KC-225-22-B CFDA#: (N/A) DUNS#: 79-900-7341

CONTRACT AMENDMENT B

This CONTRACT AMENDMENT is made and entered into between KITSAP COUNTY, a municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "COUNTY" and Res-Care Washington, Inc. dba All Ways Caring HomeCare, having its principal office at 805 N. Whittington Pkwy, Louisville, KY 40222 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-225-22 and executed on May 23, 2022 and December 8, 2022 shall be amended as follows:

1. Attachment C: Budget Summary shall be amended as follows: The contract will be increased by \$40,000 for State Family Caregiver services, from \$40,000 to \$80,000 and a revised contract total from \$312,000 to a new contract total of \$352,000. The total amount payable under the Contract, by the County to the Contactor in no event will exceed \$352,000.

This amendment shall be effective as of May 1, 2023.

Dated this 6th day of June, 2023

Dated this That day of June, 2023

RES-CARE WASHINGTON, INC. DBA ALL WAYS CARING HOMECARE

Sherry Pemberton, VP HomeCare

Shentoneta

Contracts & Sales

Karen Goon, County Administrator

KITSAP COUNTY, WASHINGTON

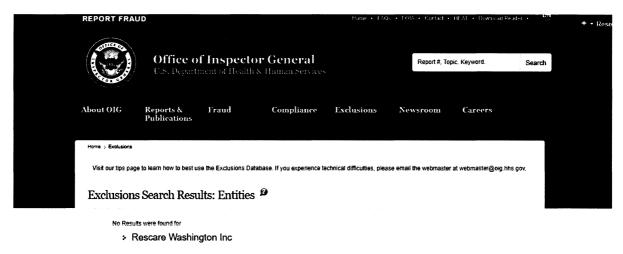
Attachment C: Budget Summary

Budget Table Revised Res-Care Washington, Inc. dba All Ways Caring HomeCare July 1, 2022 - June 30, 2024

Program/Funding Source	Total	FY 2022 1st QUARTER	FY 2022 2nd QUARTER	FY 2023 3rd QUARTER	FY 2023 4th QUARTER	FY 2023 1st QUARTER	FY 2023 2nd QUARTER	FY 2024 3rd QUARTER	FY 2024 4th QUARTER
Caregiver Training	\$265,000.00	\$33,125.00					*		\$33,125.00
State Family Caregiver AWHI	\$ 80,000.00	\$10,000.00 \$ 875.00	\$10,000.00 \$ 875.00		\$10,000.00 \$ 875.00		\$10,000.00 \$ 875.00	\$10,000.00 \$ 875.00	\$10,000.00 \$ 875.00
Total Project	\$ 352,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000

Funding Source	CFDA#	AMOUNT	
N/A			

Any cumulative amount of transfers among the Approved Summary Budget(s) direct cost subject categories, which exceeds five percent (5%) of the total object category budget for any funding source, will require a contract amendment.



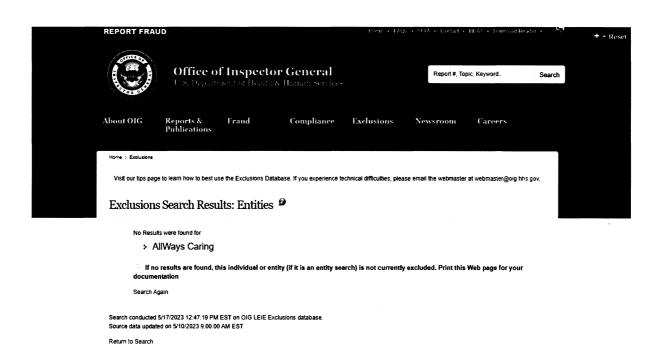
if no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Search Again

Search conducted 5/17/2023 12:46:41 PM EST on OIG LEIE Exclusions database. Source data updated on 5/10/2023 9:00:00 AM EST

Return to Search









CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/03/2022

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).

