

MODIFICATION TO THE HEALTH PROGRAM FINANCIAL ASSISTANCE AGREEMENT

The **SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT #3 d/b/a/ ORCAS ISLAND HEALTH CARE DISTRICT**, a Washington municipal corporation (the “District”), and the **ORCAS COMMUNITY RESOURCE CENTER**, a Washington nonprofit corporation (“OCRC”) (collectively referred to herein as the “Parties,” and each a “Party”), in consideration of the mutual covenants herein, agree to this modification to the Health Program Financial Assistance Agreement (the “Modification”) as follows:

1. **EXISTING AGREEMENT MODIFIED.** The District and OCRC entered into the Health Program Financial Assistance Agreement, dated February 24, 2026, which is incorporated herein by this reference (hereinafter the “Agreement”). The Parties hereby modify that Agreement.

2. **MODIFICATIONS TO EXISTING AGREEMENT.** The Agreement is modified in the following respects:

2.1. Section 5 shall be amended to read as follows:

5. Financial assistance for services or expenses shall be provided following the performance of such services or incurring of expenses by OCRC, unless otherwise permitted by law and approved in writing by the District. No payment shall be made for any service rendered or expense incurred by OCRC except for the services and expenses identified and set forth in this Agreement, including **Exhibit A**. The District shall not make payments to OCRC for personnel costs or overhead, except as expressly provided herein.

OCRC shall be entitled to administrative assistance of up to ten percent (10%) of the total funds provided to OCRC under this Agreement. Administrative assistance includes direct staff time to assist clients in utilizing services as defined in the previous scope of work. The District may refuse to reimburse OCRC for any, in its sole discretion, improperly charged administrative assistance expenses.

The District shall make payment to OCRC based on a properly executed monthly invoice and activity report (“Invoice”), including copies of substantiating documentation as requested by the District. The form of the Invoice shall be approved by the District and shall separate payment requests for (i) dental emergencies, (ii) dental specialty visits, (iii) transportation for off-island medical care, (iv) mental health access, and (v) administrative assistance as limited herein. OCRC shall submit the Invoice, documentation, and any reports required by the District by the 25th of the month following the period being invoiced. Unless agreed otherwise in writing, OCRC must submit payment requests by Invoice within forty-five (45) days of expenses being incurred by OCRC.

The District will make payment to OCRC no more than thirty (30) days after the invoice is approved by the District. No final payment shall be made until all activities and/or expenses of OCRC have been reviewed and approved by the District, including a close-out report.

The funding assistance provided to OCRC under this Agreement shall not exceed Forty Thousand Dollars (\$40,000.00).

The Parties expressly agree that the District undertakes no obligations in this Agreement other than to provide funding for the services contemplated herein and undertakes such obligation only in accordance with the terms and limitations expressed in this Agreement.

2.2. Exhibit A: Scope of Work shall be amended to read as follows:

Under this Agreement, **OCRC shall provide financial assistance services** to eligible low-income residents of **Orcas Island** to support access to essential health care. The following outlines the **categories of reimbursable services and administrative expenses**, and the scope of assistance provided:

1. Emergency & Specialty Health Care Assistance

- **Dental Emergency Care:** Assistance for urgent dental needs, including **extractions, infections, and severe pain management** at local or off-island providers.
- **Dental Specialty Visits:** Coverage for services such as **oral surgery, periodontal treatment, and advanced restorative care** beyond routine check-ups.
- **Medical Emergency Assistance:** Support for clients facing urgent **medical expenses** that are not covered by insurance or other financial aid programs.
- **Vision Emergencies & Specialty Visits:** Coverage for **vision needs, specialty eye exams, and treatment for conditions such as glaucoma or diabetic retinopathy** when medically necessary.

2. Off-Island Medical Travel Assistance

- **Reimbursement for ferry tickets, fuel, and transportation costs** for eligible clients who must travel off-island for necessary medical, dental, or vision care.
- Coordination of **community transportation resources**, for those unable to arrange their own travel.

3. Mental Health Access Assistance

- Financial support for counseling and therapy sessions with licensed mental health professionals, when no other funding options are available.
- Coverage for **psychiatric evaluations and medication management** services for clients with acute mental health needs when no other funding options are available.
- Assistance in **coordinating care** with local providers and off-island specialists, ensuring continuity of mental health treatment.

4. Administrative Assistance

- Direct staff costs in administering services authorized in scope of work items 1-3, above.

3. **TERMS AND CONDITIONS OF EXISTING AGREEMENT REMAIN THE SAME.** The Parties agree that, except as specifically provided in this Modification, the terms and conditions of the Agreement continue in full force and effect.

EXECUTED this _____ day of _____, 2026, by and between the Parties.

OCRC:

**ORCAS COMMUNITY
RESOURCE CENTER**

By: _____
Its: _____
Date: _____

DISTRICT:

**ORCAS ISLAND
HEALTH CARE DISTRICT**

By: _____
Its: _____
Date: _____