

Revision 07/22/2024

KC-014-23-A

Assistance Listing Number: 17.277

CONTRACT AMENDMENT A

This CONTRACT AMENDMENT is made and entered into between **OLYMPIC CONSORTIUM, through Kitsap County, its administrative entity**, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "**CONSORTIUM**", and Washington State Employment Security Department, hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-014-23, and executed on February 13, 2023, shall be amended as follows:

1. Attachment C – Performance Outcomes: The performance outcomes shall be replaced in its entirety and replaced with the attached.
2. Section XI Duration: shall be amended to read as follows:
The term of this contract shall be from January 1, 2023 through September 30, 2025.
3. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Alissa Durkin, WIOA Program Supervisor
Kitsap County Department of Human Services
614 Division St. MS-23
Port Orchard, WA 98366-4676

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

4. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective upon date of execution.

DATED this 22 day August, 2024.

DATED this 26 day Aug, 2024.

CONTRACTOR
Washington State Employment
Security Department

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

Signed by:

Jessica Barr

6600AE9A96AF467...

Jessica Barr, Regional Director
ESD Contract #K7882-1

Katherine T. Walters

KATHERINE T. WALTERS, Chair

Christine Rolfes

CHRISTINE ROLFES, Commissioner

Charlotte Garrido

CHARLOTTE GARRIDO, Commissioner

ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board



Approved as to form by the Prosecuting Attorney's Office

Attachment C

Quarterly Performance Breakdown

Project Name: QUEST Disaster Relief (DR) National Dislocated Worker Grant (NDWG)
 Contractor: #REF!

Contract No. #REF!
 Modification No.
 Grant No. #REF!
 Contract Period: 10/1/22-9/30/25

Outcomes by Quarter

Performance Indicator	Totals	Plan 2022	Actual 2022	Plan 2023	Actual 2023	Plan 2023	Actual 2023	Plan 2023	Actual 2023	Plan 2023	Actual 2023	Plan 2024	Actual 2024	Plan 2024	Actual 2024	Plan 2024	Actual 2024	Plan 2025	Actual 2025	Plan 2025	Actual 2025	Plan 2025	Actual 2025	
		Oct-Dec	Oct-Dec	Jan - Mar	Jan - Mar	Apr - Jun	Apr - Jun	Jul - Sept	Jul - Sept	Oct-Dec	Oct-Dec	Jan - Mar	Jan - Mar	Apr - Jun	Apr - Jun	Jul - Sept	Jul - Sept	Oct-Dec	Oct-Dec	Jan - Mar	Jan - Mar	Apr - Jun	Apr - Jun	Jul - Sept
# Total Planned Enrolled Participants*	78			4		6		10		10		6		6		2		10		10		10		4
# Participants Receiving Career Services*	78			4		6		10		10		6		6		2		10		10		10		4
#Participants Receiving Career Plans	78			4		6		10		10		6		6		2		10		10		10		4
#Participants in Transitional Jobs	12			0		2		2		2		0		0		0		2		2		2		0
#Participants in Work/Internship Experiences	4			0		0		1		0		0		0		0		1		1		1		0
<i>#Participants in other planned Career Service your area is prioritizing</i>	5			0		0		1		0		1		0		0		1		1		1		0
# Participants Enrolled in Training Services*	59			3		4		8		8		6		5		2		7		7		7		2
#Participants in Customized Training	2			0		1		0		1		0		0		0		0		0		0		0
#Participants in Apprenticeship Training	1			0		0		0		1		0		0		0		0		0		0		0
#On the Job Training (OJT)	5			0		0		1		0		1		0		0		1		1		1		0
#Occupational Skills Training (ITA)	25			3		3		5		4		5		3		2		5		5		5		3
#Participants Completing Occupational Skills Training	32			3		3		3		3		3		3		2		3		3		3		3
<i>#Participants in other planned Training Service your area is prioritizing</i>	4			0		2		0		0		2		0		0		0		0		0		0
# Participants Entering Unsubsidized Employment at Exit*	59			3		4		8		8		6		5		2		7		7		7		2
# Participants Receiving Supportive Services	41			4		4		4		4		4		3		2		4		4		4		4
# Participants Receiving Needs Related Payments	0			0		0		0		0		0		0		0		0		0		0		0