Certificate does not come rights to the certificate notice in near or such endorsement(s).						
PRODUCER	CONTACT NAME:					
Aon Risk Services Central, Inc. Philadelphia PA Office	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363-01	.05		
100 North 18th Street 15th Floor	E-MAIL ADDRESS:					
Philadelphia PA 19103 USA		INSURER(S) AFFORDING CO	NAIC#			
INSURED	INSURER A:	ACE American Insurance	22667			
Res-Care, Inc.	INSURER B:	Indian Harbor Insuranc	e Company	36940		
805 North Whittington Parkway STE 400 Louisville KY 40222 USA	INSURER C:	Indemnity Insurance Co	of North America	43575		
	INSURER D:	ACE Property & Casualt	y Insurance Co.	20699		
	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 570094395710 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	Limits snown are as requested							
INSR LTR		TYPE OF INSURANCE	ADDL SUBFINSD WVD	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY		XSLG47305482	07/01/2022	07/01/2023	EACH OCCURRENCE	\$4,000,000
		X CLAIMS-MADE OCCUR		Excess GL/Prof-Claims Md SIR applies per policy ter	ms & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$4,000,000
l	х	Sexual Abuse/Molestation Included					MED EXP (Any one person)	\$10,000
	Х	Professional Liability Included					PERSONAL & ADV INJURY	\$4,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$6,000,000
	Х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:					SIR/Deductible	\$1,000,000
Α	AUT	TOMOBILE LIABILITY		ISA H10699460	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$3,000,000
	x	ANY AUTO					BODILY INJURY (Per person)	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
		AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
D		UMBRELLA LIAB X OCCUR		XCQG72586104 001	07/01/2022	07/01/2023	EACH OCCURRENCE	\$2,000,000
	x	EXCESS LIAB CLAIMS-MADE		XS Auto & EL Only			AGGREGATE	\$2,000,000
		DED RETENTION						
С		ORKERS COMPENSATION AND IPLOYERS' LIABILITY		wLRC70303723	07/01/2022	07/01/2023	X PER STATUTE OTH-	
	AN	Y PROPRIETOR / PARTNER / EXECUTIVE	N/A	AOS WLRC70303681	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	\$2,000,000
''	(Mandatory in NH)		"/"	CA		07,01,2023	E.L. DISEASE-EA EMPLOYEE	\$2,000,000
	DE:	es, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$2,000,000
				I		l .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Retroactive Date for Policy #XSLG71448654 is 7/01/01. RE: Res-Care Washington, Inc. dba All Ways Caring HomeCare a subsidiary of Res-Care, Inc. covering all locations of All Ways Caring HomeCare. Kitsap County Division of Aging and Long Term Care, the State of Washington DSHS, its elected officials, agents and employees are included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

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

Aon Risk Services Contral Inc.

Kitsap County Division of Aging and Long Term Care 614 Division Street, MS-23 Port Orchard WA 98366-4676 USA

AGENCY CUSTOMER ID: 570000032784

OC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED	
Aon Risk Services Central, Inc.	Res-Care, Inc.	
POLICYNUMBER See Certificate Number: 570094395710		
CARRIER	NAIC CODE	
See Certificate Number: 570094395710		EFFECTIVE DATE:

ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance						
Additional Coverages Workers' Compensation Policies - 7/1/2022 - 7/1/2023						
WLR C70303723 (All Other States) - Indemnity Insurance Co. of North America, NAIC #43575;						
WLR C70303681 (CA, AZ) - ACE American Insurance Co., NAIC #22667; SCF C70303760 (WI) - ACE Fire Underwriters Insurance Co., NAIC #20702;						
Cov. A - Statutory Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Agg. (Disease)						
Ohio/Washington Excess Workers' Compensation Pol # WCU C70303607- ACE American Insurance Co., NAIC #22667;						
Cov. A - Statutory Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Annual Aggregate						
Retention: \$1,100,000						