



Amendment No. 1 to ESD Contract K7552

PURPOSE: The purpose of this amendment is to:																									
To extend the term of the agreement and changed the Kitsap County contract manager.																									
PARTIES:																									
Kitsap County, WA (County)																									
Contract Manager Robert Gelder	CM Telephone: (206)235-0232																								
CM Email rgelder@co.kitsap.wa.us																									
Employment Security Department (ESD)																									
Contract manager Elaine Stefanowicz	CM Telephone (360)890-3774																								
CM email elaine.stefanowicz@esd.wa.gov																									
ADMENDMENT: The Parties hereby agree to amend the Contract as follows:																									
<ol style="list-style-type: none"> 1. Section 3, CONTRACT TERM: The parties extend the term from January 1, 2023 to June 30, 2023. 2. Section 11, CONTRACT MANAGEMENT: Kitsap County updates its Contract Manager as noted above. 																									
The effective date of this amendment is January 1, 2023, regardless of date of execution																									
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.																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><small>Contractor:</small></td> <td style="width: 40%;"><small>Date</small></td> </tr> <tr> <td><small>DocuSigned by:</small> <i>Robert Gelder</i></td> <td>11/28/2022</td> </tr> <tr> <td><small>Name</small> 1E54B5E181DC48B...</td> <td></td> </tr> <tr> <td>Robert Gelder</td> <td></td> </tr> <tr> <td><small>Title</small></td> <td></td> </tr> <tr> <td>County Commissioner</td> <td></td> </tr> </table>	<small>Contractor:</small>	<small>Date</small>	<small>DocuSigned by:</small> <i>Robert Gelder</i>	11/28/2022	<small>Name</small> 1E54B5E181DC48B...		Robert Gelder		<small>Title</small>		County Commissioner		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><small>Employment Security Department</small></td> <td style="width: 40%;"><small>Date</small></td> </tr> <tr> <td><small>DocuSigned by:</small> <i>Elizabeth Gordon</i></td> <td>11/28/2022</td> </tr> <tr> <td><small>Name</small> 2A891CEDEF384FB...</td> <td></td> </tr> <tr> <td>Elizabeth Gordon</td> <td></td> </tr> <tr> <td><small>Title</small></td> <td></td> </tr> <tr> <td>Executive Director</td> <td></td> </tr> </table>	<small>Employment Security Department</small>	<small>Date</small>	<small>DocuSigned by:</small> <i>Elizabeth Gordon</i>	11/28/2022	<small>Name</small> 2A891CEDEF384FB...		Elizabeth Gordon		<small>Title</small>		Executive Director	
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Hover over each item for instructions

ESD Contract No. K7552-01
 Other Party Contract No. KC-356-22-A
 Request No. R3195

EMS690 - ESD EXPENDS FUNDS/NON-FINANCIAL CLEARANCE SHEET

1. ESD Contract Name: Kitsap County Accessible Communities Advisory Committee		
2. Other Party Information Legal Name: <u>Kitsap County</u> Full Address: <u>614 Division Street, MS-23, Pt. Orchard, WA 98366-4676</u> Signer: <u>Robert Gelder</u> Phone # <u>(206) 235-0232</u> E-mail Address: <u>rgelder@co.kitsap.wa.usa.us</u> Contact Person: <u>Kirsten Murray</u> Phone #: <u>(360) 337-7185</u> E-mail Address: <u>kmurray@kitsap.gov</u> Federal TAX ID # (FEIN) <u>91-6001348</u> UBI # <u>182002345</u> Vendor ID (AFRS SWV #): <u>SWV0008949-16</u> DUNS # <u>071855191</u>	5. Original Contract Start Date: <u>06/08/2022</u> Amendment Start Date: <u>01/01/2023</u> <input checked="" type="checkbox"/> DOE End Date: <u>06-30-2023</u> 6. Amendment Change \$ <u>0</u> 7. Total Contract Amt. (Incl. Amend.) NTE <u>\$24,404.00</u> <input type="checkbox"/> Non-financial	
Financial Section: If necessary, please contact the Budget Analyst assigned to your division for assistance. If not available, send an email to esdgpbudget@esd.wa.gov		
3. Business Certification (check all that apply) <input type="checkbox"/> Veterans <input type="checkbox"/> Women's <input type="checkbox"/> Minority <input type="checkbox"/> Micro, Mini or Small Business [as defined in RCW 39.26.010(16), (17), or (22)]	8. Type of Funds: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other If Federal Funds list CFDA#: _____ Is A-19 Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. Account Coding (for payment): Master Index: <u>36407600</u> Org. Index: <u>5050</u> Project Code: <u>3640-07</u> AFRS Charge coding/Object-sub object: <u>NB7310</u>
4. Contract Type (check all that apply) <input type="checkbox"/> Competitive Solicitation (RF _____) <input type="checkbox"/> Master Contract – 2 nd Tier Competition (MC2T) <input type="checkbox"/> Master Contract (MC) <input type="checkbox"/> Sole Source (SS) <input type="checkbox"/> Direct Buy (DB) <input checked="" type="checkbox"/> Interagency Agreement (IA) <input type="checkbox"/> Grant (G) <input type="checkbox"/> Sub Grant (SG) <input type="checkbox"/> Professional or Personal Services (PS) <input type="checkbox"/> Purchased Services (MP) <input type="checkbox"/> Data Sharing (DS) <input type="checkbox"/> Other (explain) _____	10. Data Sharing Does this contract involve any data? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, What data? _____ List division(s) impacted: _____ Data sharing elements of contract have been reviewed & approved by: Name: _____ Signature: _____ Date: _____	
11. Information Technology (IT) Does this contract involve information technology? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IT elements of this contract have been review & approved by: Name: _____ Signature: _____ Date: _____		
12. ESD Contract Manager's NAME: <u>Elaine Stefanowicz</u>		Phone #: <u>360-890-3774</u> Org. Index: <u>5050</u>
13. ESD Contact Person's NAME: <u>Elaine Stefanowicz</u>		Phone #: <u>360-890-3774</u>
14. Brief but clear description of contract/amendment: <u>Purchase of two adaptive tricycles Kitsap County use.</u>		
15. ESD Contract Signature Authority: Print Name: <u>Elizabeth Gordon</u> Signature: <u><i>Elizabeth Gordon</i></u> Date: <u>11/28/2022</u>		DocuSigned by: _____
Clearance Routing Procedure Reviewer's Section		
Contracts Office: _____ Date: _____		Budget Office: _____ Date: _____
ESD Policy: _____ Date: _____		Specialized Accounting (SAS): _____ Date: _____
COMMENTS: 		