

**STATE OF NORTH CAROLINA  
COUNTY OF BUNCOMBE**

**Addendum No. 1  
REVISION TO ELIGIBILITY DETERMINATION**

BUYER		CONTRACTOR	
Referred to as "The County" or "HHS"		Referred to as "Contractor"	
Buncombe County Health and Human Services 40 Coxe Avenue P. O. Box 7408 Asheville, NC 28802  Attn: Tammy Stewart Telephone: 828-250-5834   Contract Number: 1187		Southwestern Child Development PO Box 250 Webster, NC 28788   Sharon Lauffer 828-586-5561 lauffer.sharon@swcdcinc.org  Tax Id: 23-7181553	
HIGHLIGHT INFORMATION			
Contract Purpose:	FY2014 Child Care Subsidy	Expiration Date:	June 30, 2014
Effective Date:	July 1, 2013	Contract Subtype:	
Contract Type:	SERVICES	Contract Subclassification:	DSS-CHILD CARE
Contract Classification:	HUM SRV		

As provided for under the terms of the contract, the County and Contractor agree to amend the provisions as indicated in Section II below.

**SECTION II**

Justification/Change to Contract: With Board Approval, a provision shall be made to reduce the number of working hours required for an applicant to be eligible for services per the Buncombe County Local Policy on Child Care Subsidy from 30 hours per week or more to 25 hours per week or more as long as there is not a waiting list for services.

**SECTION III**

All other terms and conditions set forth in the original contract shall remain in effect for the duration of the contract. The contract specified above is amended by this Contract Amendment effective March 28, 2014.

Any modification, alteration, or change to this contract and/or addendum offered for signature by Buncombe County for the purchase or provision of any service or good shall immediately void the contract and shall require any funds paid to the provider by Buncombe County to be refunded to the county immediately.

**Buncombe County HHS**

**Contractor**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Authorized Signature**

Amanda Stone  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

Director/Assistant County Manager  
**Title**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

This agreement has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.