



Food Assistance Sub Agency Agreement Amendment

1. Lead Agency Name and Address:					2. Lead Agency Representative:				
3. Sub Agency Name and Address:					4. Sub Agency Representative:				
5. Tax ID#:			6. UBI #:			7. UEI #:			
8. Amendment Start Date:			9. Amendment End Date:			10. Total Agreement Value:			
Funding Agency:			Funding Source:			Award Type:			
			<input type="checkbox"/> Federal <input type="checkbox"/> State			<input type="checkbox"/> Subawardee <input type="checkbox"/> Subgrantee <input type="checkbox"/> Contractor/Vendor			
Award Start & End Date:		Previous Award Value:		Amendment Value:		Final Award Value:		Funding Title:	
Funding Agency:			Funding Source:			Award Type:			
			<input type="checkbox"/> Federal <input type="checkbox"/> State			<input type="checkbox"/> Subawardee <input type="checkbox"/> Subgrantee <input type="checkbox"/> Contractor/Vendor			
Award Start & End Date:		Previous Award Value:		Amendment Value:		Final Award Value:		Funding Title:	
Funding Agency:			Funding Source:			Award Type:			
			<input type="checkbox"/> Federal <input type="checkbox"/> State			<input type="checkbox"/> Subawardee <input type="checkbox"/> Subgrantee <input type="checkbox"/> Contractor/Vendor			
Award Start & End Date:		Previous Award Value:		Amendment Value:		Final Award Value:		Funding Title:	

11. Amendment Purpose:

- Unless revised, all previous terms and conditions remain in full force and effect.
- Requires a Suspension and Debarment Certification Update.

Lead Agency must rely on itself or seek its own legal counsel to determine the adequacy of any provisions of any Agreement or Amendment with Sub Agencies.

The Lead Agency and Sub Agency listed above acknowledge and accept the terms of this Agreement As Amended and have executed this Amendment on the date below to start as of the date and year referenced above. This Amendment governs the rights and obligations of both parties to this Agreement As Amended. A copy of this Amendment shall be attached to and made a part of the original Agreement between the Lead Agency and the Sub Agency.

Lead Agency:

Authorized Representative Signature

Date

Name

Title

Sub Agency:

Authorized Signature

Date

Name

Title



Washington
State Department of
Agriculture

Food Assistance
PO Box 42560
Olympia, WA 98504-2560
foodassistance@agr.wa.gov

Sub Agency Agreement Amendment Suspension and Debarment Certification Update

The Sub Agency, by signature on this document, certifies that the Sub Agency is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal or State department or agency from participating in transactions.

The Sub Agency certifies that it:

- a. Is not presently debarred, suspended, proposed for debarment, or declared ineligible or voluntarily excluded from covered transactions by any federal or state department /agency;
- b. Has not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract (federal, state, or local); violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) above; and
- d. Has not within a three-year period preceding this certification had one or more public transactions or contracts (federal, state, or local) terminated for cause or default.

The Sub Agency further certifies that it shall not knowingly enter into any transaction with any agency, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department/agency.

Sub Agency Name

Contact Name

Signature

Title

Date