

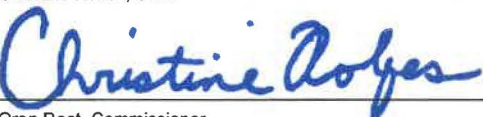
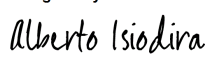





Employment Security Department
WASHINGTON STATE

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

KC-608-24-A

Amendment No. 1 to ESD Contract K8696

PARTIES:		
Kitsap County (LWDB)		
Contract Manager Alissa Durkin	CM Telephone (360) 689-4624	CM Email adurkin@kitsap.gov
Employment Security Department (ESD)		
Contract Manager Anne Goranson	CM Telephone (360) 489-1904	CM Email Anne.Goranson@esd.wa.gov
AMENDMENT: The Parties agree to amend the Contract as follows:		
<ol style="list-style-type: none"> Section 3 Term: The term is extended through June 30, 2026. Section 4 Statement of Work: The statement of work is modified as attached. Section 5 Compensation The remaining budget of \$85,142.00 may not be carried forward and must be expended by the end of the contract term. No additional funds are being added. 		
<p>The effective date of this amendment is the date of execution.</p> <p>All other terms and conditions of the original contract, including any prior amendments thereto, remain in full force and effect as previously written. The Parties hereby sign this amendment and acknowledge they each have the authority to execute the same on behalf of their respective party.</p>		
Board of County Commissioners Kitsap County, Washington	Employment Security Department	Date
Christine Rolfes, Chair		
 Date 8.11.25	Signed by:  2008619B46CC4B7...	8/25/2025
Oran Root, Commissioner	Name	
 Date 8.11.25	Alberto Isiodira	
Katherine T. Walters, Commissioner	Title	
ATTEST:  Date 8.11.25	Assistant Director of Operations	
Dana Daniels, Clerk of the Board		
 Date 8.11.25		



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ATTACHMENT A – STATEMENT OF WORK

WIT Change Agent Scope of Work:

1. Re-assess the local area's change and its impact locally (e.g. workarounds)
2. Refresh and 12 WDA Change Plans located [on the WPC Project Page's Change Management page](#) to reflect the current project and Area needs, ensure proper representation – working with Organizational Change Leader(s) assigned to the ESD Workforce Services Division (WSD).
3. Implementation of the change plans, which includes check-ins, evaluations, follow-through, feedback loops, risk management and mitigations.
4. Responsible for close collaboration and integration with the WIT Communications and Training Advisory Teams
5. Facilitate assessments / seek feedback loops / rumor bust – WorkSource Staff team morale, satisfaction
6. Research, propose, and create assessment tools or recommendations to post-launch adoption
7. Promote, amplify the needs for the operational readiness (primarily communications & training)
8. Conduct / analyze two Communications Survey
9. Coaching for supervisors and local leaders to create the time and space to engage on the system transition
10. General coaching (ad-hoc) to help others navigate through change.
11. Provide change management expertise by engaging management in the planning and execution of specific change strategies.
12. Provide suggestions on industry best practices for improvements. Develop innovative and effective solutions to complex business problems.
13. Conduct / analyze two Communications Surveys
14. Support project risk and issues mitigation identification/adoption.
15. Provide thoughtful, structured recommendations to WorkSource System leaders (WDA, WSD executives)
16. Leads change acceptance through
17. Be available to guide and consult the impacted groups who will advocate for the change among their teams
18. Related Travel to participate in 2 WIT In-person Teaming; Allowance for Travel to XX areas if necessary

Deliverables:

1. 12 Change Plans located [on the WPC Project Page](#)—target March 2025
(10hr/wk) **Completed**
 - a. Reengagement – reach out to each WDA Liane to do leg work
 - b. Warm hand off – jointly partnership both
 - i. Timeline to be provided -Luci to 12 kickoffs
 - c. Scrub the plans – Liane (Distribution and who's who)
 - d. Kick off with each group to reset.
 - i. Casting vision Luci



