

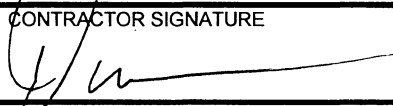

**CONTRACT AMENDMENT
Coronavirus Response and Relief
Supplemental Appropriations Act
(CRRSAA)**

DSHS CONTRACT NUMBER:
2169-23658

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
KC-442-21-A
Contractor Contract Number

CONTRACTOR NAME Kitsap County		CONTRACTOR doing business as (DBA) Kitsap County AAA	
CONTRACTOR ADDRESS 614 Division St MS23 Pt. Orchard, WA 98366-4676		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 182-002-345	DSHS INDEX NUMBER 1076
CONTRACTOR CONTACT Stacey Smith	CONTRACTOR TELEPHONE (360) 337-5624	CONTRACTOR FAX (360) 337-5746	CONTRACTOR E-MAIL ADDRESS sasmith@kitsap.gov
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Division of Home And Community Services	DSHS CONTRACT CODE 1028LS-69
DSHS CONTACT NAME AND TITLE Lexie Bartunek Program Manager		DSHS CONTACT ADDRESS 4450 10th Ave SE Lacey, WA 98503-	
DSHS CONTACT TELEPHONE (360)725-3548	DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL ADDRESS bartuqa@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBERS 93.048	
AMENDMENT START DATE 07/01/2022	CONTRACT END DATE 09/30/2023		
PRIOR MAXIMUM CONTRACT AMOUNT \$29,606.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$29,606.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input checked="" type="checkbox"/> Additional Exhibits (specify): Exhibit B, Grant Award Document.			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Doug Washburn - Director		DATE SIGNED 11/30/22
DSHS SIGNATURE 	PRINTED NAME AND TITLE Tammy Layton, Contract Manager		DATE SIGNED 11/30/2022

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. The period of performance is extended to September 30, 2023.
2. The attached Grant Award Document is added to Exhibit B, attached hereto and incorporated herein.

All other terms and conditions of this Contract remain in full force and effect.



Recipient Information	Federal Award Information
<p>1. Recipient Name SOCIAL AND HEALTH SERVICES, WASHINGTON STATE DEPARTMENT OF PO BOX 45600 Olympia, WA 98504-5600 [NO DATA]</p> <p>2. Congressional District of Recipient 10</p> <p>3. Payment System Identifier (ID) 1916001088A1</p> <p>4. Employer Identification Number (EIN) 916001088</p> <p>5. Data Universal Numbering System (DUNS) 127347115</p> <p>6. Recipient's Unique Entity Identifier (UEI) SEYQXMXJLUP5</p> <p>7. Project Director or Principal Investigator Ms. Marietta Bobba Program Manager bobbam@dshs.wa.gov 360-725-2618</p> <p>8. Authorized Official Ms. Marietta Bobba Program Manager bobbam@dshs.wa.gov 360-725-2618</p>	<p>11. Award Number 90NWC50008-01-01</p> <p>12. Unique Federal Award Identification Number (FAIN) 90NWC50008</p> <p>13. Statutory Authority Title II of the Older Americans Act of 1965 and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021.</p> <p>14. Federal Award Project Title No Wrong Door System COVID-19 Vaccine Access Supplemental Funding</p> <p>15. Assistance Listing Number 93.048</p> <p>16. Assistance Listing Program Title Special Programs for the Aging_Title IV_and Title II_Discretionary Projects</p> <p>17. Award Action Type ACL No-Cost Extension</p> <p>18. Is the Award R&D? No</p>
<p>Federal Agency Information CIP - Aging and Disability Resource Center/No Wrong Door System COVID-19 Vaccine</p> <p>9. Awarding Agency Contact Information Mr. Howard B Nicholas Grants Management Specialist Howard.Nicholas@acl.hhs.gov 202-795-7275</p> <p>10. Program Official Contact Information Mrs. Ami B Patel Program Analyst Ami.Patel@acl.hhs.gov 202-795-7376</p>	<p style="text-align: center;">Summary Federal Award Financial Information</p> <p>19. Budget Period Start Date 04/01/2021 - End Date 09/30/2023</p> <p>20. Total Amount of Federal Funds Obligated by this Action \$0.00</p> <p style="padding-left: 20px;">20a. Direct Cost Amount \$0.00</p> <p style="padding-left: 20px;">20b. Indirect Cost Amount \$0.00</p> <p>21. Authorized Carryover \$0.00</p> <p>22. Offset \$0.00</p> <p>23. Total Amount of Federal Funds Obligated this budget period \$574,836.00</p> <p>24. Total Approved Cost Sharing or Matching, where applicable \$0.00</p> <p>25. Total Federal and Non-Federal Approved this Budget Period \$574,836.00</p> <p>26. Period of Performance Start Date 04/01/2021 - End Date 09/30/2023</p> <p>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$574,836.00</p> <p>28. Authorized Treatment of Program Income ADDITIONAL COSTS</p> <p>29. Grants Management Officer – Signature Sr. Renee Guerra Grants Management Officer</p>
30. Remarks	

See Remarks (continuation)



Recipient Information
Recipient Name SOCIAL AND HEALTH SERVICES, WASHINGTON STATE DEPARTMENT OF PO BOX 45600 Olympia, WA 98504-5600 [NO DATA]
Congressional District of Recipient 10
Payment Account Number and Type 1916001088A1
Employer Identification Number (EIN) Data 916001088
Universal Numbering System (DUNS) 127347115
Recipient's Unique Entity Identifier (UEI) SEYQXMXJLUP5

31. Assistance Type Cooperative Agreement
32. Type of Award Demonstration

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$574,836.00
j. TOTAL DIRECT COSTS	\$574,836.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$574,836.00
m. Federal Share	\$574,836.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-299CDAD	90NWC5000801C5	ACL-CIP	41.45	93.048	\$0.00	75-2124-0943



Department of Health and Human Services

Administration For Community Living

Notice of Award

Award# 90NWC50008-01-01

FAIN# 90NWC50008

Federal Award Date: 10/21/2022

Remarks (Continuation)

This amendment provides a no-cost extension of the 01 year budget period for 12 months, through 9/30/2023 in accordance with the grantee's request submitted via GrantSolutions on 10/03/2022. The project period end date has been adjusted accordingly. In extending the final budget period, the grantee agrees to submit all required reports in accordance with the Terms and Conditions of Award and applicable regulations and policy.

All of the Terms and Conditions from the prior Notice of Award remain in effect.



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U.S. Department of Health & Human Services

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