



Amendment No. 1 to ESD Contract # K7976

PURPOSE: The purpose of this amendment is to:
Reduce compensation and re-align budget.

PARTIES:

Kitsap County (LWDB)

Contract Manager Alissa Durkin	CM Telephone: (360) 689-4624	CM Email adurkin@kitsap.gov
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Employment Security Department (ESD)

Contract Manager Shannon Brundle	CM Phone (360) 545-5063	CM email shannon.brundle@esd.wa.gov
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AMENDMENT: The Parties hereby agree to amend the Contract as follows:

- Paragraph 6. COMPENSATION:** The parties reduce the amount of compensation as set forth below.

PAC	Original Amount	Reduction	new total
Below 200%	\$319,503	\$0	\$319,503
Above 200%	\$159,288	\$50,000	\$109,288
Business Navigator	\$108,333	\$0	\$108,333
Total	\$587,124	\$0	\$537,124

The total contract compensation is reduced by \$50,000.00 for a new total amount of \$537,124.00.

- Exhibit A – STATEMENT OF WORK:** Any compensation amounts listed in the statement of work will be updated to coincide with the amendments to the overall compensation and budget herein.
- Exhibit B - BUDGET AND PERFORMANCE FORM:** The initial Exhibit is hereby replaced in its entirety with the Exhibit B – Budget and Performance Form included herein.

The effective date of this amendment is the date of execution, with the express intent of the parties that the application of the Budget and Performance Form is retroactive to the initial date of the agreement

All other terms and conditions of the original contract, including any prior amendments thereto, remain in full force and effect as previously written. The Parties hereby sign this amendment and acknowledge they each have the authority to execute the same on behalf of their respective party.

Board of County Commissioners Katherine T. Walters, Chair <div style="text-align: right; margin-top: 20px;"> Date <i>Katherine T. Walters</i> 4/8/24 </div>	Employment Security Department Danielle Cruver, Chief Financial Officer <div style="text-align: right; margin-top: 20px;"> Date 4/10/2024 DocuSigned by: </div>
Christine Rolfes, Commissioner <div style="text-align: right; margin-top: 20px;"> Date <i>Christine Rolfes</i> 4/8/24 </div>	Approved/Attested by: Kitsap County Clerk of the Board <div style="text-align: center; margin-top: 20px;"> </div>
Charlotte Garrido, Commissioner <div style="text-align: right; margin-top: 20px;"> Date <i>Charlotte Garrido</i> 4/8/24 </div>	



WA State General Funds

BUDGET PLANNING

Name of Agreement: FY24 State Economic Security for All - Below 200% FPL
 Name of Contractor: Kitsap County

Contract No. _____ K7976-1
 Modification No. _____ 1
 Grant No. _____

Period of Performance: July 1, 2023 through June 30, 2024

LINE ITEM BUDGET DETAIL

	Cost Category	Program Expenses
1	WDC Expenses	\$ 31,950.00
2	Personnel: Salaries & Benefits	\$ 31,950.00
3	Personnel: Travel	
4	Communication	
5	Office Supplies	
6	Equipment	
7	Indirect	
8	Subcontracts	\$ 287,553.00
	TOTAL	\$ 319,503.00

Indirect Rate: _____

SUMMARY OF GRANT NUMBERS, PERIODS OF PERFORMANCE, & AWARD AMOUNTS

Program Year	Grant Number	Period of Performance	Award Amount
FY24	xxxx-xx	7/1/2023 - 6/30/2024	\$319,503.00

Cost Categories	Narrative Description
2 Personnel: Salaries & Benefits	WDC Staff Salaries/Benefits
3 Personnel: Travel	
4 Communications	
5 Office Supplies	
6 Equipment	
7 Indirects	
8 Subcontracts	Subrecipient salaries/benefits, partnerships, recruitment, service delivery, and outreach

PLANNED EXPENDITURES BY QUARTER

All Expenditures	2023		2024	
	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun
Expenditures by Quarter FY24	\$ 31,950.25	\$ 55,913.00	\$ 115,819.88	\$ 115,819.87
Cumulative Total by Quarter	\$ 31,950.25	\$ 87,863.25	\$ 203,683.13	\$ 319,503.00

* Quarterly Expenditures must demonstrate full expenditure of funds by June 30, 2024

WA State General Funds

PERFORMANCE PLANNING

Name of Contract: FY24 State EcSA
 Name of Contractor: Kitsap County

Contract Number: [REDACTED]
 Modification Number: 1
 Grant Number: [REDACTED]

Period of Performance: July 1, 2023 through June 30, 2024

Projected Outcomes by Quarter - State EcSA Below 200% FPL

Performance Indicator	2023 Jul - Sep	2023 Oct - Dec	2024 Jan - Mar	2024 Apr - Jun
Eligible individuals below 200% of FPL enrolled in EcSA	47	56	65	73
Participants placed in training for employment at or above their self-sufficiency wage goal	5	10	15	19
State EcSA Work/Internship Experience	0	0	0	0
State EcSA Transitional Jobs	0	1	1	1
State EcSA Occupational Skills Training	4	8	12	16
State EcSA On-the-Job Training	0	0	1	1
State EcSA Apprenticeship Training	1	1	1	1
Participants entering employment at or above their unique UW Self-Sufficiency wage goal	17	35	52	68

Carry-in = 40 Please add carry-in to first quarter enrollments

Note: This is the fundamental goal and core outcome. Please expect frequent discussion and expectation to reach this goal.

