



FACE SHEET

Multi-Service Center
 1200 S. 336th Street, Federal Way WA 98003
 PH 253.838.6810
 FX 253.835.7511

AGREEMENT

CONTRACT NUMBER **LTCOP 2324-11** AMENDMENT # **1**

CONTRACTING PARTIES

SUBGRANTEE		GRANTOR	
Street Address	Kitsap County Division of Aging and Long-Term Care 614 Division Street, MS-5	Street Address	Multi-Service Center 1200 S 336th Street
City, State, Zip	Port Orchard, WA 98366-4676	City, State, Zip	Federal Way, WA 98003
Mail Address	614 Division Street, MS-5	Mail Address	1200 S 336th Street
City, State, Zip	Port Orchard, WA 98366-4676	City, State, Zip	Federal Way, WA 98003
Phone	360-337-7068	Phone	253-838-6810
Fax	360-337-5762	Fax	253-835-7511
Contact	Stacey A.S. Smith	Contact	Patricia Hunter
Title	Administrator	Title	WA State Long-Term Care Ombudsman
Email	sasmith@co.kitsap.wa.us	Email	stateombuds@multi-servicecenter.com

COMPENSATION	AMOUNT	AMENDMENT PURPOSE
SOURCE OF FUNDING:	Contract Amount \$ 86,370.37	ARP funds (93-042 and 93-044) are available July 1, 2023- June 30, 2024. Any remaining balance on June 30, 2024 will be carried forward to the SFY 2025. ARP funds are restricted to LTCOP work with HCBS licensed long term care settings such as adult family homes, assisted living and enhanced services facilities only. This amendment does not change the Scope of Work stated in the original contract terms and conditions. Additional temporary state general funds awarded by the State legislature for LTCOP work to be expended by June 30, 2024.
State LTCOP/MSC \$ 126,370.37	Amendment 1 Amount: \$ 40,000.00	
	New Award Amount \$ 126,370.37	
BUDGET CATEGORIES:	EFFECTIVE DATE	
Long-Term Care \$ 112,583.00	Amendment Start Date: July 1, 2023	
Travel (Regional Meetings) \$ 110.00		
Adult Family Home \$ 2,672.00		
HB1402 \$ 7,609.00		
ARP \$ 3,396.37		
TOTAL \$ 126,370.37	Amendment End Date: June 30, 2024	

CONTRACT PURPOSE

This contract is awarding funds to operate and provide services under the Long-Term Care Ombudsman program.

Washington State Long-Term Care Ombudsman Program, is program of the Multi-Service Center. Multi-Service Center is the Grantee, as defined above, acknowledge and accept the terms of this Grant Amendment and attachments and have executed this Grant on the date below to start as of the date and year referenced above. The Regional LTCOP will be operated in such a manner as to be consistent with the Revised Code of Washington Chapter 43.190 and Washington Administrative Code Chapter 365-18 and this contract General Terms and Conditions. The rights and obligations of both parties to this Grant as Amended are governed by this Grant Amendment and the following other documents incorporated by reference: The contract agreement includes - Statement of Work, Regional LTC Ombudsman Program Advisory Council Membership and Functions, Job Title: Regional LTC Ombudsman, Job Title: Certified LTC Ombudsman (Volunteer), Certification Regarding Debarment form, Budget Form and Invoice Form.

A copy of this Grant Amendment shall be attached to and made a part of the original Grant between the SubGrantee and the Grantor. Any reference in the original Grant to the "Grant" shall mean the "Grant As Amended".

AUTHORIZED REPRESENTATIVE SIGNATURES

FOR SUBGRANTEE:		FOR Washington State Long Term Care Ombudsman	
Name:	Katherine T. Walters	Name:	Patricia Hunter
Title:	Chair	Signature:	Patricia Hunter
Signature:	<i>Not present</i>	Date:	6/5/2024
Date:			
Name:	Christine Rolfes	FOR GRANTOR:	
Title:	Commissioner	Name:	Kirsten York
Signature:	<i>Christine Rolfes</i>	Title:	CEO
Date:	6-5-2024	Signature:	Kirsten York
Name:	Charlotte Garrido	Date:	6/7/2024
Title:	Commissioner		
Signature:	<i>Charlotte Garrido</i>		
Date:	6/5/24		



Regional LTCOP Agency:

Kitsap County Division of Aging and Long-Term Care
Contract LTCOP 2324-11, SFY2024 Amendment 1

