KC-289-24-D
Kitsap UEI: LD6MNJ62JQD1

AMENDMENT D
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 First Choice In-Home Care, Inc., a Delaware corporation, having its principal office at 555 S Renton Village Pl Ste 300, Renton, WA 98057 ("Contractor").

The parties executed KC-289-24 effective July 1, 2024, which was subsequently amended by KC-289-24-A effective January 1, 2025, KC-289-24-B effective October 1, 2025, and KC-289-24-C effective January 1, 2026 (collectively "Contract"), which the parties desire to amend subject to the terms and conditions of the Amendment.

The parties are 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 $46,145 for a new total compensation amount of $437,395. 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 The Budget Table in Attachment C of the Contract is modified and superseded by the Modified Budget Table provided in Amended Attachment C, which is attached and incorporated by reference.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 April 1, 2026.

5. Ratifition. To the extent that any services were provided or payments were made between April 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 4th day of June, 2026

FIRST CHOICE IN-HOME CARE, INC.

Jim Lord

JIM LORD, President

Dated this 22 day of June, 2026

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

ORAN ROOT, Chair

Christine Rolfes

CHRISTINE ROLFES, Commissioner

Katherine T. Walters

KATHERINE WALTERS, Commissioner

ATTEST:

Marina Linville

Marina Linville, 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: 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: 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

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	$ 321,612.00	$ 38,125.00	$ 38,125.00	$ 38,125.00	$ 38,125.00	$ 38,125.00	$ 38,125.00	$ 38,125.00	$ 54,737.00
State Family Caregiver Respite	$ 100,457.00	$ 9,375.00	$ 9,375.00	$ 9,375.00	$ 9,375.00	$ 9,375.00	$ 9,375.00	$ 9,375.00	$ 34,832.00
AWHI	$ 15,326.00	$ 1,406.00	$ 1,406.00	$ 1,406.00	$ 1,406.00	$ 1,406.00	$ 1,406.00	$ 1,407.00	$ 5,483.00
Total Project	$ 437,395.00	$ 48,906.00	$ 48,906.00	$ 48,906.00	$ 48,906.00	$ 48,906.00	$ 48,906.00	$ 48,907.00	$ 95,052.00

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	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 425-709-3600 **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED First Choice In-Home Care, Inc. 555 South Renton Village Pl, Ste 300 Renton WA 98057 FIRSCHO-07	**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [X] LOC OTHER:	Y		PHPK2602474002	9/15/2025	9/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG WA STOP GAP	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
A	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2602474002	9/15/2025	9/15/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	**UMBRELLA LIAB** [X] OCCUR [X] **EXCESS LIAB** [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			PHUB881601002	9/15/2025	9/15/2026	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B A	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 (DSHS), its Elected and Appointed officials, agents and employees are included as additional insureds with respect to performance of services.

CERTIFICATE HOLDER

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

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

Britt Messner

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

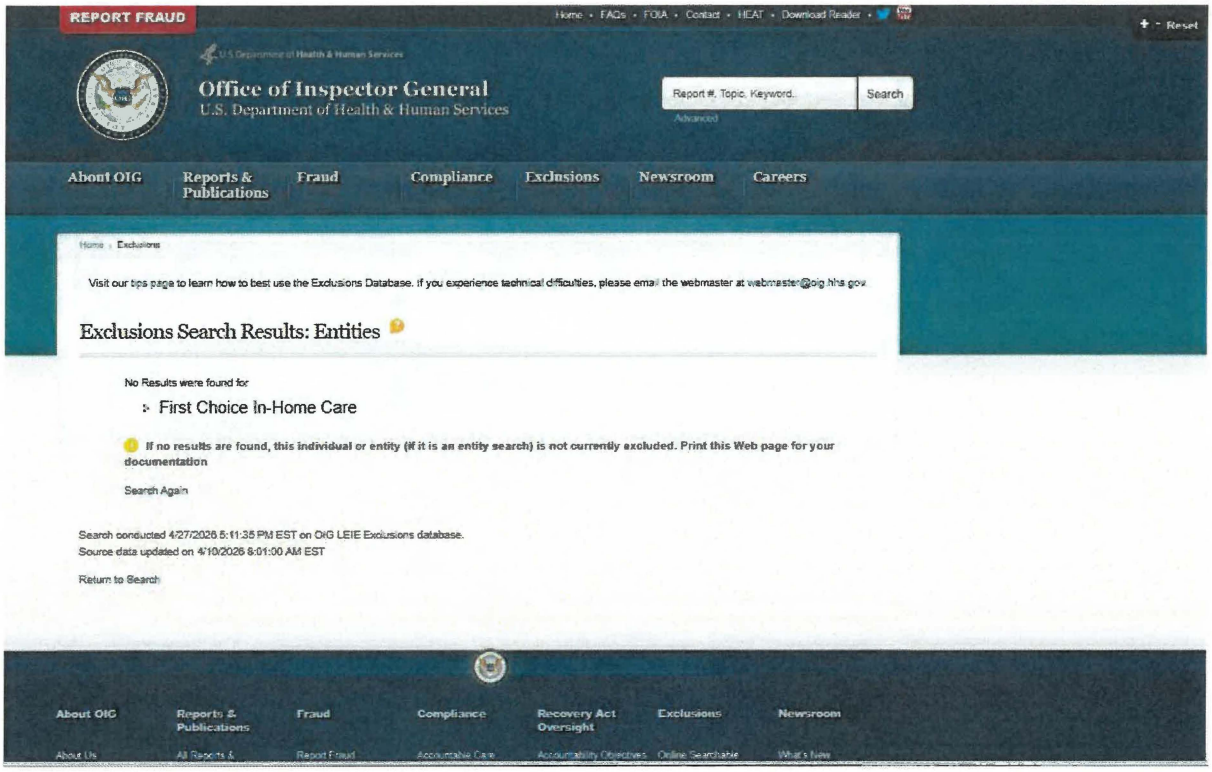
SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence 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.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+ - Reset
U.S. Department of Health & Human Services
Office of Inspector General
U.S. Department of Health & Human Services
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Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.
Exclusions Search Results: Entities
No Results were found for
First Choice In-Home Care
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 4/27/2026 5:11:35 PM EST on OIG LEIE Exclusions database.
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