



**CONTRACT AMENDMENT
AAA Older Americans Act**

DSHS CONTRACT NUMBER:
2269-38386

Amendment No. 03

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-171-22-C

CONTRACTOR NAME Kitsap County		CONTRACTOR doing business as (DBA) Kitsap County Division of Aging & Long Term Care	
CONTRACTOR ADDRESS 614 Division Street MS35 Port Orchard, WA 98366-4614		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 182-002-345	DSHS INDEX NUMBER 1076
CONTRACTOR CONTACT Stacey Smith	CONTRACTOR TELEPHONE (360) 337-5624	CONTRACTOR FAX (360) 337-5746	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 1015LS-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 93.043 93.041 93.044 93.045 93.052 93.053	
AMENDMENT START DATE 01/01/2022	CONTRACT END DATE 09/30/2024		
PRIOR MAXIMUM CONTRACT AMOUNT \$997,722.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$997,722.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE			
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 type="checkbox"/> Additional Exhibits (specify): No Exhibits			
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 Charlotte Garrido, Chair	DATE SIGNED 9-25-23
DSHS SIGNATURE 		PRINTED NAME AND TITLE April Hassett, Contracts Administrator	DATE SIGNED 9/27/23

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

1. The period of performance is extended to September 30, 2024.

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



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U.S. Department of Health & Human Services

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