

**AMENDMENT NO. 2 TO AGREEMENT  
BETWEEN SNOHOMISH COUNTY AND  
IDEAL OPTION PLLC**

This Amendment No. 2 is made and entered into on the 31st day of May, 2025, between SNOHOMISH COUNTY, hereinafter called “County,” and IDEAL OPTION PLLC hereinafter called the “Contractor.”

WHEREAS, the Parties hereto have previously entered into an agreement (the “Original Agreement”) to provide peer navigation services; and

WHEREAS, the parties previously amended the Original Agreement to extend the term, increase the total amount, and modify the Scope of Services (the “First Amendment”); and

WHEREAS, both parties desire to further amend the total amount, Scope of Services, update the parties’ contact information for purposes of notice, and extend the term of the Original Agreement, as amended;

NOW THEREFORE, in consideration of the terms, conditions covenants and performance contained herein or attached and incorporated, and made a part hereof, the parties hereto agree as follows:

1. Section 2 of the Original Agreement, as amended, is hereby amended in its entirety to read as follows:

Term of Agreement; Time of Performance. This Agreement shall be effective upon April 1, 2024 (the “Effective Date”) and shall terminate on August 31, 2025, PROVIDED, HOWEVER, that the term of this Agreement may be extended or renewed for up to four (4) additional one (1) year terms, at the sole discretion of the County, by written notice from the County to the Contractor. The County’s notice to extend shall include a maximum dollar amount for work performed during the extension period, such amount to be determined by the County, in its sole discretion, and based upon the County’s appropriated funds for the contract extension work. The Contractor shall commence work upon the Effective Date and shall complete the work required by this Agreement no later than August 31, 2025, PROVIDED, HOWEVER, that the County’s obligations after December 31, 2024, are contingent upon local legislative appropriation of necessary funds for this specific purpose in accordance with the County Charter and applicable law.

2. Section 3f of the Original Agreement, as amended, is hereby amended in its entirety to read as follows:

Contract Maximum. Total charges under this Agreement, all fees and expenses included, shall not exceed \$268,500.00 for the initial term of this Agreement (excluding extensions or renewals, if any).

3. Schedule A to the Original Agreement, as amended, is hereby amended in part at page A-2, Subsection L as follows:

L. Participation in, after six months from the Effective Date, a monthly peer-led meeting of Peer Navigators to share knowledge about resources and best practices, and help problem solve around client challenges.

4. Section 22 of the Original Agreement, as amended, is hereby amended in part in order to update the contact information for the Snohomish County Health Department and Ideal Option PLLC, as follows:

If to the County: Snohomish County Health Department  
3020 Rucker Ave., Suite 306  
Everett, WA 98201  
Telephone: 425.339.5200  
Attention: Contracts  
Email: [SHD-Contracts@co.snohomish.wa.us](mailto:SHD-Contracts@co.snohomish.wa.us)

If to the Contractor: Ideal Option PLLC  
500 SW 7<sup>th</sup> St, Ste A205  
Renton, WA 98057  
Attention: Legal  
Email: [legal@idealooption.net](mailto:legal@idealooption.net)

5. Schedule B to the Original Agreement, as amended, is hereby deleted in its entirety and a new Second Amended Schedule B, attached hereto and incorporated herein by this reference, is hereby added to the Original Agreement.
6. All other terms and conditions of the Original Agreement shall remain in full force and effect except as expressly modified by this Amendment No. 2.

IN WITNESS THEREOF, Contractor has caused this Amendment No. 2 to the Original Agreement, to be executed by its CFO and the County has caused this Amendment No. 2 to be executed by its Executive, each of whom have authority to bind their respective entities.

