

CWEP Contract No. CWEP-
FEIN No.: _____
Workers Comp. No.: _____

**COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) CONTRACT
BETWEEN
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AND**

Addendum/Renewal

The CWEP Contract between the West Virginia Department of Health and Human Resources, Division of Family Assistance and/or _____ County Office, referred to as the "Department" and _____ referred to as "Contractor" is hereby revised effective as of _____ to continue through June 30, _____.

The revisions are as follows: (Indicate revisions and/or renewal of Contract in the space provided.)

Please indicate your acceptance by signing in the space provided below.

Department of Health and Human Resources
_____ County Office

Contractor

By: _____
Signature

Title

Date

By: _____
Signature

Title

Date

This addendum shall be incorporated as part of the original Contract. All other aspects of the original Contract shall remain in effect.