

Agreement Number: KC-108-25

MHCDTC GRANT AGREEMENT BETWEEN:

KITSAP COUNTY AND SUQUAMISH TRIBE

This GRANTEE AGREEMENT ("Agreement") is made between Kitsap County, a Washington state political subdivision, having its principal offices at 614 Division Street, Port Orchard, Washington, 98366 ("County") and Suquamish Tribe, a Washington a Tribal Government having its principal office at 18490 Suquamish Way NE Ste 107, Washington, 98392 ("Grantee").

IN ADDITION TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, the parties acknowledge that the following attachments are expressly incorporated into this agreement.

Exhibit A Scope of Work
Exhibit B Project Timeline
Exhibit C Budget

IT IS MUTUALLY AGREED AS FOLLOWS:

SECTION 1. PURPOSE AND TERM

- A. Grant Purpose: The purpose of this Agreement is to distribute funds collected pursuant to RCW 82.14.460 and RCW SECTION 4.33.070.
- B. Term: This Agreement will take effect on January 1, 2025, and terminate on December 31, 2026.

SECTION 2. GRANT AMOUNT, USE OF GRANT, AND BUDGET

- A. Grant Amount: The Grantee is awarded a total of \$420,000.
- B. Use of Grant: The Grantee shall use the award from this Agreement solely for the purpose and in the manner described in Exhibit A – Scope of Work, and on a timeline described in Exhibit B – Project Timeline. Adjustments to the Scope of Work and Project Timeline may be requested in writing and granted or denied at the sole discretion of the County.
- C. Budget: The award from this Agreement shall be expended by the Grantee as set forth in Exhibit C – Budget. Adjustments to the Budget may be requested in writing and granted or denied at the sole discretion of the County.

SECTION 3. CONTRACT ADMINISTRATION AND NOTICES

- A. Personnel: The Recipient will secure at its own expense all labor and materials required to perform any work in connection with the Project. The Recipient shall be responsible for all

applicable payroll, labor and industries premiums, and taxes. All employees and subcontractors of the Recipient shall be covered by Industrial Insurance in full compliance with Title 51 of the Revised Code of Washington ("RCW"). The Recipient shall defend and indemnify the County, and their officials, officers, employees, and agents from and against all claims arising from any actual or alleged violation of the Recipient's duties under this section or applicable law. Solely for the purposes of this indemnification provision, the Recipient expressly waives its immunity under Title 51 RCW and acknowledges that this waiver was mutually negotiated by the parties. The Recipient's duty to defend and indemnify shall survive the termination of this Agreement.

- B. Contract Representatives:** The parties designated representatives shall be responsible for the administration of this Agreement, which includes receiving notices given in connection to this Agreement and all billing procedures. The following are designated as the representatives for the parties:

KITSAP COUNTY:

Hannah Shockley, MHCDTC Program Supervisor
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366
360-337-4827
Hshockle@kitsap.gov

SUQUAMISH TRIBE:

Brian Burwell, Contracts and Procurement Administrator
18490 Suquamish Way NE STE 107
Suquamish, WA 98392
360-394-8558
bburwell@suquamish.nsn.us

Either party may change its designated representative or address by providing notice, either written or via email, to the other party.

- C. Notices:** Any notice required or permitted to be made under this Agreement may be given personally, by facsimile, or by first-class, registered, or certified mail. A notice personally delivered to the other party is deemed given upon proper delivery. A notice sent by first-class, registered, or certified mail is deemed given three days after mailing, if properly addressed and having proper postage. Notices delivered by facsimile shall be deemed to have been given on the date of transmission if received during the recipient's business day or, if not, on the recipient's next business day.

