AMENDMENT C
CONTRACT FOR HUMAN SERVICES
AGING AND LONG-TERM CARE PROGRAM SERVICES

This Amendment ("Amendment") to the Contract for Human Services Aging and Long-Term Care Program Services is entered into by Kitsap County, a Washington state municipal corporation, having its principal offices at 614 Division Street, Port Orchard, Washington, 98366 ("County") and Res-Care Washington, Inc. dba All Ways Caring HomeCare, a Delaware corporation, having its principal office at 805 N. Whittington Pkwy Louisville, KY 40222, ("Contractor").

The parties executed KC-286-24 effective July 1, 2024, which was subsequently amended by KC-286-24-A effective January 1, 2025, and KC-286-24-B effective January 1, 2026 (collectively "Contract"), which the parties desire to amend subject to the terms and conditions of the Amendment.

The parties agree as follows:

1. Kitsap County Face Sheet. The Kitsap County Face Sheet is attached hereto and incorporated by reference as Attachment N to satisfy federal subrecipient identification requirements under 2 CFR 200.332

2. Compensation. Section 4.2 (Compensation) is amended to increase the total compensation by $54,000 for caregiver training, for a new total compensation amount of $366,500. The total amount payable under the Contract, by the County to the Contractor, in no event will exceed the budget line items identified in the modified Budget Table.

3. Amended Attachment C: Budget Summary. The Budget Table in Attachment C of the Contract is modified and superseded by the Modified Budget Table provided in Amended Attachment C, which is attached and incorporated by reference.

4. Effective Date. This Amendment shall be effective as of March 1, 2026.

5. Ratification. To the extent that any services were provided or payments were made between March 1, 2026, and the date of full execution of this Amendment, the parties hereby ratify and approve such actions, intending them to be governed by the terms and conditions of the Contract as amended herein.

6. Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the Contract, including any prior amendments, remain unchanged and in full force and effect.

7. Counterparts/Electronic Signature. This Amendment may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement. Facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and duplicate originals.

8. Authorizations. The signatories to this Amendment represent that they have been appropriately authorized to enter into this Amendment on behalf of the party for whom they sign, and that no further action or approvals are necessary before execution of this Amendment.

Dated this 8 day of July, 2026

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

Sherry Pemberton,
VP HomeCare Contracts & Sales

Dated this 27 day of July, 2026

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

ORAN ROOT, Chair

CHRISTINE ROLFES, Commissioner

KATHERINE WALTERS, Commissioner

ATTEST:

Clara Jewell, Interim Clerk of the Board

BOARD OF COMMISSIONERS STATE OF WASHINGTON KITSAP COUNTY

ATTACHMENT N
Kitsap County Face Sheet
For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:
(Fill in)

Subrecipient's unique entity identifier: CYWTQ35JKLP6

Federal Award Identification Number (FAIN): NA- Medicaid funds are claimed through Provider 1

Federal Revenue Award Date: NA- Medicaid funds are claimed through Provider 1

Subaward Period of Performance Start and End Date: NA

☒Check to verify the information is in contract:

☒Subrecipient's name (must match the name associated with its unique entity identifier):

☒Federal award identification:

☒Subaward Budget Period Start and End Date: NA

☒Amount of Federal Funds Obligated in the subaward:

☒Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:

☒Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:

☒Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):

☒Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:

☒Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:

☒Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

AMENDED ATTACHMENT C: BUDGET SUMMARY
(Modified Budget Table Only)

This Amended Attachment C modifies the Budget Table originally found in Attachment C.

Budget Table
ResCare Washington Inc dba All Ways Caring HomeCare
July 1, 2024- June 30, 2026

Program/Funding Source	Total	FY 2025 1st QUARTER	FY 2025 2nd QUARTER	FY 2025 3rd QUARTER	FY 2025 4th QUARTER	FY 2026 1st QUARTER	FY 2026 2nd QUARTER	FY 2026 3rd QUARTER	FY 2026 4th QUARTER
Caregiver Training	$194,000	$17,500	$17,500	$17,500	$17,500	$17,500	$17,500	$44,500	$44,500
State Family Caregiver	$150,000	$18,750	$18,750	$18,750	$18,750	$18,750	$18,750	$18,750	$18,750
AWHI	$22,500	$2,812	$2,812	$2,812	$2,812	$2,813	$2,813	$2,813	$2,813
Total Project	$366,500	$39,062	$39,062	$39,062	$39,062	$39,063	$39,063	$66,063	$66,063

Funding Source	CFDA #	AMOUNT
N/A		

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2025

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).

Holder Identifier :

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Res-Care, Inc. 805 North Whittington Parkway STE 400 Louisville KY 40222 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B: Indemnity Insurance Co of North America	43575
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570113859184 **REVISION NUMBER:**

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	
A	X COMMERCIAL GENERAL LIABILITY			XSLG49349130	07/01/2025	07/01/2026	EACH OCCURRENCE	$4,000,000
	X CLAIMS-MADE ☐ OCCUR			Excess GL/Prof-Claims Md			DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Sexual Abuse/Molestation Included			SIR applies per policy term	s & conditions		MED EXP (Any one person)	Excluded
	X Professional Liability Included						PERSONAL & ADV INJURY	$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$6,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$4,000,000
	OTHER:						SIR/Deductible	$1,000,000
A	AUTOMOBILE LIABILITY			ISA H11358305	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$3,000,000
A				ISA H08889041	07/01/2025	07/01/2026	BODILY INJURY (Per person)	
	X ANY AUTO						BODILY INJURY (Per accident)	
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY							
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WLRC72795568	07/01/2025	07/01/2026	X PER STATUTE ☐ OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		AOS SCFC72795581	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$2,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WI			E.L. DISEASE-EA EMPLOYEE	$2,000,000
							E.L. DISEASE-POLICY LIMIT	$2,000,000
A	Excess Workers Compensation			WCUC7279560A	07/01/2025	07/01/2026	EL Each Accident	$2,000,000
				OH, WA			EL Disease - Ea Emp	$2,000,000
				SIR applies per policy term	s & conditions		Policy Aggregate	$2,000,000

Certificate No : 570113859184

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

Kitsap County Division of Aging
and Long Term Care
614 Division Street, MS-23
Port Orchard WA 98366-4676 USA

CANCELLATION

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

Aon Risk Services Central, Inc.

