



FACE SHEET

Multi-Service Center
 1200 S. 336th Street, Federal Way WA 98003
 PH 253.838.6810
 FX 253.835.7511

AGREEMENT

CONTRACT NUMBER State 2026 LTCOP 26-32303-101-R11 AMENDMENT # 1 KC-426-25-A

CONTRACTING PARTIES

SUBGRANTEE		GRANTOR	
Street Address	Kitsap County Division of Aging and Long-Term Care 614 Division Street, MS-5	Street Address	Multi-Service Center 1200 S 336th Street
City, State, Zip	Port Orchard, WA 98366-4676	City, State, Zip	Federal Way, WA 98003
Mail Address	614 Division Street, MS-5	Mail Address	1200 S 336th Street
City, State, Zip	Port Orchard, WA 98366-4676	City, State, Zip	Federal Way, WA 98003
Phone	360-337-7068	Phone	253-838-6810
Fax	360-337-5762	Fax	253-835-7511
Contact	Stacey A.S. Smith	Contact	Patricia Hunter
Title	Director, Kitsap County	Title	WA State Long-Term Care Ombudsman
Email	sasmith@co.kitsap.wa.us	Email	stateombuds@mschelps.org

COMPENSATION	AMOUNT	AMENDMENT PURPOSE
SOURCE OF FUNDING:	Prior Amendment: \$ 67,415.00	<i>Amendment 1 effective date July 1, 2025 to June 30, 2026</i>
State LTCOP-GFS \$ 78,215.00	Amendment 1 Amount: \$ 10,800.00	
26-32303-101	\$ 78,215.00	
BUDGET CATEGORIES:	EFFECTIVE DATE	
LTCSUB-GFS Base \$ 21,977.00	Amendment 1 Start Date: July 1, 2025	
Travel (Regional Meetings) \$ 372.00		
LTCSUB-GFS Proviso \$ 55,866.00		
TOTAL \$ 78,215.00	Amendment 2 End Date: June 30, 2026	

CONTRACT PURPOSE

This contract is awarding funds to operate and provide services under the Long-Term Care Ombudsman program.

Washington State Long-Term Care Ombudsman Program, is program of the Multi-Service Center. Multi-Service Center is the Grantee, as defined above, acknowledge and accept the terms of this Grant Amendment and attachments and have executed this Grant on the date below to start as of the date and year referenced above. The Regional LTCOP will be operated in such a manner as to be consistent with the Revised Code of Washington Chapter 43.190 and Washington Administrative Code Chapter 365-18 and this contract General Terms and Conditions. The rights and obligations of both parties to this Grant as Amended are governed by this Grant Amendment and the following other documents incorporated by reference: The contract agreement includes - Statement of Work, Regional LTC Ombudsman Program Advisory Council Membership and Functions, Job Title: Regional LTC Ombudsman, Job Title: Certified LTC Ombudsman (Volunteer), Certification Regarding Debarment form, Budget Form and Invoice Form.

A copy of this Grant Amendment shall be attached to and made a part of the original Grant between the SubGrantee and the Grantor. Any reference in the original Grant to the "Grant" shall mean the "Grant As Amended".

AUTHORIZED REPRESENTATIVE SIGNATURES

		FOR Washington State Long Term Care Ombudsman	
		Name:	Patricia Hunter
		Signature:	
		Date:	2/25/2026
FOR SUBGRANTEE:		FOR GRANTOR:	
Name:	Oran Root	Name:	Kirsten York
Title:	Chair	Title:	CEO
Signature:		Signature:	
Date:	2/23/26	Date:	2/25/2026



Regional LTCOP Agency:

Kitsap County Division of Aging and Long-Term Care
Contract State 2026 LTCOP 26-32303-101-R11 , Amendment 1