SECTION 4. BILLING PROCEDURES, ADVANCE PAYMENTS, AND DISBURSEMENTS

- A. Billing Procedures:** The Grantee shall submit all requests for reimbursement by invoice to the County. Invoices shall be submitted at least quarterly, but not more often than monthly. Invoices shall be submitted to the County's Contract Representative specified in Section 3B. The County will pay Grantee upon acceptance of the services provided and receipt of properly completed invoices. Payment shall be considered timely if made by the County within thirty (30) calendar days after receipt of properly completed invoices. Payment shall be sent to the address designated by the respective Grantee.
- B. Advance Payments:** No payments in advance shall be made by the County in anticipation of work specified in Exhibit A – Scope of Work under this Agreement.
- C. Disbursement Limitations:** In no event will the County be required to disburse funds in excess of the Agreement award amount specific in Section 2A.
- D. Disbursement without Prejudice:** Any disbursement made by the County to the Grantee shall be without prejudice to the County's rights later to challenge the propriety of the Grantee's claimed costs or expenses.
- E. Withholding Disbursements:** If the Grantee fails to perform any obligation under this Agreement, the failure has not been cured within ten (10) business days following notice from the County, the County may without penalty and in its sole discretion and upon written notice to the Grantee, withhold all monies otherwise due to the Grantee until such failure to perform is cured. This right to withhold disbursements is in addition to all other rights and remedies the County may have available to it under this Agreement or under law.

SECTION 5 – REPORTS, RECORDKEEPING, MONITORING, AND CLOSEOUT

- A. Reporting Requirements:** At least once per quarter, and at the conclusion of either the Agreement expenditure or the Agreement contract period, the Grantee shall provide a report on the progress made to date on the Project. The County will prescribe the report format, as well as the time and location for submission of such reports. Required reports may include but are not limited to the following:

 - I.** Quarterly reports which shall include the progress made to date, or justification for lack of progress, in providing the services specified in Exhibit A – Scope of Work of this Agreement.
 - II.** Quarterly reports on income information regarding persons assisted by the Grantee or Subgrantee through this Agreement.
 - III.** Close out reports including a final performance report, inventory of all property acquired or improved with MHCDTC funds, and final financial report, upon termination or completion of the project.

- B. Recordkeeping:** The Grantee shall maintain records sufficient to fully document its compliance with all contractual, Agreement, and legal requirements, including but not limited to participant eligibility, income verification, and other required information on tenants. Additionally, records required in connection with this Agreement shall be retained for a period of six (6) years after the Period of Affordability described in Section 13C has ended, except that any records that are the subject of an audit or dispute shall be retained for six (6) years after all issues arising from that audit or dispute have been resolved.
- C. Monitoring:** Upon reasonable advance notice, the Grantee shall provide the County, or its authorized agents, with full access to all the Grantee's records relating to this Agreement or the Project. The Recipient agrees to be financially and legally responsible for any audit exceptions or other irregularities in its performance or recordkeeping, including but not limited to impermissible or unauthorized use of funds granted through this Agreement. This section shall survive termination of this Agreement.

The Grantee agrees to participate in Period of Affordability monitoring. This is monitoring that takes place beyond expenditure of all funds, but while Period of Affordability is still active. This includes annual submittal to County staff documenting income of occupants and ensuring occupants are paying no more than 30% of their income for occupying a unit in the funded project.

- D. Closeout:** Upon termination of this Agreement, in whole or in part for any reason including completion of the project, the following provisions shall apply:
- I.** The Grantee shall submit within thirty (30) days after the date of expiration of this Agreement, all financial, performance and other reports required by this Agreement, and in addition, will cooperate in a program audit by Kitsap County or its designee.
 - II.** In the event a financial audit has not been performed prior to close-out of this Agreement, the County retains the right to withhold a just and reasonable sum from the final payment to the Contractor or Subgrantee after fully considering the recommendation on disallowed costs resulting from the final audit.

SECTION 6 – INDEMNIFICATION

- A. Indemnification:** To the fullest extent permitted by law, the Grantee shall indemnify, defend and hold harmless Kitsap County and the officials, officers, employees and agents of each of them, from and against all claims in any way resulting from or arising out of the performance of this Agreement, whether such claims arise from the acts, errors or omissions of the Grantee, its subcontractors, third parties, Kitsap County, or anyone directly or indirectly employed by any of them or anyone for whose acts, errors or omissions any of them may be liable. "Claim" means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys' fees and costs, attributable to personal or bodily injury, sickness, disease, or death, or to injury to or destruction of property, including the loss of use resulting therefrom. The Grantee's duty to

indemnify, defend and hold harmless includes but is not limited to claims by the Grantee's or any subcontractor's officers, employees, or agents. The Grantee's duty, however, does not extend to claims arising from the sole negligence or willful misconduct of Kitsap County, or its officials, officers, employees, and agents. Solely for the purposes of this indemnification provision, the Grantee expressly waives its immunity under Title 51 of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This section shall survive the expiration or termination of this Agreement.