AGENCY CUSTOMER ID: 570000032784

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Res-Care, Inc.
POLICY NUMBER	
See Certificate Number: 570113859184	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113859184	

ADDITIONAL REMARKS

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

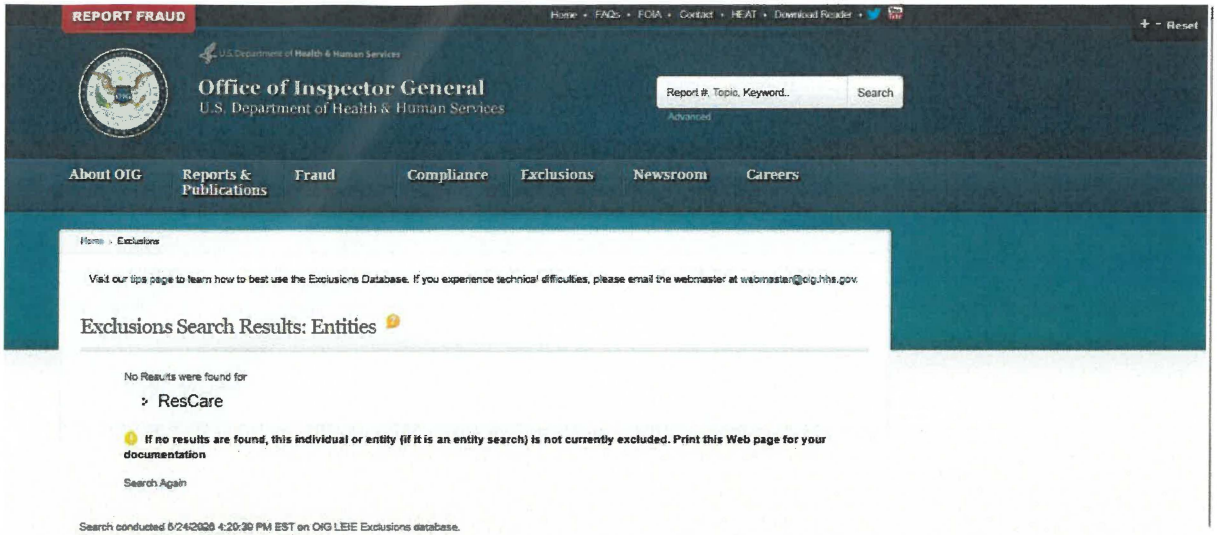
-Additional Coverages-

General Liability - Retroactive Date for Policy #XSL G49349130 is 7/1/01.

Workers' Compensation Policies - 7/1/2025 - 7/1/2026
- #WLR C72795568 (All Other States) - Indemnity Insurance Co. of North America, NAIC #43575;
- #SCF C72795581 (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 C7279560A - 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 Agg. (Disease)
Retention: $1,100,000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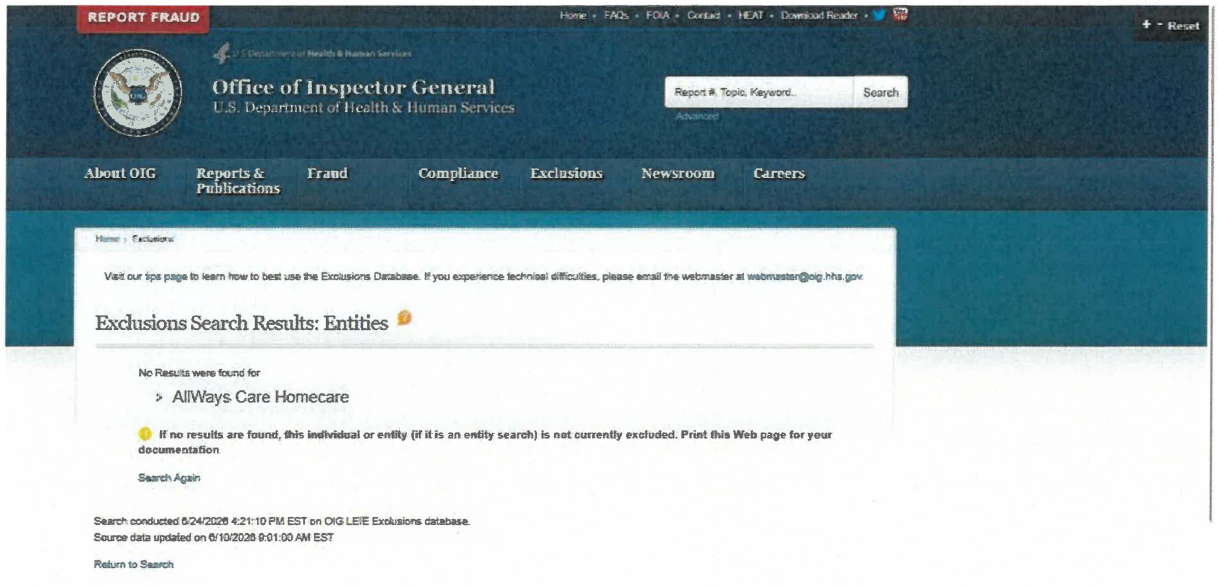
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