

**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 Saint Vincent De Paul, a community based non-profit organization having its principal offices at 1117 N. Callow Ave, Bremerton, WA 98312 (the Contractor).

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-043-22, and executed on January 24, 2022 and May 27, 2022 shall be amended as follows:

In consideration of the terms and conditions of this Contract, the parties agree as follows:

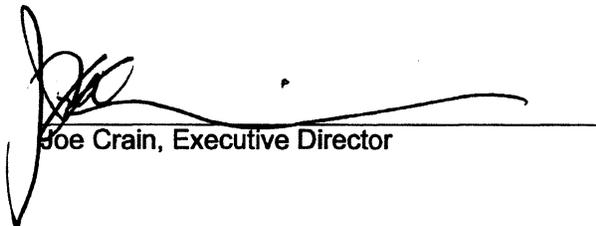
1. **ATTACHMENT C: Budget Summary** shall be amended as follows: The contract revenue will increase by \$10,000, from \$55,000 to a new contract total \$65,000. The total amount payable under the contract, by the County to the Contactor in no event will exceed \$65,000.

This amendment shall be effective as of August 1, 2022.

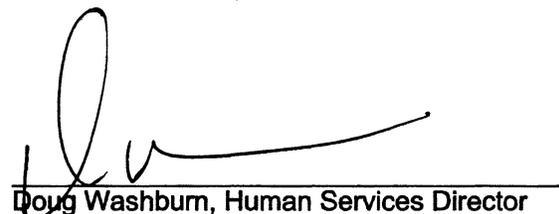
Dated this 22<sup>nd</sup> day of Sept., 2022

Dated this 23 day of September, 2022

**CONTRACTOR**  
**St. Vincent de Paul**

  
\_\_\_\_\_  
Joe Crain, Executive Director

**KITSAP COUNTY, WASHINGTON**

  
\_\_\_\_\_  
Doug Washburn, Human Services Director

## ATTACHMENT C Budget Summary

Payment amount and schedule is set forth below.

Program/Funding Source	Total	August	September	October	November	December
<b>ARP (COVID MDD flexibility)</b>	<b>\$65,000.00</b>					
Food: Non-perishable and perishables.	\$45,364.00	\$ 5,745.36	\$5,745.37	\$ 5,745.37	\$ 5,745.37	\$ 5,745.37
Additional Purchases (ie. packing, space, items, Hygiene Kits containing pre-approved items. Approx cost per hygiene kit \$53.84)	\$ 7,636.00	\$ 162.50	\$ 162.50	\$ 162.50	\$ 162.50	\$ 162.50
Staff Hours: Senior Nutrition program and assembly of food bags (up to 35 hours a week @ \$13.69 per hour, approx. \$479 a week)	\$ 12,000.00	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
Match- NA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Project</b>	<b>\$ 65,000</b>	<b>\$ 6,908</b>				

Funding Source	CFDA #
ARP (COVID MDD Flex)	93.043, 93.044, 93.045, 93.052



## IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

### SCHEDULE

**Name of Person(s) or Organization(s):**

All persons or organizations as required by contract or agreement

With respect to **COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured** is changed with the addition of the following:

Each person or organization shown in the Schedule for whom you are doing work is an "insured". But only for "bodily injury" or "property damage" that results from the ownership, maintenance or use of a covered "auto" by:

1. You;
2. an "employee" of yours; or
3. anyone who drives a covered "auto" with your permission or with the permission of one of your "employees".

However, the insurance afforded to the person or organization shown in the Schedule shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence, in no event shall the insurance provided by this policy exceed the scope of coverage and/or limits required by the contract or agreement.

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# OLD REPUBLIC UNION INSURANCE COMPANY

Attaching to and forming part of Policy No. 822200 1325596

Named Insured: THE RELIGIOUS AND CHARITABLE RISK POOLING TRUST OF THE BROTHERS OF THE CHRISTIAN SCHOOLS AND AFFILIATES

Effective date of this endorsement is June 15, 2022

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under SECTION II INSURING AGREEMENT C, GENERAL LIABILITY COVERAGE defined within the Coverage Agreement

### SECTION 1: Schedule

Name of Additional Insured Persons(s) or Organization(s):	Designated Location(s) Of Covered Operations:
ANY PERSON OR ORGANIZATION WHEN YOU HAVE AGREED IN A WRITTEN CONTRACT FOR THAT PERSON OR ORGANIZATION TO BE ADDED AS AN ADDITIONAL INSURED ON YOUR POLICY.	

If no entry appears above, information required to complete this endorsement will be shown in the Certificate of Coverage as applicable to this endorsement.

### Section II Insuring Agreement C -Name of Insured Amended

- A. **Who Is An Insured** defined in the General Insurance Agreement is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability in the performance of the Named Insured's ongoing operations for the Additional Insured(s) at the Location(s) designated in the Schedule above for "bodily injury" or "property damage", caused in whole or in part, by the Named Insured's acts or omissions which takes place after the execution of a written agreement with the Additional Insured(s).
- B. For the coverage provided by this endorsement: the following paragraph is added to Section IV –General Conditions, Section II, Insuring Agreement C-General Liability.
- This insurance is primary insurance as respects to this coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and noncontributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
- C. **Who Is An Insured** is also amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by the "Named Insured's work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

The most we will pay is the amount of insurance required by the written contract or the amount of applicable limits of insurance under this policy; whichever is less.

This Insurance does not apply to any claims or suits seeking damages, including defense, arising out of, directly or indirectly, from any actual or alleged participation in any act of sexual misconduct, sexual harassment, sexual molestation, sexual abuse or any claim sexual in nature, physical or mental, of any person.

Except as amended in this endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this endorsement is attached and only applies to the extent permitted by law.



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Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

### Exclusions Search Results: Entities

No Results were found for

- › Saint Vincent de Paul

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

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Search conducted 8/29/2022 5:41:56 PM EST on OIG LEIE Exclusions database.  
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**Contract Information**

<b>Contract Number</b>	<b>Date Original Contract or Amendment Approved</b>	<b>Amount of Original Contract Amendment</b>	<b>Total Amount of Amended Contract</b>
KC-043-22	January 24, 2022	\$55,000	
KC-043-22-A	May 27, 2022	\$0	\$55,000
KC-043-22-B	Pending	\$10,000	\$65,000