SECTION 7 – INSURANCE

- A. Insurance:** The Grantee shall procure and maintain, at the Grantee's own cost and expense for the duration of this Agreement, the following insurance placed with insurers authorized to do business within the state of Washington:
- I. *Commercial General Liability:* One million dollars (\$1,000,000) per occurrence for bodily injury, personal injury, and property damage. The general aggregate limit will apply separately to this Agreement and be no less than two million dollars (\$2,000,000).
 - II. *Comprehensive Automobile Liability Insurance:* If performing any component of Exhibit A – Scope of Work involves the use of vehicles, owned or operated by the Grantee or its subgrantee/subcontractor, automobile liability insurance shall be required. The minimum limit for automobile liability is one million dollars (\$1,000,000) per occurrence, using a Combined Single Limit for bodily injury and property damage.
 - III. *Professional Liability, Errors, and Omissions Insurance:* The Grantee shall maintain minimum limits of no less than one million dollars (\$1,000,000) per occurrence to cover all activities by the Grantee and licensed staff employed by or under Agreement to the Grantee.
 - IV. *Workers' Compensation and Employer's Liability:* Workers' Compensation coverage as required by Title 51, Revised Code of Washington.
- B. Miscellaneous Insurance Provisions:**
- I. *Evidence of Insurance:* The Grantee shall present evidence of required insurance policies listed in Section 7A to Kitsap County Department of Human Services prior to the execution of this Agreement. In the event of non-renewal, cancellation, or material change in coverage, thirty (30) days written notice will be furnished to the County prior to the date of cancellation, non-renewal or change. Written notice of insurance policy cancellation or change will be mailed to the County Contract Representative specified in Section 3B.
 - II. *Additional Insured:* The Agency's commercial general liability and automobile liability insurance (if applicable) will include the County, its officers, officials, employees, and agents as additional insured, without limitation, with respect to performance under the contract.
 - III. *Grantee's Insurance is Primary:* The Grantee's liability insurance provisions will be primary with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees and agents.

SECTION 8 – NONDISCRIMINATION AND LEGAL COMPLIANCE

- A. Nondiscrimination:** The Grantee shall not discriminate against any employee or applicant for employment, or program participant or program participant applicant on

account of race, color, sex, sexual orientation, religion, national origin, creed, marital status, age, veterans status, or the presence of any sensory, mental or physical handicap.

In the event of a Grantee's non-compliance or refusal to comply with any nondiscrimination law, regulation, or policy, this Agreement may be rescinded, cancelled, or terminated in whole or in part. Additionally, the Grantee may be declared ineligible for future County grants. Any dispute may be resolved in accordance with procedures set forth in Section 10: Dispute Procedure.

- B. Compliance with Laws:** During the performance of this Agreement, the Grantee shall comply with all federal, state, and local nondiscrimination laws, regulations, and policies. The County shall have no obligation to ensure Grantee's compliance.
- C. Reservation of Rights:** Failure to insist upon strict compliance with any terms, covenants or conditions of this Agreement shall not be deemed a waiver of such, nor shall any waiver or relinquishment of such right or power at any time be taken to be a waiver of any other breach.

SECTION 9 – TERMINATION

- A. Termination for Cause:** In the event the County determines the Grantee has failed to comply with the conditions of this Agreement in a timely manner, the County has the right to suspend or terminate this Agreement. Before suspending or terminating the Agreement, the County shall notify the Grantee in writing of the need to take corrective action. If corrective action is not taken within thirty (30) calendar days, the Agreement may be terminated or suspended.

