

**CONTRACT AMENDMENT
B**

This contract for Human Services (the Contract) is entered into by Kitsap County, a municipal corporation, having its principal offices at 614 Division Street, Port Orchard, Washington, 98366 (the County) and First Choice In-Home Care, Inc., having its principal office at 2601 Cherry Ave., Suite 111, Bremerton, WA 98310, 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-288-24 and executed on June 26, 2024, amendment KC-289-24-A executed on February 15, 2025 shall be amended as follows:

1. Kitsap County Face Sheet is included to record federal funding information.
2. **ATTACHMENT C: BUDGET SUMMARY.** The Budget Table shall be amended as follows: The contract amount will increase caregiver training pass through funding by \$165,000, from \$140,000 to \$305,000 for caregiver training. The total contract amount is increased from \$226,250 for a new contract total of \$391,250. The total amount payable under the contract, by the County to the Contractor in no event will exceed the budget line items outlined in the budget table.

This amendment shall be effective as of October 1, 2025.

Dated this 17th day of December, 2025

First Choice In-Home Care, Inc.

Jim Lord

Jim Lord, President

Dated this 12 day of Jan, 2026

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

Oran Root

ORAN ROOT, Chair

Katherine T. Walters

KATHERINE WALTERS, Commissioner

Christine Rolfes

CHRISTINE ROLFES, Commissioner

ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board



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: KNEMM694NQZ9

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:
- 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):

ATTACHMENT C: BUDGET SUMMARY

Budget Table

First Choice In Home Care

July 1, 2024 (FY 2025) - June 30, 2026 (FY2026)

| 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 | \$ 305,000.00 | \$ 38,125.00 | \$ 38,125.00 | \$ 38,125.00 | \$ 38,125.00 | \$ 38,125.00 | \$ 38,125.00 | \$ 38,125.00 | \$ 38,125.00 |
| State Family Caregiver | \$ 75,000.00 | \$ 9,375.00 | \$ 9,375.00 | \$ 9,375.00 | \$ 9,375.00 | \$ 9,375.00 | \$ 9,375.00 | \$ 9,375.00 | \$ 9,375.00 |
| AWHi | \$ 11,250.00 | \$ 1,406.00 | \$ 1,406.00 | \$ 1,406.00 | \$ 1,406.00 | \$ 1,406.00 | \$ 1,406.00 | \$ 1,407.00 | \$ 1,407.00 |
| Total Project | \$ 391,250.00 | \$ 48,906.00 | \$ 48,907.00 | \$ 48,907.00 |

| Funding Source | CFDA # | AMOUNT |
|----------------|--------|--------|
| N/A | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2025

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).

PRODUCER
Parker Smith & Feek Insurance LLC
2233 112th Ave NE
Bellevue WA 98004

License#: PC-1719201

FIRSCHO-07

INSURED
First Choice In-Home Care, Inc.
555 South Renton Village PI, Ste 300
Renton WA 98057

| | |
|--|--------------|
| CONTACT NAME: | |
| PHONE (A/C, No. Ext): | 425-709-3600 |
| FAX (A/C, No.): | |
| E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURER A: Philadelphia Indemnity Insurance Company | 18058 |
| INSURER B: The Hanover Atlantic Insurance Company Ltd. | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

COVERAGEs

CERTIFICATE NUMBER: 1383890417

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WWD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|-------------|--|---|-------------|--------------------------------|----------------------------|----------------------------|---|------------------------|
| A | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | Y | PHPK2602474002 | 9/15/2025 | 9/15/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 20,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 |
| | | | | | | | WA STOP GAP | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC | | | | | | | |
| | OTHER: | | | | | | | |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | PHPK2602474002 | 9/15/2025 | 9/15/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | PHUB881601002 | 9/15/2025 | 9/15/2026 | EACH OCCURRENCE | \$ 4,000,000 |
| | | | | | | | AGGREGATE | \$ 4,000,000 |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> | <input type="checkbox"/> Y / N | N / A | | | | PER STATUTE | OTH-ER |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| B | Crime - Employee Dishonesty Sexual Abuse & Molestation | | | BD2J54678000 PHPK2602474002 | 1/11/2024 9/15/2025 | 9/15/2026 9/15/2026 | Aggregate Each Act/Agg | \$250,000 \$1M/\$3M |

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

Kitsap County Division of Aging and Long-Term Care, the County, its officers, officials, employees, and agents, and the State of Washington, Department of Social & Health Services (DHS), its Elected and Appointed officials, agents and employees are included as additional insureds with respect to performance of services.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Kitsap County Division of Aging and Long-Term Care State of Washington - DHS 614 Division St, MS-5 Port Orchard WA 98366 | 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 |

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
PRIMARY AND NON-CONTRIBUTORY INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Effective Date: 09/15/2023

Name of Person or Organization (Additional Insured):

When required by written contract

SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” arising out of or relating to your negligence in the performance of “your work” for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or “occurrence” we cover for this Additional Insured.

The Additional Insured’s limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

REPORT FRAUD

U.S. Department of Health & Human Services

Office of Inspector General
U.S. Department of Health & Human Services

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» First Choice In-Home Care

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