

CONTRACT AMENDMENT

A

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Olympic Personal Growth Center, 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-059-21, and executed on February 8, 2021, shall be amended as follows:

1. **Page 1: Contract Term** is amended as follows:

January 1, 2021 – December 31, 2022.

2. **Page 1: Amount** is amended as follows:

\$90,922.20

3. **Attachment A: Special Terms and Conditions** as follows:

The following term is added as to Section 6. Federal Block Grant:

f. FBG funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. FBG funds also cannot be provided to any individual or organization that permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a), 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under the Federal Drug Administration (FDA)-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned substance under federal law.

4. **Attachment C: Budget** is deleted entirely and replaced as attached.
5. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

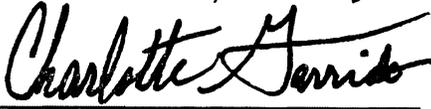
8. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective January 1, 2022.

Dated this 17th day of December, 2021.

**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**


Edward E. Wolfe, Chair


Charlotte Garrido, Commissioner


Robert Gelder, Commissioner

DATE March 14, 2022

ATTEST

Dana Daniels, Clerk of the Board

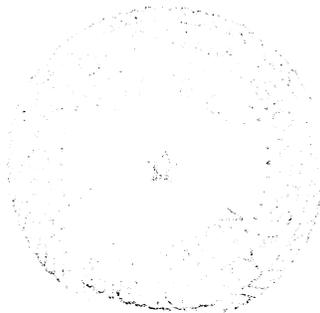
**CONTRACTOR:
Olympic Personal Growth Center**



Name: Kristina Bullington
Title: Administrator

I attest that I have the authority to sign
this contract on behalf of Olympic
Personal Growth Center.

12/17/21
DATE



ATTACHMENT C: BUDGET

Budget Summary			
Contractor: Olympic Personal Growth Center			
Contract No:		KC-059-21	
Contract Period:		01/01/21 - 12/31/22	
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/21 - 12/31/21			
CJTA	35,061.00	0.00	35,061.00
Period 1 Budget Total	35,061.00	0.00	35,061.00
Period 2: 01/01/22 - 12/31/22			
CJTA	0.00	35,061.20	35,061.20
CJTA Jail Program	0.00	20,800.00	20,800.00
Period 2 Budget Total	0.00	55,861.20	55,861.20
Contract Total	35,061.00	55,861.20	90,922.20


**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**

**Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM**

Print Date: 11/24/2021

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0312195749	From: 04/01/21 to 04/01/22 at 12:01 AM Standard Time
Named Insured and Address:				Program Administered by:
Olympic Personal Growth Center 390 E Cedar St Sequim, WA 98382-3403				Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-888-288-3534 www.hpsso.com
Medical Specialty:			Code:	Insurance Provided by:
Alcohol/Drug Counselor Firm			80723	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

Professional Liability \$ 1,000,000 each claim \$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- * Malplacement Liability
- * Personal Injury Liability

Coverage Extensions

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Enterprise Privacy Protection - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 4/01/2016 (Defense inside limits)				
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate

General Liability

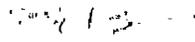
General Liability	\$1,000,000 each claim / \$2,000,000 aggregate
Fire & Water Legal Liability	Included in the GL limit shown above subject to \$250,000 aggregate sublimit
Personal Liability	Excluded

Total \$ 2,605.00

Base Premium \$2,605.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)


Chairman of the Board


Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA93692 (11-2018)



No Results were found for

- Olympic Personal Growth Center

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Search conducted 11/30/2021 5:40:49 PM EST on OIG LEIE Exclusions database.
Source data updated on 11/9/2021 8:00:00 AM EST