In the event of termination or suspension, the Grantee shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original Agreement and the replacement or cover Agreement and all administrative costs directly related to the replacement Agreement, e.g., cost of requests for proposals, mailing, advertising and staff time. The County reserves the right to suspend all or part of the Agreement, withhold further payments, or prohibit the Grantee from incurring additional obligations of funds during investigation of the alleged compliance breach and pending corrective action by the Grantee or a decision by the County to terminate the Agreement.

- B. Termination for Convenience:** The County may terminate this Agreement for convenience upon giving the Grantee at least 30 days' advance written notice. In that event, the Recipient will be entitled to payment only for those expenses and costs reasonably and actually incurred prior to the effective date of the termination.
- C. Termination Procedure:** Upon termination of this Agreement, the County in addition to any other rights provided in this Agreement, may require the Grantee to repay all funds disbursed under this Agreement or to seek specific performance.

The rights and remedies of the County provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement. After receipt of a notice of termination, and except as otherwise directed by the County's Contract Representative specified in Section 3B, the Grantee shall take such action as may be necessary, or as the County's Contract Representative may direct, for the protection and preservation of the property related to this Agreement, which is in the possession of the Grantee and in which the County has or may acquire an interest.

Section 10 – DISPUTE PROCEDURE

- A. Dispute Resolution: The Parties will attempt in good faith to resolve any dispute or claim arising out of or in relation to this Agreement through negotiations between representatives with authority to settle the relevant dispute. If the dispute cannot be settled amicably within fourteen (14) days from the date on which either Party has served written notice on the other of the dispute, then either party may request a dispute hearing with the County Administrator of Kitsap County. The County Administrator may designate a neutral person to decide the dispute.
- B. Dispute Hearing Request: The request for a dispute hearing must be submitted in writing to the other party, as well as the County Administrator (or their designee) and the neutral person who may decide the dispute, if applicable. The written request must:
- I. Clearly state the issue in dispute
 - II. Clearly state the position of both parties
 - III. Identify the Grantee's name, address, and Agreement number
- C. Dispute Hearing Process: The party that receives the request for a dispute hearing must respond in writing within five (5) working days of receipt. The County Administrator will review the written statements of each party and respond with a dispute decision within ten (10) working days of receipt. The decision made by the County Administrator (or their designee) is not admissible in any succeeding judicial or quasi-judicial tribunal. Both parties of this Agreement agree that this dispute process shall precede any action in judicial or quasi-judicial tribunal. Nothing in this Agreement shall be construed to limit parties' choice of a mutually acceptable alternate resolution method such as binding arbitration, in addition to the dispute hearing procedure outlined above.

SECTION 11 – CONFLICT OF INTEREST

- A. The County may, in its sole discretion by written notice to the Grantee, terminate this Agreement if it is found after due notice and examination by the County that there is a violation of the Ethics in Public Service Act, Chapters 42.23 RCW and 42.52 RCW; or any similar statute involving the Grantee in the procurement of, or performance under this Agreement. Specific restrictions apply to granting with current or former state employees pursuant to Chapter 42.52 of the Revised Code of Washington. If it is determined by the County that a conflict of interest exists, the Grantee may be disqualified from further consideration of MHCDTC awards.

In the event this Agreement is terminated due to a conflict of interest, the County shall be entitled to pursue the same remedies against the Grantee as it could pursue in the event of a breach of the Agreement by the Grantee. The rights and remedies of the County provided for in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law. The existence of facts upon which the County makes any determination under this section shall be an issue and may be reviewed as provided in Section 10 – Dispute Procedure clause of this Grant Agreement.

SECTION 12 – SUBGRANTING

- A. Subgranting Procedure: The Grantee may only subgrant work contemplated under this Agreement if it obtains the prior written approval of the County. If the County approves subgranting, the Grantee shall maintain written procedures related to subgranting, as well as copies of all subgrants and records related to subgrants. The County may, in writing: (a) require the Grantee to amend its subgranting procedures as they relate to this Agreement; (b) prohibit the Grantee from subgranting with a particular person or entity; or (c) require the Grantee to rescind or amend a subgrant. Every subgrant shall bind the Subgrantee to follow all applicable terms of this Agreement. The Grantee is responsible to the County if the Subgrantee fails to comply with any applicable term or condition of this Grant. The Grantee shall appropriately monitor the activities of the Subgrantee to assure fiscal conditions of this Grant. In no event shall the existence of a subgrant operate to release or reduce the liability of the Grantee to the County for any breach in the performance of the Grantee's duties. Every subgrant shall include a term that the County is not liable for claims or damages arising from a Subgrantee's performance of the subgrant.

