





CONTRACT AMENDMENT AAA State Federal

DSHS CONTRACT NUMBER:
2469-57069

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
Click here to enter text.
Contractor Contract Number
KC-404-24-A

CONTRACTOR NAME Kitsap County		CONTRACTOR doing business as (DBA) Kitsap Aging and Long Term Care	
CONTRACTOR ADDRESS 614 DIVISION ST MS23 Port Orchard, WA 98366-4676		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 182-002-345	DSHS INDEX NUMBER 1076
CONTRACTOR CONTACT Stacey Smith	CONTRACTOR TELEPHONE (360) 337-5624	CONTRACTOR FAX (360) 337-5747	CONTRACTOR E-MAIL ADDRESS sasmith@kitsap.gov
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Division of Home And Community Services	DSHS CONTRACT CODE 1016LS-69
DSHS CONTACT NAME AND TITLE Lexie Bartunek Program Manager		DSHS CONTACT ADDRESS 4450 10th Ave SE Lacey, WA 98503-	
DSHS CONTACT TELEPHONE (360)725-3548	DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL ADDRESS bartuqa@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBERS 93.778	
AMENDMENT START DATE 07/01/2024	CONTRACT END DATE 06/30/2025		
PRIOR MAXIMUM CONTRACT AMOUNT \$5,063,924.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$5,063,924.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input checked="" type="checkbox"/> Additional Exhibits (specify): Exhibit B-1, Budget			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Christine Koltes, Chair		DATE SIGNED 1-13-25
DSHS SIGNATURE 	PRINTED NAME AND TITLE Jennifer Albertson, Contracts Manager		DATE SIGNED 1/23/25

A.

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

- A. Exhibit B, Budget, is revised and replaced by Exhibit B-1, approved line-item Budget, which is attached hereto and incorporated herein.

All other terms and conditions of this Contract remain in full force and effect.



U.S. Department of Health & Human Services

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