Regional Budget	LTCSUB-GFS Base	Travel (Regional Meeting)	LTCSUB-GFS Proviso			Local Agency Funding *	TOTAL
REVENUE							
MSC - WASLTCOP	\$ 21,977.00	\$ 372.00	\$ 55,866.00				\$ 78,215.00
*Older Americans Act (3-B)						\$ 7,138.00	\$ 7,138.00
*Older Americans Act (Elder Abuse)						\$ 2,068.00	\$ 2,068.00
*Senior Citizens Services Act (SCSA)						\$ 10,000.00	\$ 10,000.00
*Fund balance						\$ 55,733.47	\$ 55,733.47
TOTAL REVENUE	\$ 21,977.00	\$ 372.00	\$ 55,866.00	\$ -	\$ -	\$ 74,939.47	\$ 153,154.47
EXPENSE							
Regional LTCO Salary	\$ 10,273.90		\$ 39,106.20			\$ 52,457.63	\$ 101,837.73
Regional LTCO Fringe	\$ 4,403.10		\$ 16,759.80			\$ 22,481.84	\$ 43,644.74
Clerical Salary							\$ -
Clerical Fringe							\$ -
Telephone	\$ 500.00						\$ 500.00
Utilities							\$ -
Postage	\$ 100.00						\$ 100.00
Supplies	\$ 2,000.00						\$ 2,000.00
Printing	\$ 400.00						\$ 400.00
Equipment							\$ -
Rent/Bldg. Maintenance							\$ -
Other	\$ 2,000.00						\$ 2,000.00
Subscription	\$ 300.00						\$ 300.00
Insurance							\$ -
Travel		\$ 372.00					\$ 372.00
Training/Education	\$ 2,000.00						\$ 2,000.00
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Subtotal Operating Expense	\$ 21,977.00	\$ 372.00	\$ 55,866.00	\$ -	\$ -	\$ 74,939.47	\$ 153,154.47
Administration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Admin Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSE	\$ 21,977.00	\$ 372.00	\$ 55,866.00	\$ -	\$ -	\$ 74,939.47	\$ 153,154.47
TOTAL NET INCOME (LOSS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* For local agency funds listed above identify the source



MULTI-SERVICE CENTER

INVOICE

Multi-Service Center
 1200 S. 336th Street, Federal Way WA 98003
 PH 253.838.6810
 FX 253.835.7511

INVOICE

INVOICE NUMBER: 26-32303-R11-YY-MM DATE SUBMITTED: _____

AGENCY

SUBGRANTEE	Kitsap County Division of Aging and Long-Term Care	Contact Stacey Smith
Street Address	614 Division Street, MS-5	Title Administrator
City, State, Zip	Port Orchard, WA 98366-4676	Email sasmith@kitsap.gov
Mail Address	614 Division Street, MS-5	
City, State, Zip	Port Orchard, WA 98366-4676	
Phone	360-337-7068	
Fax	360-337-5762	

COMPENSATION

COMPENSATION FOR THE PERIOD OF: _____ Month/Year

BUDGET CATEGORIES:	BUDGET	CURRENT	CUMULATIVE	BALANCE
LTCSUB-GFS Base	\$ 21,977.00	\$ -	\$ -	\$ 21,977.00
Travel (Regional Meetings)	\$ 372.00	\$ -	\$ -	\$ 372.00
LTCSUB-GFS Proviso	\$ 55,866.00	\$ -	\$ -	\$ 55,866.00
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
TOTAL	\$ 78,215.00	\$ -	\$ -	\$ 78,215.00
<i>Progress</i>		0%	0%	100%

CERTIFICATION

The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished according to the subgrantee agreement, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

SUPPORTING DOCUMENTATION

The individual signing below certifies that a list of expenses will accompany this invoice to match in amount and by category in compliance with the supporting documentation requirements as stated in the subgrantee agreement. In addition, the information provided is subject to examination under the periodic bi-annual desk audit review.

AUTHORIZATION

SUBGRANTEE:	Name: <u>Stacey A.S. Smith</u>	Signature:
	Title: <u>Director</u>	Date: <u>1 28 2026</u>

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