SECTION 13 – MHCDTC GRANT PROVISIONS

- A. MHCDTC Income Verification: The Department of Housing and Urban Development's (HUD) Area Median Income (AMI), updated annually, will be used as the measure to define income qualification. Tenant incomes must be verified with full documentation annually.
- B. MHCDTC Characteristic Verification: The grantee must verify and document that project participants are eligible to benefit from MHCDTC funds for the duration of the Period of Affordability (Section 13C). Along with only serving households earning 60% AMI or less, the household must also fit one of the following criteria:
- a. Persons with behavioral health disabilities;
 - b. Veteran;
 - c. Senior citizens
 - d. Persons who are homeless or at-risk of being homeless, including families with children;
 - e. Unaccompanied homeless youth or young adults;
 - f. Persons with disabilities;
 - g. Domestic violence survivors.
- ~~C.~~ Period of Affordability: The housing assisted with MHCDTC funds under this Agreement will remain affordable for **forty (40) years** beginning after project completion. In the

event the housing does not meet the affordability requirements for the specified time, the Grantee shall repay to the County all MHCDTC funds expended on the project. During the affordability period, all conditions specified in this Agreement must be satisfactorily fulfilled.

- D. Recapture of MHCDTC Funds:** If the Grantee is unable to secure the mechanism to ensure the period of affordability, or the Grantee breaks the period of affordability, the County may recapture disbursed MHCDTC funds and cancel or terminate this Agreement.
- E. Occupancy Timeline:** The Grantee will ensure housing is occupied by eligible tenants within six (6) months following the date of project completion.
- F. Property Standards:** The Grantee shall ensure that housing assisted with MHCDTC funds is decent, safe, sanitary, and in good repair. Housing that is acquired, constructed, or rehabilitated with MHCDTC funds must meet all applicable state and local codes, state and local housing standards, ordinances, and zoning ordinances, and code requirements through the Period of Affordability as set forth in Section 13C.
- G. Tenant Protections:** There must be a written lease between the tenant and the Grantee or Subgrantee, as the owner of rental housing assisted with MHCDTC funds. The lease agreement should be for a period of not less than one year, unless a shorter period is specified by mutual agreement between the tenant and the owner.

SECTION 14 – PREVAILING WAGE

Effective January 1, 2020, contractors must file weekly certified payroll reports for all prevailing wage jobs (regardless of project amount) and submit them directly to L&I.

General

The contractor shall comply with the prevailing wage requirements of chapter 39.12 RCW and WAC 296-127, specifically including RCW 39.12.020 and WAC 296-127-023 (Building Service Maintenance), if applicable. Contractor shall pay not less than the prevailing rate of per diem wages to its employees and shall provide documentation to the County of its compliance with prevailing wage laws and regulations. A copy of such prevailing rates of wage statement shall be posted by the Contractor in a location readily visible to workers at the job site or as provided in RCW 39.12.020

Over \$2,500

For contracts greater than \$2,500, a “Statement of Intent to Pay Prevailing Wages: (hereinafter “Statement of Intent”) must be submitted to and approved by the State Department of Labor and Industries prior to beginning work by the Contractor. If the Contract is more than \$10,000, the Statement of Intent shall include the Contractor's registration number, the prevailing wage

for each classification of workers, and an estimate of the number of workers in each classification. An "Affidavit of Wages Paid" must be submitted to and approved by the State Department of Labor and Industries by the Contractor prior to release of the retained percentage. Copies of these documents shall be provided to the County prior to any payment being made to the Contractor. The fee for each of these documents shall be paid by the Contractor.

\$2,500 or Less

For contracts of \$2,500 or less, the Contractor may submit the Statement of Intent to the County directly without the approval by the Washington State Department of Labor & Industries. Upon final acceptance of the work, the Contractor will submit an "Affidavit of Wages Paid" to the County.

