

**CONTRACT AMENDMENT
C**

This CONTRACT AMENDMENT is made and entered into between KITSAP COUNTY, a municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "COUNTY" and Res-Care Washington, Inc. dba All Ways Caring HomeCare, having its principal office at 805 N. Whittington Pkwy, Louisville, KY 40222 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-225-22 and executed on May 23, 2022, December 8, 2022, and June 7, 2023 shall be amended as follows:

1. **Attachment C: Budget Summary shall be amended as follows:** The contract will be increased by \$27,300, from \$352,000 to a new contract total of \$379,300.
 - State Family Caregiver respite is increased by \$20,000, from \$80,000 to a new contract amount of \$100,000.
 - All Workers Health Insurance (AWHI) is increased by \$7,300, from \$7,000 to a new contract amount of \$14,300.

The total amount payable under the Contract, by the County to the Contactor in no event will exceed \$379,300.

This amendment shall be effective as of January 1, 2024.

Dated this 18 day of March, 2024

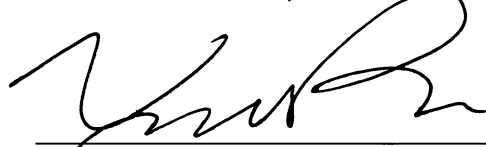
Dated this 18 day of March, 2024

**RES-CARE WASHINGTON, INC. DBA
ALL WAYS CARING HOMECARE**



Sherry Pemberton, VP HomeCare
Contracts & Sales

KITSAP COUNTY, WASHINGTON



Victoria Brazitis, County Administrator

Attachment C: Budget Summary

Budget Table

Res-Care Washington, Inc. dba All Ways Caring HomeCare

July 1, 2022 - June 30, 2024

Program/Funding Source	Total	FY 2023 1st QUARTER	FY 2023 2nd QUARTER	FY 2023 3rd QUARTER	FY 2023 4th QUARTER	FY 2024 1st QUARTER	FY 2024 2nd QUARTER	FY 2024 3rd QUARTER	FY 2024 4th QUARTER
Caregiver Training	\$265,000.00	\$33,125.00	\$33,125.00	\$33,125.00	\$33,125.00	\$33,125.00	\$33,125.00	\$33,125.00	\$33,125.00
State Family Caregiver	\$100,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$18,000.00	\$22,000.00
AWHI	\$ 14,300.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 2,375.00	\$ 2,675.00	\$ 2,875.00	\$ 2,875.00
Total Project	\$ 379,300	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 45,500	\$ 45,800	\$ 54,000	\$ 58,000

Funding Source	CFDA #	AMOUNT
N/A		

Any cumulative amount of transfers among the Approved Summary Budget(s) direct cost subject categories, which exceeds five percent (5%) of the total object category budget for any funding source, will require a contract amendment.



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Exclusions Search Results: Entities

No Results were found for

↳ AllWays Caring

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)

Search conducted 3/8/2024 4:56:21 PM EST on OIG LEIE Exclusions database
Source data updated on 3/8/2024 8:00:00 AM EST

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Exclusions Search Results: Entities

No Results were found for

↳ Rescare Washington Inc

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

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Search conducted 3/8/2024 4:56:53 PM EST on OIG LEIE Exclusions database.
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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/03/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Res-Care, Inc. 805 North Whittington Parkway STE 400 Louisville KY 40222 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lloyd's Syndicate No. 2623		AA1128623
	INSURER B: ACE American Insurance Company		22667
	INSURER C: Indemnity Insurance Co of North America		43575
	INSURER D: ACE Property & Casualty Insurance Co.		20699
	INSURER E: INSURER F:		

COVERAGES	CERTIFICATE NUMBER: 570100548071	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability Included <input checked="" type="checkbox"/> Sexual Abuse/Molestation Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSLG47311779 Excess GL/Prof-Claims Md SIR applies per policy terms & conditions	07/01/2023	07/01/2024	EACH OCCURRENCE	\$4,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$4,000,000
							GENERAL AGGREGATE	\$6,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
							SIR/Deductible	\$1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H10707249	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$3,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			XCQ G72586104 002	07/01/2023	07/01/2024	EACH OCCURRENCE	\$2,000,000
							AGGREGATE	\$2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC70311963 AOS WLRC70311926 CA	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
B					07/01/2023	07/01/2024	E.L. EACH ACCIDENT	\$2,000,000
							E.L. DISEASE-EA EMPLOYEE	\$2,000,000
							E.L. DISEASE-POLICY LIMIT	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Retroactive Date for Policy #XSLG71448654 is 7/01/01. RE: Res-Care Washington, Inc. dba All Ways Caring HomeCare a subsidiary of Res-Care, Inc. covering all locations of All Ways Caring HomeCare. Kitsap County Division of Aging and Long Term Care, the State of Washington DSHS, its elected officials, agents and employees are included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

Kitsap County Division of Aging and Long Term Care 614 Division Street, MS-23 Port Orchard WA 98366-4676 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central Inc.</i>

Holder Identifier :

Certificate No : 570100548071



AGENCY CUSTOMER ID: 570000032784

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Res-Care, Inc.	
POLICY NUMBER See Certificate Number: 570100548071			
CARRIER See Certificate Number: 570100548071	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

-Additional Coverages-

Workers' Compensation Policies - 7/1/2023 - 7/1/2024

WLR C70311963 (All Other States) - Indemnity Insurance Co. of North America, NAIC #43575;

WLR C70311926 (CA, MA) - ACE American Insurance Co., NAIC #22667;

SCF C70312001 (WI) - ACE Fire Underwriters Insurance Co., NAIC #20702;

Cov. A - Statutory

Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Agg. (Disease)

Ohio/Washington Excess Workers' Compensation

Pol # WCU C70311847- ACE American Insurance Co., NAIC #22667;

Cov. A - Statutory

Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Annual Aggregate Retention: \$1,100,000