract, and have the authority to execute this Contract. This Contract shall be binding on DSHS only upon signature by DSHS.

COUNTY SIGNATURE(S) 	PRINTED NAME(S) AND TITLE(S) HARVEY R CROWDER Administrator	DATE(S) SIGNED 7/15/13
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DSHS SIGNATURE 	PRINTED NAME AND TITLE Charley Barron CSD Contracts Officer	DATE SIGNED 7/31/13
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