



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

DSHS CONTRACT NUMBER:
2169-23658

Amendment No. 02

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-B
Contractor Contract Number

CONTRACTOR NAME Kitsap County	CONTRACTOR doing business as (DBA) Kitsap County AAA
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CONTRACTOR ADDRESS 614 Division St MS23 Pt. Orchard, WA 98366-4676	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 182-002-345	DSHS INDEX NUMBER 1076
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CONTRACTOR CONTACT Stacey Smith	CONTRACTOR TELEPHONE (360) 337-5624	CONTRACTOR FAX (360) 337-5746	CONTRACTOR E-MAIL ADDRESS sasmith@kitsap.gov
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DSHS ADMINISTRATION Aging & Long Term Support Admin	DSHS DIVISION Division of Home And Community Services	DSHS CONTRACT CODE 1028LS-69
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DSHS CONTACT NAME AND TITLE Lexie Bartunek Program Manager	DSHS CONTACT ADDRESS 4450 10th Ave SE Lacey, WA 98503-
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DSHS CONTACT TELEPHONE (360)725-3548	DSHS CONTACT FAX Click here to enter text.	DSHS CONTACT E-MAIL ADDRESS bartuqa@dshs.wa.gov
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IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes	CFDA NUMBERS 93.048
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AMENDMENT START DATE 09/19/2023	CONTRACT END DATE 09/30/2024
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PRIOR MAXIMUM CONTRACT AMOUNT \$29,606.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$29,606.00
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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:
 Additional Exhibits (specify): Exhibit B, Grant Award

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 Charlotte Garrido, Chair	DATE SIGNED 11/27/23
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DSHS SIGNATURE 	PRINTED NAME AND TITLE Jennifer Albertson, Contract Manager	DATE SIGNED 12/5/23
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This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

- A. The period of performance is extended through September 30, 2024.
- B. The attached Notice of Award is added to Exhibit B, Grant Award.

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



Recipient Information

- 1. Recipient Name**
DEPARTMENT OF SOCIAL & HEALTH SERVICES
PO BOX 45600
Olympia, WA 98504-5600
[NO DATA]
- 2. Congressional District of Recipient**
10
- 3. Payment System Identifier (ID)**
1916001088A1
- 4. Employer Identification Number (EIN)**
916001088
- 5. Data Universal Numbering System (DUNS)**
127347115
- 6. Recipient's Unique Entity Identifier (UEI)**
SEYQXMXJLUP5
- 7. Project Director or Principal Investigator**
Ms. Marietta Bobba
Program Manager
bobbam@dshs.wa.gov
360-725-2618
- 8. Authorized Official**
Ms. Marietta Bobba
Program Manager
bobbam@dshs.wa.gov
360-725-2618

Federal Agency Information

CIP - Aging and Disability Resource Center/No Wrong Door System COVID-19 Vaccine

9. Awarding Agency Contact Information
Mr. Howard B Nicholas
Grants Management Specialist
Howard.Nicholas@acl.hhs.gov
202-795-7275

10. Program Official Contact Information

Mrs. Ami B Patel
Program Analyst
Ami.Patel@acl.hhs.gov
202-795-7376

Federal Award Information

- 11. Award Number**
90NWC50008-01-02
- 12. Unique Federal Award Identification Number (FAIN)**
90NWC50008
- 13. Statutory Authority**
Title II of the Older Americans Act of 1965 and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021.
- 14. Federal Award Project Title**
No Wrong Door System COVID-19 Vaccine Access Supplemental Funding
- 15. Assistance Listing Number**
93.048
- 16. Assistance Listing Program Title**
Special Programs for the Aging_ Title IV_ and Title II_ Discretionary Projects
- 17. Award Action Type**
ACL No-Cost Extension
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date	04/01/2021	- End Date	09/30/2024
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$574,836.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$574,836.00
26. Period of Performance Start Date	04/01/2021	- End Date	09/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$574,836.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Sr. Renee Guerra
Grants Management Officer

30. Remarks

See Remarks (continuation)



Recipient Information	
Recipient Name DEPARTMENT OF SOCIAL & HEALTH SERVICES 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# 90NWC50008-01-02

FAIN# 90NWC50008

Federal Award Date: 09/19/2023

Remarks (Continuation)

INITIAL NO-COST EXTENSION

This amendment provides a no-cost extension of the 05 year budget period for 12 months, through 9/30/2024 in accordance with the grantee's request submitted via GrantSolutions. 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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