Statement of Intent

The Statement of Intent and Affidavit of Wages Paid must be submitted on forms approved by the Department of Labor and Industries.

SECTION 15 – INTEGRATED DOCUMENT

This Agreement with any attachments constitutes the entire agreement between the parties and both parties acknowledge that there are no other agreements, written or oral, that have not been fully set forth in the text of this Agreement.

Dated this ____ day of 02/24/2025, 2025.

GRANTEE: SUQUAMISH TRIBE

DocuSigned by:

Catherine Edwards

Catherine Edwards, Executive Director

Dated this 28th day of April, 2025.

**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**

Christine Rolfes

Christine Rolfes, Chair

Oran Root

Oran Root, Commissioner

NOT PRESENT

Katherine T. Walters, Commissioner

ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board



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Exhibit A – Scope of Work

Exhibit B – Project Timeline

Exhibit C – Budget

Exhibit A – Scope of Work

<i>Project Details</i>	
Project Name	Place of Change
Funded Amount	\$420,000
Policy Plan Year	2025
Eligible Activity	Building affordable housing units
Service Area	Port Madison Tribal Land
Project Address/Location	18490 Suquamish Way NE #107, Suquamish, WA 98392
Eligible Target Population	<u>Income:</u> Income no higher than sixty percent (60%) AMI at admission. <u>Characteristic:</u> Population fits within Mental Health, Chemical Dependency, Therapeutic Courts criteria.

Description of Scope

Suquamish Tribe will purchase approximately (6) prefabricated units of rental assisted housing to households whose income is no greater than sixty percent (60%) AMI at admission.

Suquamish Tribe will manage its housing project through their outpatient behavioral health Wellness Center. The Tribe has been managing small scale homes for their members since 2017. Property management is conducted by in-house staff to include direct service, general site maintenance, upkeep and monitoring, facility management, landscaping, regular building and property systems maintenance and inspection schedules. The Suquamish Police Department is a willing partner in the project, as is the Tribe's Emergency Management Department who serves as the emergency planner.

The Tribal Government has authority on the Port Madison Indian Reservation with variability in permitting requirements, and oversight by Department of Community Development.

Screening eligibility documents are being drafted to include the following, income verification, behavioral health status, criminal history, and commitment to the program. The primary goal is to balance affordability with the tenant's ability to contribute, by fostering a sense of responsibility and progress towards independent living. The Suquamish Wellness Center has managed income eligible verification processes, for various other support programs they offer.

Performance Measures

1. Suquamish Tribe will purchase approximately (6) prefabricated units of rental assisted housing
2. Lease to the appropriate population, households whose income is no greater than sixty percent (60%) AMI at admission.

V E N D O R P R O F I L E

Federal Tax I.D. No (EIN): 91-0854725

Please check one: Social Security No. () OR Federal I.D. No. (X)

Business Name as registered with the IRS:

Suquamish Indian Tribe of the Port Madison Reservation

Vendor Name: Suquamish Tribe – Wellness Program

Street Address: 18490 Suquamish Way NE

City, State, Zip: Suquamish WA 98392-0498

Phone Number: 360-394-8402

(If remittance address is different than shown above, please note changes on back of form.)

Mailing Address: P.O. Box 498, Suquamish, WA 98392-0498

Type of Business: (Please Check One)

() Individual/Sole Proprietorship

() Partnership

() Corporation

() Non-Profit

(X) Other: Tribal Government

Is a 1099 required? () Yes (X) No

CERTIFICATION - Under penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Alayna Garvin

Signature

Alayna Garvin

Name (Please Print)

Grant Writer

Title

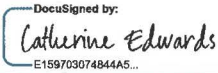

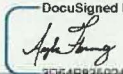
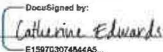
December 4, 2024

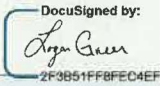
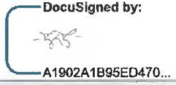
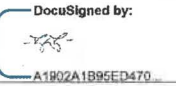
Date

Kitsap County Coordinated Grant
Agency: Suquamish Wellness Center
Project Name: Place for Change

**Agency Contacts:**

Please indicate which agency staff are authorized to perform the following duties: Please check the box if the individual is also a board approved signer. If the agency contacts or board approved signers change during the contract term, please notify your contact at the County in writing.

