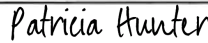


 FACE SHEET		Multi-Service Center 1200 S. 336th Street, Federal Way WA 98003 PH 253.838.6810 FX 253.835.7511	
AGREEMENT			
CONTRACT NUMBER LTCOP 2324-11		AMENDMENT # 3	
CONTRACTING PARTIES			
SUBGRANTEE Kitsap County Division of Aging and Long-Term Care Street Address 614 Division Street, MS-5 City, State, Zip Port Orchard, WA 98366-4676 Mail Address 614 Division Street, MS-5 City, State, Zip Port Orchard, WA 98366-4676 Phone 360-337-7068 Fax 360-337-5762 Contact Stacey A.S. Smith Title Director, Kitsap County Email sasmith@co.kitsap.wa.us		GRANTOR Multi-Service Center Street Address 1200 S 336th Street City, State, Zip Federal Way, WA 98003 Mail Address 1200 S 336th Street City, State, Zip Federal Way, WA 98003 Phone 253-838-6810 Fax 253-835-7511 Contact Patricia Hunter Title WA State Long-Term Care Ombudsman Email stateombuds@mschelps.org	
COMPENSATION		AMOUNT	
		Prior Amendment: \$ 63,152.00 Amendment 3 Amount: \$ 6,731.00 <hr/> \$ 69,883.00	
SOURCE OF FUNDING: State LTCOP/MS C \$ 69,883.00		AMENDMENT PURPOSE <i>Amendment 3 effective date October 1, 2024 to June 30, 2025</i> ARP funds are to be expended by September 30, 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.	
BUDGET CATEGORIES: Long-Term Care \$ 55,654.00 Travel (Regional Meetings) \$ 110.00 Adult Family Home \$ 2,500.00 HB1402 \$ 8,223.00 ARP \$ 3,396.00 TOTAL \$ 69,883.00			
		EFFECTIVE DATE	
		Amendment Start Date: July 1, 2024 Amendment End Date: June 30, 2025	
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 Washington State Long Term Care Ombudsman			
		Name: Patricia Hunter  Signature: Date: 5/2/2025	
FOR SUBGRANTEE:		FOR GRANTOR:	
Name: Christine Rolfes Title: Chair  Signature: Date: 4.28.25		Name: Kirsten York Title: CEO  Signature: Date: 5/2/2025	



Regional LTCOP Agency:

Kitsap County Division of Aging and Long-Term Care
SFY2025 Budget, Contract LTCOP 2324-11, Amendment 3

Regional Budget	Long-Term Care	Travel (Regional Meeting)	Adult Family Home	ARP	HB1402	Local Agency Funding *	TOTAL
REVENUE							
MSC - WASLTCOP	\$ 55,654.00	\$ 110.00	\$ 2,500.00	\$ 3,396.00	\$ 8,223.00		\$ 69,883.00
* Older Americans Act (3-B)						\$ 7,138.00	\$ 7,138.00
* Older Americans Act (Elder Abuse)						\$ 2,096.00	\$ 2,096.00
* Senior Citizens Services Act (SCSA)						\$ 5,000.00	\$ 5,000.00
* County General Funds						\$ 40,000.00	\$ 40,000.00
TOTAL REVENUE	\$ 55,654.00	\$ 110.00	\$ 2,500.00	\$ 3,396.00	\$ 8,223.00	\$ 54,234.00	\$ 124,117.00
EXPENSE							
Regional LTCO Salary	\$ 34,623.28		\$ 1,750.00	\$ 2,350.00	\$ 5,700.00	\$ 37,700.00	\$ 82,123.28
Regional LTCO Fringe	\$ 12,644.76		\$ 750.00	\$ 1,046.00	\$ 2,523.00	\$ 16,534.00	\$ 33,497.76
Clerical Salary							\$ -
Clerical Fringe							\$ -
Telephone							\$ -
Utilities							\$ -
Postage							\$ -
Supplies							\$ -
Printing							\$ -
Equipment							\$ -
Rent/Bldg. Maintenance							\$ -
Other							\$ -
Subscription							\$ -
Insurance							\$ -
Travel		\$ 110.00					\$ 110.00
Training/Education							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Subtotal Operating Expense	\$ 47,268.04	\$ 110.00	\$ 2,500.00	\$ 3,396.00	\$ 8,223.00	\$ 54,234.00	\$ 115,731.04
Administration	\$ 8,385.96						
Subtotal Admin Expense	\$ 8,385.96	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,385.96
TOTAL EXPENSE	\$ 55,654.00	\$ 110.00	\$ 2,500.00	\$ 3,396.00	\$ 8,223.00	\$ 54,234.00	\$ 124,117.00
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

Title

City, State, Zip

Port Orchard, WA 98366-4676

Email

Mail Address

614 Division Street, MS-5

City, State, Zip

Port Orchard, WA 98366-4676

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	\$ 55,654.00	\$ -	\$ -	\$ 55,654.00
Travel (Regional Meetings)	\$ 110.00	\$ -	\$ -	\$ 110.00
Adult Family Home	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
ARP	\$ 3,396.00	\$ -	\$ -	\$ 3,396.00
HB1402	\$ 8,223.00	\$ -	\$ -	\$ 8,223.00
TOTAL	\$ 69,883.00	\$ -	\$ -	\$ 69,883.00
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 Smith

Signature:

Stacey Smith

Title:

Administrator, Kitsap Aging & Long Term Care

Date:

4/30/2025

MSC Use Only

WASLT COP Review:

Fiscal Review:

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