**SNOHOMISH COUNTY**

**IDEAL OPTION PLLC**

\_\_\_\_\_  
County Executive Director

\_\_\_\_\_  
Date



\_\_\_\_\_  
Michael Nabielec  
CFO

03.12.2025

\_\_\_\_\_  
Date

Second Amended Schedule B  
Compensation

**April 1, 2024 to June 30, 2024 billing**

**Salary and Wages**

Name	Job Title	FTE	Monthly Salary	Months	Amount Requested
TBD	Peer Navigator	1.0	\$7,000	5	\$35,000
TBD	Peer Navigator	1.0	\$7,000	5	\$35,000
Katie Olsen	Program Manager	0.1	\$9,000	5	\$4,500
Indirect Rate (10%)					\$7,450
Total Salary and Wages					\$81,950
Fringe Benefits (35%)					\$28,682

**Supplies**

Item Requested	Type	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
Software	Case Management Software	5	\$800	2	\$8,000
Computer	Laptop	1	\$744	2	\$1,488
General Office Supplies	Pens, pencils, paper	5	\$300	2	\$3,000
Total Supplies					\$12,488

**Other**

Item Requested	Number of Months/Units	Estimated Cost per Month	Number of Staff	Amount Requested
Cell Phone	5 months	\$200	2	\$2,000
Transportation and Outreach	5 months	\$687	2	\$6,870
Meeting Facilitation	5 months	\$200	2	\$2,000
Total Other				\$10,870

Budget Summary	
A. Salaries and Wages	\$74,500
B. Fringe Benefits	\$28,682
C. Supplies	\$12,488
D. Other	\$10,870
E. Indirect Rate	\$7,450
<b>Total Amount</b>	<b>\$133,990</b>

July 1, 2024 to May 31, 2025 billing

**Salary and Wages**

Name	Job Title	FTE	Monthly Salary	Months	Amount Requested
TBD	Peer Navigator	1.0	\$5,200	1	\$5,200
TBD	Peer Navigator	1.0	\$5,200	1	\$5,200
Katie Olsen	Program Manager	0.1	\$9,000	1	\$900
Total Monthly Salary and Wages before Fringe					\$11,300
Fringe Benefits (25%)					\$2,825
<b>Total per Month</b>					<b>\$14,125</b>

**Supplies**

Item Requested	Type	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
Software	Case Management Software	1	\$92.60	2	\$185.20
Computer	Laptop	1	\$208.34	2	\$416.67
General Office Supplies	Pens, pencils, paper	1	\$100	2	\$200
<b>Total Monthly Supplies</b>					<b>\$801.87</b>

**Other**

Item Requested	Number of Months/Units	Amount Requested
Transportation and Outreach	1 month	\$800
Meeting Facilitation	1 month	\$200
<b>Total Monthly Other</b>		<b>\$1,000</b>

<b>Monthly Budget Summary</b>	
A. Salaries and Fringe	\$14,125.00
B. Supplies	\$801.87
C. Other	\$1000.00
D. Indirect Rate	\$1,592.69
<b>Total Monthly Amount</b>	<b>\$17,519.56</b>

June 1, 2025 to August 31, 2025 billing

**Salary and Wages**

Name	Job Title	FTE	Monthly Salary	Months	Amount Requested
TBD	Peer Navigator	1.0	\$5,200	1	\$5,200
TBD	Peer Navigator	1.0	\$5,200	1	\$5,200
TBD	Program Manager	0.1	\$7,500	1	\$750
Total Monthly Salary and Wages before Fringe					\$11,150
Fringe Benefits (25%)					\$2,787.50
<b>Total per Month</b>					<b>\$13,937.50</b>

**Contracts**

Item Requested	Type	Number of Months	Estimated Cost per Month	Amount Requested
Courage to Change	Transportation for clients	1	\$800	\$800
<b>Total Monthly Supplies</b>				<b>\$800</b>

**Other**

Item Requested	Type	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
Mileage	Reimbursement mileage for outreach	1	\$50	2	\$100
Peer Community of Practice	Meeting facilitation, room rental, etc.	1	\$300	N/A	\$300
Office supplies	Pens, paper, etc	1	\$50	2	\$100
Cell Phone	Reimbursement	1	\$100	2	\$200
Parking	Reimbursement	1	\$80	1	\$80
Wellness kits	\$30 per kit containing cold weather items, wound care items, toiletries and hygiene items, and other approved basic necessities for client engagement.	1	\$400	N/A	\$400
<b>Total Monthly Other</b>					<b>\$1,180</b>

<b>Monthly Budget Summary</b>	
A. Salaries and Fringe	\$13,937.50
B. Contracts	\$800.00
C. Other	\$1180.00
D. Indirect Rate	\$1591.75
<b>Total Monthly Amount</b>	<b>\$17,509.25</b>