Contact #1: Contract Signer		<input checked="" type="checkbox"/> board approved signer <input type="checkbox"/> check here if the following address should be used to obtain signatures for contract execution.
Individual Name: Catherine Edwards		
Title: Executive Director		
Address: 18490 Suquamish Way NE		
City/State/Zip: Suquamish WA 98392-0498		
Phone#: 360-394-8402	e-mail Address: catherineedwards@suquamish.nsn.us	
Signature: 		12/06/2024
Contact #2: Contract Administrator (this is the person we will contact and correspond with to put the contract together, or if there are issues)		<input type="checkbox"/> board approved signer <input type="checkbox"/> check here if the following address should be used to obtain signatures for contract execution. <input type="checkbox"/> be sure to include an Alternate Signer
Individual Name: Alayna Garvin		
Title: Grant Writer		
Address: 18490 Suquamish Way NE, Suquamish WA 98392-0498		
Phone#: 360-394-7181	e-mail Address: agarvin@suquamish.nsn.us	
Signature: 		12/03/2024
Alternate Individual Name: Angela Flemming		
Alternate Title: Research & Strategic Development Interim Director		
Alternate Address if not the Same:		
Phone#: 360-394-8459	Alternate e-mail Address: aflemming@suquamish.nsn.us	
Alternate Signature: 		12/04/2024
Contact #3: Voucher Reimbursements (this is the person that is authorized to legally bind the agency)		<input checked="" type="checkbox"/> board approved signer <input type="checkbox"/> Be sure to include an Alternate Signer (next page)
Individual Name: Catherine Edwards		
Title: Executive Director		
Address: 18490 Suquamish Way NE, Suquamish WA 98392-0498		
Phone#: 360-394-8402	e-mail Address: catherineedwards@suquamish.nsn.us	
Signature: 		12/06/2024

Alternate Individual Name: Logan Green	
Alternate Title: Finance Director	
Alternate Address if not the Same:	
Phone#: 360-394-8430	Alternate e-mail Address: lgreen@suquamish.nsn.us
Alternate Signature:  12/05/2024 <small>2F3B51FFB8FEC4EF</small>	
Contact #4: Quarterly Reports	
<input type="checkbox"/> board approved signer	
Individual Name: Brian Burwell	
Title: SUD Clinical Supervisor	
Address: 18490 Suquamish Way NE, Suquamish WA 98392-0498	
Phone#: 360-394-8553	e-mail Address: bburwell@suquamish.nsn.us
Signature:  12/03/2024 <small>A1902A1B95ED470...</small>	
Contact #5: Primary Contact for the Program	
Individual Name: Brian Burwell	
Title: SUD Clinical Supervisor	
Address: 18490 Suquamish Way NE, Suquamish WA 98392-0498	
Phone#: 360-394-8553	e-mail Address: bburwell@suquamish.nsn.us
Signature:  12/03/2024 <small>A1902A1B95ED470...</small>	

Suquamish Wellness – Place of Change Improvement Project Timeline

Category	Task	Expected Date of Completion	Notes
Site Control	Purchase / Sale Agreement Option	Completed 2012	Site is in Tribal Trust since 2012
Feasibility	Site Survey	2017	
	Market Study	2017	The Tribe implemented its Tiny Shelter Pilot Program beginning in October 2017
	Relocation of Existing Tenants	10/2024	Current tenants are supported in a case-by-case basis
Relocation	Planning and Budget	8/1/2024	Relocation of current tenants' process completed, individuals are supported on a case-by-case basis
Financing	Appraisal	N/A	
	Financial underwriting	N/A	
	Application for funding (Specify sources)	9/18/2024	Other funds secured: ARPA, Opioid Response Funds
	Construction/Rehabilitation Estimate	5/8/2024	Tribal Government contracted with PMCC construction company to carry out site works in preparation of installing the tiny homes.
	Funding for services	12/2023	Secured from Tribal Opioid Response, Opioid response funds, and reimbursed state funds, and Tribal Hard Dollars for Suquamish Wellness Center
	Award Dates of awarded funds (Specify sources)	Variable	Tribal Opioid Response: 9/30/2023 Opioid and Overdose Response Fund: 6/15/2024 WA Health Care Authority ARPA: Approved March 2023 for project allocation Tribal Hard Dollars: December 2023
Design/Permitting	Preliminary drawings completed	8/1/2024	Initial plans and drawings completed.

