

**AMENDMENT TO AGREEMENT 2265**

This Amendment (“Amendment”) to Kitsap Public Health District Contract 2265 for Youth Cannabis & Commercial Tobacco Prevention Program (the “Contract”), is entered into between the Clallam County WSU Extension (“Contractor”) and the Kitsap Public Health District (“District”).

**RECITALS**

**WHEREAS**, the Parties entered into the Contract effective July, 1, 2022; and

**WHEREAS**, Allocated Funding and period of performance for this agreement has been extended by Washington Department of Health; and therefore the parties have agreed it is desirable to increase the amount of eligible funding and extend the Contract term, and

In consideration of mutual benefits and covenants contained herein, the parties agree that the Contract is amended as follows:

- I. Section 2, Period of Performance.** Section 2 is amended to extend the Contract termination date to June 30, 2025.
- II. Section 4, Compensation.** \$50,000 dollars will be added to the total budget for Clallam County WSU Extension during this amendment period for a total compensation of \$140,000.
- III. Attachment A, YCCTPP Scope of Work and Budget.** Attachment A is amended and replaced in its entirety with the revised Attachment A-2 which is attached hereto and incorporated herein. ATTACHMENT A and ATTACHMENT A-1 of amendment 1 remain unchanged.
- IV. Other Provisions Unchanged.** The other provisions of the Contract, remain unchanged.
- V. Effective Date.** The effective date of this Amendment is the date last executed by all parties.
- VI. Authorization.** Each party signing below warrants to the other party that they have the full power and authority to execute this Amendment on behalf of the party for whom they sign.

**IN WITNESS WHEREOF**, the Parties have subscribed their names hereto.

*[Signatures on next page]*

**KITSAP PUBLIC  
HEALTH DISTRICT**

DocuSigned by:

*Yolanda Fong*

Yolanda Fong  
Administrator

Date: 6/17/2024

**WASHINGTON STATE UNIVERSITY**

\_\_\_\_\_  
Dan Nordquist  
Associate VP, Authorized Official

Date: \_\_\_\_\_

**ATTACHMENT A-2 – SCOPE OF WORK AND BUDGET**  
**WSU Extension – Clallam County 4-H**  
**July 1, 2024 – June 30, 2025**

As a subrecipient of KPHD under the Washington Department of Health funded *Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*, WSU Extension Clallam County 4-H agrees to the following activities funded in full or part by the associated budget.

<b>Activity</b>	
<b>Planning &amp; Coordination of Regional Network</b>	<p>Coordinate and maintain the Olympic Prevention Partnership steering committee and network.</p> <ul style="list-style-type: none"> <li>• Invite new community partners to join the Olympic Prevention Partnership Steering Committee.</li> <li>• Attend four regional networking meetings (July 20243 – June 2025)</li> <li>• Each subcontractor will be responsible for planning one of the above meetings. Refer to the workplan for schedule.</li> </ul>
<b>Implementation</b>	<p><i>2024-2025 Strategies for Youth Cannabis &amp; Commercial Tobacco Prevention:</i></p> <ul style="list-style-type: none"> <li>• <b>Social Norms: Media &amp; Health Communications</b></li> <li>• <b>Youth Empowerment &amp; Engagement</b></li> <li>• <b>Decision-maker Engagement</b></li> <li>• <b>Policy, System, Environmental Changes</b></li> </ul> <p>Specific Clallam County activities are described in the 2023-2024 YCCTPP workplan. Please refer to the workplan for guidance on which activities fall under each funding source. Workplans are subject to change. Any changes will be approved by both parties.</p>
<b>Monitoring and Reporting</b>	<p>Monitor progress for each activity as appropriate; submit monthly narrative and data reports as requested by KPHD on the 5<sup>th</sup> of every month.</p>
<b>Midterm Evaluation</b>	<p>By February 1, 2025, report progress to CTPP Regional Coordinator. If needed, adjust activities to ensure spend down. Conduct a mid-year workplan re-evaluation.</p>
<b>Calls/Meetings</b>	<p>Participate in monthly conference call with KPHD and attend webinars as scheduled; respond to correspondences related to CTPP from the Department of Health; respond to activity assessments/surveys administered by KPHD as appropriate per scope of work.</p>
<b>Invoicing</b>	<p>Submit monthly invoices by the 20<sup>th</sup> of the month following the month in which costs were incurred, except for the Final Expenditure Report and Request for Reimbursement in each federal fiscal year (due July 1, 2024). Invoices must include supporting documentation such as timecards for staff time and copies of invoices paid for goods and services.</p>

**Budget July 1, 2024 – June 30, 2025**

<i>Cannabis</i>	<i>Cost</i>	<i>Description</i>
Staff Salary	20592	Salary costs for Melanie Greer 41.32%FTE for both cannabis and tobacco
Benefits	7666	Fee for benefits for same FTE% as salary
Indirect	8255	26% WSU administrative fee
Goods & Services	3,000	To pay for activities
Mileage		
Travel/Training	487	To fund training and travel for that training
<b>Total Cannabis:</b>	<b>\$40,000</b>	

<i>Tobacco</i>	<i>Cost</i>	<i>Description</i>
Staff Salary	5,049	Salary costs for Melanie Greer 31%FTE for both cannabis and tobacco
Benefits	1881	Fee for benefits for same FTE% as salary
Indirect	2064	26% WSU administrative fee
Goods & Services		
Mileage		
Travel/Training	1006	To fund training and travel for that training
<b>Total Tobacco:</b>	<b>\$10,000</b>	

**Funding Source**

<b>Chart of Accounts Program Name or Title</b>	<b>BARS Code</b>	<b>7/1/24 – 6/30/25</b>
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	333.04.93	40,000
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	333.04.93	10,000
<b>Total = 50,000</b>		

**Certificate Of Completion**

Envelope Id: 8CA52A96223746969AA11BBC81D245F6	Status: Sent
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Source Envelope:	
Document Pages: 4	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	April Fisk
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	345 6th Street, Suite 300
	Bremerton, WA 98337
	april.fisk@kitsappublichealth.org
	IP Address: 146.218.141.219

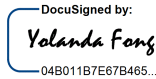
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6/17/2024 7:32:11 AM	april.fisk@kitsappublichealth.org	

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Dan Nordquist ORSO@wsu.edu AVP Security Level: Email, Account Authentication (None)	Sent: 6/17/2024 9:57:43 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	

Yolanda Fong  
yolanda.fong@kitsappublichealth.org  
Administrator  
kitsap Public health District  
Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style  
Using IP Address: 146.218.141.163

Sent: 6/17/2024 7:35:06 AM  
Viewed: 6/17/2024 7:57:18 AM  
Signed: 6/17/2024 7:57:24 AM

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Dan Nordquist  
nordquist@wsu.edu  
Security Level: Email, Account Authentication (None)



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**Electronic Record and Signature Disclosure:**  
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**Witness Events**

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**Notary Events**

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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Certified Delivered	Security Checked	6/17/2024 7:57:18 AM
Signing Complete	Security Checked	6/17/2024 7:57:24 AM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Kitsap Public Health District:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [it.manager@kitsappublichealth.org](mailto:it.manager@kitsappublichealth.org)

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To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [it.manager@kitsappublichealth.org](mailto:it.manager@kitsappublichealth.org) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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