Regional Budget	Long-Term Care	Travel (Regional Meeting)	Adult Family Home	HB1402	ARP	Local Agency Funding *	TOTAL
REVENUE							
MSC - WASLTCOP	\$ 112,583.00	\$ 110.00	\$ 2,672.00	\$ 7,609.00	\$ 3,396.37		\$ 126,370.37
* Older Americans Act (3-B)						\$ 7,138.00	\$ 7,138.00
* Older Americans Act (Elder Abuse)						\$ 2,014.00	\$ 2,014.00
* Senior Citizens Services Act (SCSA)						\$ 5,000.00	\$ 5,000.00
* County General Funds						\$ 40,000.00	\$ 40,000.00
TOTAL REVENUE	\$ 112,583.00	\$ 110.00	\$ 2,672.00	\$ 7,609.00	\$ 3,396.37	\$ 54,152.00	\$ 180,522.37
EXPENSE							
Regional LTCO Salary	\$ 66,500.00		\$ 1,802.00	\$ 5,300.00	\$ 2,343.00	\$ 37,351.00	\$ 113,296.00
Regional LTCO Fringe	\$ 29,080.00		\$ 870.00	\$ 2,309.00	\$ 1,053.37	\$ 16,801.00	\$ 50,113.37
Clerical Salary							\$ -
Clerical Fringe							\$ -
Telephone	\$ 200.00						\$ 200.00
Utilities							\$ -
Postage	\$ 600.00						\$ 600.00
Supplies	\$ 1,903.00						\$ 1,903.00
Printing	\$ 300.00						\$ 300.00
Equipment	\$ 2,000.00						\$ 2,000.00
Rent/Bldg. Maintenance							\$ -
Other	\$ 1,500.00						\$ 1,500.00
Subscription	\$ 500.00						\$ 500.00
Insurance							\$ -
Travel	\$ 2,000.00	\$ 110.00					\$ 2,110.00
Training/Education	\$ 5,000.00						\$ 5,000.00
Subtotal Operating Expense	\$ 109,583.00	\$ 110.00	\$ 2,672.00	\$ 7,609.00	\$ 3,396.37	\$ 54,152.00	\$ 177,522.37
Administration	\$ 3,000.00						\$ 3,000.00
Subtotal Admin Expense	\$ 112,583.00	\$ 110.00	\$ 2,672.00	\$ 7,609.00	\$ 3,396.37	\$ 54,152.00	\$ 180,522.37
TOTAL EXPENSE	\$ 112,583.00	\$ 110.00	\$ 2,672.00	\$ 7,609.00	\$ 3,396.37	\$ 54,152.00	\$ 180,522.37
TOTAL NET INCOME (LOSS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* For local agency funds listed above identify the source



INVOICE

Multi-Service Center
 1200 S. 336th Street, Federal Way WA 98003
 PH 253.838.6810
 FX 253.835.7511

INVOICE

INVOICE NUMBER: _____
 2324-R11-YYYY-MM

DATE SUBMITTED: _____

AGENCY

SUBGRANTEE Kitsap County Division of Aging and Long-Term Care

Contact

Street Address 614 Division Street, MS-5
 City, State, Zip Port Orchard, WA 98366-4676

Title

Mail Address 614 Division Street, MS-5
 City, State, Zip Port Orchard, WA 98366-4676

Email

Phone 360-337-7068

Fax 360-337-5762

COMPENSATION

COMPENSATION FOR THE PERIOD OF:

Month/Year

BUDGET CATEGORIES:

	BUDGET	CURRENT	CUMULATIVE	BALANCE
Long Term Care	\$ 112,583.00	\$ -	\$ -	\$ 112,583.00
Travel (Regional Meetings)	\$ 110.00	\$ -	\$ -	\$ 110.00
ARP	\$ 3,396.37	\$ -	\$ -	\$ 3,396.37
Adult Family Home	\$ 2,672.00	\$ -	\$ -	\$ 2,672.00
HB1402	\$ 7,609.00	\$ -	\$ -	\$ 7,609.00
TOTAL	\$ 126,370.37	\$ -	\$ -	\$ 126,370.37

Progress 0% 0% 100%

CERTIFICATION

The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished according to the subgrantee agreement, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

SUPPORTING DOCUMENTATION

The individual signing below certifies that a list of expenses will accompany this invoice to match in amount and by category in compliance with the supporting documentation requirements as stated in the subgrantee agreement. In addition, the information provided is subject to examination under the periodic bi-annual desk audit review.

AUTHORIZATION

SUBGRANTEE:

Name: Stacey A.S. Smith
 Title: Administrator

Signature: _____


Date: _____

MSC Use Only

WASLT COP Review:

Fiscal Review:

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