	Zoning approval	N/A	Tribal Council mandate and approval of land use..
	Site plan approval	2017	Site is approved for previous version of project, Tribal Council approved new site works in October 2024.
	Building permit applications submitted	N/A	Permit will be for sewer connection only
	Building permits issued	N/A	Tribal Government has permit authority on Reservation land.
	Final plans and specs completed	1/8/2025	Completed drawings were approved by Tribal Government Department of Community Development.
Construction/Rehabilitation	General contractor selected	3/30/2025	New procurement process for Tiny Homes and installation to begin 1/2025 and close 3/2025.
	Begin site preparation/construction	2/20/2025	Site preparation includes groundwork, previous structure removal, and building of Clubhouse space in addition to install pad preparation.
	Purchase Tiny Homes	7/1/2025	Target purchase date
	Tiny Home installation	9/15/2025	Target install date
Occupancy	Selection of management entity	Completed	Management by Suquamish Tribal entities
	Selection of service providers	Completed	Service providers are Tribal entities
	Policy and Procedures for Management of community	10/1/2025	
	Begin lease-up	10/1/2025	Target for occupancy
	100% lease-up	12/1/2025	
	Placed in service	10/1/2025	

Exhibit C – Budget

Kitsap County Human Services Department
Expenditure Plan: January 1, 2025 - December 31, 2025

Agency Name: Suquamish Tribe - Wellness Program
Project Name: Place of Change Improvements
Contract: Contract # KC-108-25

Contract Line item	1/1/2025 3/31/2025	4/1/2025 6/30/2025	7/1/2025 9/30/2025	10/1/2025 12/31/2025	Total Budget
Construction/Other	\$ -	\$ -	\$ 420,000.00	\$ -	\$ 420,000.00
6 Tiny homes - built off-site and installed - based on existing quote	-	-	420,000.00	-	420,000.00
Project Budget Total	\$ -	\$ -	\$ 420,000.00	\$ -	\$ 420,000.00

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/22/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services NW CL 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: Janelle Beauchemin	
	PHONE (A/C, No, Ext): 206 441-6300	FAX (A/C, No): 610-362-8530
	E-MAIL ADDRESS: Janelle.Beauchemin@usi.com	
INSURED Suquamish Indian Tribe 18490 Suquamish Way NE Suquamish, WA 98392	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Amerind Risk Management Corporation	
	INSURER B : StarNet Insurance Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	NAIC # NONAIC	
	40045	

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	TG1000053303	07/01/2024	07/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	PCA950079412	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	X	TG1000053303	07/01/2024	07/01/2025	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC1000021203	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE - EA EMPLOYEE \$5,000,000 E.L. DISEASE - POLICY LIMIT \$5,000,000

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


RE: NW Corner of Division Ave & Suquamish Way, Suquamish, WA

Project Site: 212602-3-007-2006

The General Liability and Automobile Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder (Kitsap County) only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Kitsap County	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 

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Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. SUQUAMISH INDIAN TRIBE	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► TRIBAL GOVERNMENT	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 18490 SUQUAMISH WAY NE	Requester's name and address (optional)
6 City, state, and ZIP code SUQUAMISH, WA 98392	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
9	1	-	0	8	5	4	7	2 5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Togan Green

Date ► 02/17/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.


Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Washington State Department of
Labor & Industries

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Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name:

Suquamish Tribal Government

Principal:

From:

01/23/2024

To:

01/23/2025

WA UBI Number:

RCW:

All

Penalty Due:

All

Wage Due:

All

License Number:

Apply Filters

Reset

Download all debarment data

Show 25 per pageShowing 0 records

FirstPreviousNextLast

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria									

Show 25 per pageShowing 0 records

FirstPreviousNextLast