Note: Please add quarterly outcomes cumulatively

CERTIFICATE OF LIABILITY INSURANCE				Issue Date 1/21/2020
ISSUED BY: State of Washington Department of Enterprise Services Office of Risk Management PO Box 41466 Olympia, WA 98504-1466	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE STATE OF WASHINGTON SELF INSURANCE LIABILITY PROGRAM.			
COVERAGE AFFORDED BY				
State of Washington Self Insurance Liability Program				
INSURED: State of Washington Employment Security Department ATTN: Carole Mathews 212 Maple Park Avenue SE Olympia, WA 98503	THE STATE OF WASHINGTON, INCLUDING ALL ITS AGENCIES AND DEPARTMENTS, IS SELF-INSURED FOR TORT LIABILITY CLAIMS. ALL CLAIMS MUST BE FILED WITH THE STATE OFFICE OF RISK MANAGEMENT FOR PROCESSING IN ACCORD WITH STATUTORY REQUIREMENTS.			
COVERAGES				
THIS IS TO CERTIFY COVERAGE DESCRIBED BELOW IS PROVIDED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE SELF-INSURANCE LIABILITY PROGRAM IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH PROGRAM.				
TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE COVERAGE	Self-Insured	Continuous	Continuous	BODILY INJURY, PROPERTY DAMAGE & PERSONAL INJURY COMBINED EACH OCCURRENCE \$5,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED EACH ACCIDENT \$5,000,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	L & I	Continuous	Continuous	WC – STATUTORY
OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: Coverage applies as respects tort liability claims against the State of Washington as covered by the Tort Claims Act (RCW 4.92 et seq.) The Certificate Holder is named as additional insured, but only as respects the negligence of the State of Washington.				
CERTIFICATE HOLDER:		CANCELLATION		
EVIDENCE OF INSURANCE CERTIFICATE NUMBER CRT 2020-00465		SHOULD THE SELF INSURANCE LIABILITY PROGRAM BE CANCELLED, THE STATE OF WASHINGTON WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY UPON THE STATE OF WASHINGTON, ITS OFFICIALS, EMPLOYEES, AGENTS OR REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE:  Jason Siems, State Risk Manager		



DEPARTMENT OF EMPLOYMENT SECURITY WASHINGTON

Unique Entity ID DZK5KDLUNMS3	CAGE / NCAGE 3X3Q3	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Mar 14, 2024	
Physical Address 212 Maple Park AVE SE Olympia, Washington 98501-2347 United States	Mailing Address PO Box 9046 Olympia, Washington 98507-9046 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Washington 10	State / Country of Incorporation (blank) / (blank)	URL (blank)

Registration Dates

Activation Date Apr 3, 2023	Submission Date Mar 15, 2023	Initial Registration Date Jul 6, 2004
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Entity Dates

Entity Start Date Mar 1, 1937	Fiscal Year End Close Date Jun 30
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USApending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure U.S. Government Entity	Entity Type US State Government	Organization Factors (blank)
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Profit Structure
(blank)

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. State Government

Financial Information

Accepts Credit Card Payments
No

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
3X3Q3

EFT Indicator
5400

CAGE Code
8EZL0

Points of Contact

Electronic Business

☒
Sophal Espiritu

**212 Maple Park AVE SE
Olympia, Washington 98501
United States**

Sophia Espiritu

212 Maple Park AVE SE
Olympia, Washington 98501
United States

Government Business

☒
Sophal Espiritu

**212 Maple Park AVE SE
Olympia, Washington 98501
United States**

Sophia Espiritu

212 Maple Park AVE SE
Olympia, Washington 98501
United States

Service Classifications

NAICS Codes

Primary NAICS Codes NAICS Title
Yes 921110 Executive Offices

Disaster Response

Yes, this entity appears in the disaster response registry.
No, this entity does not require bonding to bid on contracts.

Bonding Levels	Dollars
	(blank)

States Counties Metropolitan Statistical Areas
Washington (blank) (blank)