*Please add quarterly outcomes cumulatively
 *Contract targets are for unique individuals separate from WIOA funded EcSA contract

Projected Outcomes by Quarter - State EcSA Above 200% FPL

Performance Indicator	2023 Jul - Sep	2023 Oct - Dec	2024 Jan - Mar	2024 Apr - Jun
Eligible individuals above 200% of FPL enrolled in EcSA	1	7	8	15
Participants placed in training for employment at or above their self-sufficiency wage goal	1	7	8	13
State EcSA Work/Internship Experience	0	0	0	0
State EcSA Transitional Jobs	0	1	2	2
State EcSA Occupational Skills Training	1	5	7	10
State EcSA On-the-Job Training	0	0	1	1
State EcSA Apprenticeship Training	0	0	0	0
Participants entering employment at or above their unique UW Self-Sufficiency wage goal	1	7	8	13

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CERTIFICATE OF LIABILITY INSURANCE

Issue Date 1/21/2020

ISSUED BY:

State of Washington
 Department of Enterprise Services
 Office of Risk Management
 PO Box 41466
 Olympia, WA 98504-1466

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE STATE OF WASHINGTON SELF INSURANCE LIABILITY PROGRAM.

COVERAGE AFFORDED BY

State of Washington Self Insurance Liability Program

INSURED:

State of Washington
 Employment Security Department
 ATTN: Carole Mathews
 212 Maple Park Avenue SE
 Olympia, WA 98503

THE STATE OF WASHINGTON, INCLUDING ALL ITS AGENCIES AND DEPARTMENTS, IS SELF-INSURED FOR TORT LIABILITY CLAIMS. ALL CLAIMS MUST BE FILED WITH THE STATE OFFICE OF RISK MANAGEMENT FOR PROCESSING IN ACCORD WITH STATUTORY REQUIREMENTS.

COVERAGES

THIS IS TO CERTIFY COVERAGE DESCRIBED BELOW IS PROVIDED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE SELF-INSURANCE LIABILITY PROGRAM IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH PROGRAM.

TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE COVERAGE	Self-Insured	Continuous	Continuous	BODILY INJURY, PROPERTY DAMAGE & PERSONAL INJURY COMBINED EACH OCCURRENCE \$5,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED EACH ACCIDENT \$5,000,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	L & I	Continuous	Continuous	WC – STATUTORY
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: Coverage applies as respects tort liability claims against the State of Washington as covered by the Tort Claims Act (RCW 4.92 et seq.) The Certificate Holder is named as additional insured, but only as respects the negligence of the State of Washington.

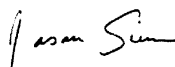
CERTIFICATE HOLDER:**CANCELLATION**

EVIDENCE OF INSURANCE

SHOULD THE SELF INSURANCE LIABILITY PROGRAM BE CANCELLED, THE STATE OF WASHINGTON WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY UPON THE STATE OF WASHINGTON, ITS OFFICIALS, EMPLOYEES, AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:

CERTIFICATE NUMBER CRT 2020-00465



Jason Siems, State Risk Manager



DEPARTMENT OF EMPLOYMENT SECURITY WASHINGTON

Unique Entity ID DZK5KDLUNMS3	CAGE / NCAGE 3X3Q3	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Mar 14, 2024	
Physical Address 212 Maple Park AVE SE Olympia, Washington 98501-2347 United States	Mailing Address PO Box 9046 Olympia, Washington 98507-9046 United States	

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Washington 10	State / Country of Incorporation (blank) / (blank)	URL (blank)

Registration Dates

Activation Date Apr 3, 2023	Submission Date Mar 15, 2023	Initial Registration Date Jul 6, 2004
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Entity Dates

Entity Start Date Mar 1, 1937	Fiscal Year End Close Date Jun 30
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Active Exclusions Records?

No

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Business Types

Entity Structure U.S. Government Entity	Entity Type US State Government	Organization Factors (blank)
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Profit Structure
(blank)

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. State Government

Accepts Credit Card Payments
No

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
3X3Q3

EFT Indicator
5400

CAGE Code
8EZL0

Electronic Business

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Sophal Espiritu

**212 Maple Park AVE SE
Olympia, Washington 98501
United States**

Sophia Espiritu

212 Maple Park AVE SE
Olympia, Washington 98501
United States

Government Business

⌘
Sophal Espiritu

**212 Maple Park AVE SE
Olympia, Washington 98501
United States**

Sophia Espiritu

212 Maple Park AVE SE
Olympia, Washington 98501
United States

NAICS Codes

Primary
Yes

NAICS Codes
921110

NAICS Title
Executive Offices

Yes, this entity appears in the disaster response registry.

No, this entity does not require bonding to bid on contracts.

Bonding Levels	Dollars
	(blank)

States
Washington

Counties
(blank)

Metropolitan Statistical Areas
(blank)