



P.O. BOX 9046, OLYMPIA, WASHINGTON 98507-9046

Amendment Number 1 to Contract Number K7125

BETWEEN

WASHINGTON STATE EMPLOYMENT SECURITY DEPARTMENT

AND

KITSAP COUNTY DBA OLYMPIC WORKFORCE DEVELOPMENT COUNCIL

Amendment Purpose: Increase the Compensation, and replace the Exhibit A-1 Budget

In accordance with Section 9 – Budget Changes, of the underlying agreement, the parties hereby agree to amend the contract as follows:

- 1. **Paragraph 10 Payment Schedule:** The compensation is increased by \$28,250.44 for an updated total compensation amount of **\$413,333.69**
- 2. **Exhibit A1 – Budget Planning:** The allocation of Payments set forth on Exhibit A-1 is hereby replaced with the Exhibit A-1 attached. This updated exhibit is retroactive back to the original start date of the agreement

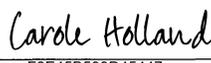
This Amendment is effective upon date of execution. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect.

The parties hereby execute this agreement:

DATED this 10 day of January, 2022

Washington State
Employment Security Department

Kitsap County dba Olympic
Workforce
Development Council

DocuSigned by:

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 Signature _____ Date 1/18/2022


 Edward E. Wolfe, Chair _____ Date 1/10/22

Carole Holland _____
 Name
 Chief Financial officer _____
 Title


 Charlotte Garrido, Commissioner _____ Date 1/10/22


 Robert Gelder, Commissioner _____ Date 1/10/22

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

SAM Search Results
List of records matching your search for :

Record Status: Active
DUNS Number: 808882914

ENTITY	Employment Security, Washington State Department of	Status: Active
DUNS: 808882914	+4:	CAGE Code: 3X3Q3 DoDAAC:
Expiration Date: 10/13/2021	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 212 Maple Park		
City: Olympia	State/Province: WASHINGTON	
ZIP Code: 98501-2347	Country: UNITED STATES	

ENTITY	Employment Security, Washington State Department of	Status: Active
DUNS: 808882914	+4: 5400	CAGE Code: 8EZL0 DoDAAC:
Expiration Date: 10/13/2021	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 212 Maple Park		
City: Olympia	State/Province: WASHINGTON	
ZIP Code: 98501-2347	Country: UNITED STATES	

Hover over each item for instructions:

ESD Contract No.	K7125-1
Other Party Contract No.	
Grant No.	6101-7620-07/6101-7621-07
Request No.	

EMS690 - ESD EXPENDS FUNDS/NON-FINANCIAL CLEARANCE SHEET

1. ESD Contract Name: PY20 Economic Security for All - Olympic		
2. Other Party Information		
Legal Name: <u>Kitsap County</u>		
Full Address: <u>614 Division Street, MS 23, Port Orchard, WA 98366</u>		
Signer: <u>Board of Commissioners (c/o Alissa Durkin)</u> Phone # <u>(253) 370-1136</u>		
E-mail Address: <u>adurkin@co.kitsap.wa.us</u>		
Contact Person: <u>Alissa Durkin</u> Phone #: <u>(253) 370-1136</u>		
E-mail Address: <u>adurkin@co.kitsap.wa.us</u>		
Federal TAX ID # (FEIN) <u>91-6001348</u> UBI # <u>182002345</u>		
Vendor ID (AFRS SWV #): <u>SWV008949-00</u>		
DUNS # <u>71855191</u>		
3. Business Certification (check all that apply)		
<input type="checkbox"/> Veterans <input type="checkbox"/> Women's <input type="checkbox"/> Minority		
<input type="checkbox"/> Micro, Mini or Small Business		
<u>[as defined in RCW 39.26.010(16), (17), or (22)]</u>		
4. Contract Type (check all that apply)		
<input type="checkbox"/> Competitive Solicitation (RF_____)		
<input type="checkbox"/> Master Contract – 2 nd Tier Competition (MC2T)		
<input type="checkbox"/> Master Contract (MC)		
<input type="checkbox"/> Sole Source (SS)		
<input type="checkbox"/> Direct Buy (DB)		
<input type="checkbox"/> Interagency Agreement (IA)		
<input checked="" type="checkbox"/> Grant (G)		
<input type="checkbox"/> Sub Grant (SG)		
<input type="checkbox"/> Professional or Personal Services (PS)		
<input type="checkbox"/> Purchased Services (MP)		
<input type="checkbox"/> Data Sharing (DS)		
<input type="checkbox"/> Other (explain) _____		
5. Original Contract Start Date: _____ Amendment Start Date: <u>11/15/2021</u>		
<input checked="" type="checkbox"/> DOE End Date: <u>03/31/2024</u>		
6. Amendment Change \$ <u>28,250.44</u>		
7. Total Contract Amt. (Incl. Amend.) NTE \$ <u>413,333.69</u>		
<input type="checkbox"/> Non-financial		
Financial Section: Please contact the Budget Analyst assigned to your division for assistance. If not available, send an email to esdgbudget@esd.wa.gov		
8. Type of Funds: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other		
If Federal Funds list CFDA#: <u>17.278, 17.258, 17.59</u>		
Is A-19 Required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. Account Coding (for payment):		
Master Index: <u>P762007P / P762107P</u>		
Org. Index: <u>6101</u> Project Code: <u>7620-07/7621-07</u>		
AFRS Charge coding/Object-sub object: <u>NZ-8525</u>		
10. Data Sharing/Security		
Does this contract involve any data?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If YES, What data? _____		
List division(s) impacted: _____		
Data sharing/security elements of contract have been reviewed & approved by:		
Name: _____ Signature: _____ Date: _____		
11. Information Technology (IT)		
Does this contract involve information technology?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IT elements of this contract have been reviewed & approved by:		
Name: _____ Signature: _____ Date: _____		
12. ESD Contract Manager's Name: <u>Shannon Brundle</u>	Phone #: <u>360-545-5063</u>	Org. Index: <u>6640</u>
13. ESD Contact Person's Name: _____	Phone #: _____	
14. Brief description of contract/amendment: The EcSA contract is amended to include additional PY20 funding and increased performance targets as detailed in the budget and performance spreadsheet.		
15. ESD Contract Signature Authority: Name: <u>Carole Holland</u> Signature: <u>Carole Holland</u> Date: <u>1/18/2022</u>		
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Clearance Routing Procedure Reviewer's Section		
Contracts Office: <u>Angela Boyer-Shaw</u> Date: <u>11/17/2021</u>	Budget Office: <u>Jason Robison Approved by email.</u> Date: <u>11/23/2021</u>	
ESD Policy: <u>Gary Kamimura Approved by email.</u> Date: <u>11/17/2021</u>	Spec. Acctg: _____ Date: _____	
COMMENTS:		