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- ii. Liane timelines and reporting out and if there is a problem.
 - 1. Identify early and discuss with Linda to escalate. 5-10
- iii. Scheduling Liane include Luci
- iv. Before mid-February
- v. Direction in addition to = XYZ
 - 1. Ex. Sponsors, leaders, communicators (who's who) how it's leveraged their communicator and resources to partnerships.
 - 2. Current resources at the table
- vi. TAT implementation; 1-pager? At local level with operational readiness.
- vii. Change Management Template (Luci) use WDA 1 as an example
 - 1. Element of assessment of risks and impact of successful adoption
 - a. Assessment tools and Reporting on the efficacy of the Communications materials and Training deliver--- by February 2025 maybe as part of overall.
 - i. Continue feedback on CM health – Luci format to measure progress but long picture the outline, internal assessment and check in to validate.
 - b. An assessment of the risks and impact on successful adoption for each WDA—target April 2025- follow up in logging and risk mitigation (ongoing) (Result of change plan)
 - 2. Where is the risk? Need to form guidance
 - a. Using 10 change management critical (iceberg)
 - b. Drives top 3-5 drives communication needs
- 2. "Top 5 things" for each Workforce Development Area's (WDA) personas for communications needs --- target April 2025 (Result of change plan and assessment) **Completed**
 - 1. Unique impact where their change needs to be captured.
 - 2. Latasha and Allison to work (1.d.v.2.b.) top 3-5 drives communication needs
- 3. Operational Readiness Plan (in conjunction with Project Communications, Training, and Project Leadership)—target May 2025 **Implementation Completed** w/ongoing support.
- 4. Change Agent's introductory training module for the WIIFM— Pework +1 month: 4 Month prior to Go-Live
- 5. Two Communications Surveys --- Trifecta Benchmark Survey 8 months & 4 months prior to Go-Live



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1. Survey is complete.
6. Tools to equip the WDA areas to support the training, knowledge build, and ability for operational readiness ([link to training plan](#)) (under Project Deliverables Heading on WPC)
 1. Leader Tool Kit
 2. Training (artifact) with who, what, WIIFM.
7. Resistance Management Plans (by Areas) for implementation barriers and continued adoption--- by ~~September 2025~~ 3 months prior to launch.
Deliverable Complete w/ongoing support.
8. Assessment tools or recommendations to post-launch adoption--- 3 months prior to Go-Live.
9. Readiness presentations to update I&T Steering Committee ([link to the WorkSource Governance](#)) on the operational readiness (x3) prior to launch
 1. X4 Ad Hoc TBD
10. Working with the WIT PM, facilitate change related Lessons Learned at the [completion of the project](#) – by 1month after Go-Live and completed by 3 months post go-live.
11. Support and Inform Trifecta Town Halls

Not in scope:

- Change Management Community of Practice
- Support of the WIT Implementation Team, Technical Vendor / Contractors with morale, burn-out, and troubleshooting of dynamics
- WIT Project / Executive Steering Committee management
- Development and delivery of Sponsor Training
- Project closure and celebration activities

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.		
INSURED: State of Washington Employment Security Department ATTN: Carole Mathews 212 Maple Park Avenue SE Olympia, WA 98503		COVERAGE AFFORDED BY State of Washington Self Insurance Liability Program		
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 CERTIFICATE NUMBER CRT 2020-00465		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:  Jason Siems, State Risk Manager		



DEPARTMENT OF EMPLOYMENT SECURITY WASHINGTON

Unique Entity ID DZK5KDLUNMS3	CAGE / NCAGE 3X3Q3	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Mar 14, 2024	
Physical Address 212 Maple Park AVE SE Olympia, Washington 98501-2347 United States	Mailing Address PO Box 9046 Olympia, Washington 98507-9046 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Washington 10	State / Country of Incorporation (blank) / (blank)	URL (blank)

Registration Dates

Activation Date Apr 3, 2023	Submission Date Mar 15, 2023	Initial Registration Date Jul 6, 2004
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Entity Dates

Entity Start Date Mar 1, 1937	Fiscal Year End Close Date Jun 30
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure U.S. Government Entity	Entity Type US State Government	Organization Factors (blank)
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Profit Structure
(blank)

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. State Government

Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
No	No

EFT Indicator	CAGE Code
0000	3X3Q3

EFT Indicator	CAGE Code
5400	8EZL0

Points of Contact

Electronic Business

 Sophal Espiritu	212 Maple Park AVE SE Olympia, Washington 98501 United States
Sophia Espiritu	212 Maple Park AVE SE Olympia, Washington 98501 United States

Government Business

 Sophal Espiritu	212 Maple Park AVE SE Olympia, Washington 98501 United States
Sophia Espiritu	212 Maple Park AVE SE Olympia, Washington 98501 United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	921110	Executive Offices

Disaster Response

Yes, this entity appears in the disaster response registry.

No, this entity does not require bonding to bid on contracts.

Bonding Levels	Dollars
	(blank)

States	Counties	Metropolitan Statistical Areas
Washington	(blank)	(blank)