Kitsap UEI: LD6MNJ62JQD1 Assistance Listing Number: 17.258,17.278,17.259

CONTRACT AMENDMENT A

This CONTRACT AMENDMENT is made and entered into between **OLYMPIC CONSORTIUM, through Kitsap County, its administrative entity**, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "**CONSORTIUM**", and Career Path Services, hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-557-24, and executed on November 25, 2024, shall be amended as follows:

- 1. <u>Contract Amount</u>: The contract amount is being increased by \$120,000 creating a new contract balance of \$240,000.
- 2. <u>Contract Term</u>: The contract term is extended from September 30, 2025 to September 30, 2026.
- 3. <u>Attachment C-Budget</u>: The budget shall be replaced in their entirety and replaced with the attached.
- 4. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective October 1, 2025.

DATED this 21 day October, 2025. DATED this 10 day NOV, 2025.

CONTRACTOR: **Career Path Services**

Name: Andrew Dwonch

Title: Chief Operations Officer

BOARD OF COUNTY COMMISSIONERS KITSAP COUNTY, WASHINGTON

I attest that I have the authority to sign this contract on behalf of Career Path Services

ORAN ROOT, Commissioner

KATHERINE T. WALTERS, Commissioner

Dana Daniels, Clerk of the Board



Approved as to form by the Prosecuting Attorney's Office

ATTACHMENT C: PY25 Olympic Budget - Career Path Services

Budget Category	Budget
Personnel: Staff Wages	68,729.00
Personnel: Staff Benefits	26,117.00
Travel	8,140.00
Supplies	219.00
Communications (telephone lines & online services)	1,999.00
Professional Fees	411.00
Insurance and Bonding	407.00
Computer Maintenance	1,073.00
Computer Equipment	0.00
Indirect Costs	12,905.00
TOTAL	120,000.00

SELDER

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

τ	nis certificate does not confer rights to	tne e	certificate noider in lieu of su	ich endorsement(s)				
1900-1909	DDUCER			CONTACT NAME:					
Hub International Northwest LLC PO Box 3144				PHONE (A/C, No, Ext): (509) 747-3121 FAX (A/C, No): (509) 623-1073					
	okane, WA 99220			E-MAIL ADDRESS: nowspk	info@hubir	nternational.com			
				IN.	SURER(S) AFFO	RDING COVERAGE		NAIC#	
				INSURER A : Philade	elphia Indei	mnity Insurance Comp	pany	18058	
INS	URED			INSURER B : Great American Fidelity Insurance Company			pany	41858	
	Career Path Services			INSURER C :					
	816 W Francis Ave #1028			INSURER D :					
	Spokane, WA 99205-6512			INSURER E :					
				INSURER F:					
CC	OVERAGES CER	TIFIC	ATE NUMBER:			REVISION NUMBER:			
II C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	S OF EQUIR PERT	INSURANCE LISTED BELOW I REMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORI	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	10,136.46		, Children Land		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	х	PHPK2552076-014	6/30/2025	6/30/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
		~		111111111111111111111111111111111111111		MED EXP (Any one person)	s	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$	2,000,000	
	POLICY PCT LOC					GENERAL AGGREGATE		2,000,000	
	OTHER: General Aggregate					PRODUCTS - COMP/OP AGG	\$		
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	5	1,000,000	
	ANY AUTO		PHPK2552076-014	6/30/2025	6/30/2026	(Ea accident)	-	7,472,74	
	OWNED AUTOS ONLY X SCHEDULED AUTOS		F 11F 1(2552010-014	0/30/2023	0/30/2020	BODILY INJURY (Per person)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY					(Per accident)	\$		
Α	V V					\$	2,000,000		
^	X UMBRELLA LIAB X OCCUR		PHUB863057014	6/30/2025	6/30/2026	EACH OCCURRENCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE		F110B003037014	0/30/2023	0/30/2020	AGGREGATE	\$	2 000 000	
A	DED X RETENTION\$ 10,000					Aggregate OTH-	\$	2,000,000	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		DUDI/055007C 044	CIONIONE	CIDOIDOGC	PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	PHPK2552076-014	6/30/2025	6/30/2026	E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below	_	_1				\$		
Α	General Liability		PHPK2552076-014	6/30/2025	6/30/2026	Per Occ.		1,000,000	
В	Cyber/Privacy/Networ		CYP 3643149-08	6/30/2025	6/30/2026				
Dire Carr Effe Polic Limi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI ctors & Officers rier: Philadelphia Insurance Companies ctive 06-30-25 to 06-30-26 cy # PHSD1796355014 it \$2,000,000 00 Deductible	ES (AC	ORD 101, Additional Remarks Schedul	le, may be attached if mou	re space is requir	ed)			
SEE	ATTACHED ACORD 101								
CE	RTIFICATE HOLDER			CANCELLATION					
OEI	KIII IOATE HOLDER		CANCLLLATION						
Olympic Workforce Development Council 614 Division St. MS-23			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

AUTHORIZED REPRESENTATIVE

Cyso

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Hub International Northwest LLC		NAMED INSURED Career Path Services 816 W Francis Ave #1028		
POLICY NUMBER SEE PAGE 1		Spokane, WA 99205-6512		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Employment Practices Liability

Carrier: Philadelphia Insurance Companies

Effective 06-30-25 to 06-30-26 Policy # PHSD1796355014

Limit \$2,000,000 \$35,000 Deductible

Crime Coverage:

Carrier: Philadelphia Insurance Companies

Effective 06-30-25 to 06-30-26 Policy # PHSD1796355014

Limit \$200,000 \$5,000 Deductible

Computer Fraud \$200,000 \$5,000 Deductible

