

**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 Gather Together Grow Together, 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-121-21, executed on 02/10/2021 and amended on 02/07/2022, shall be further amended as follows:

**1. Section 1. Term and Effective Date shall be revised as follows:**

Contract is extended from 12/31/2022 to 12/31/2023 for a new contract term of 02/08/2021 through 12/31/2023.

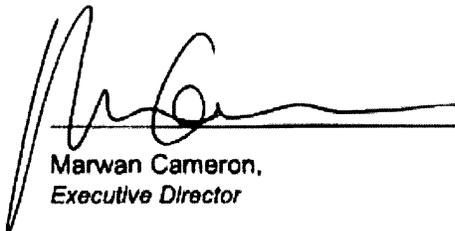
**2. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.**

This amendment shall be effective upon execution by the parties.

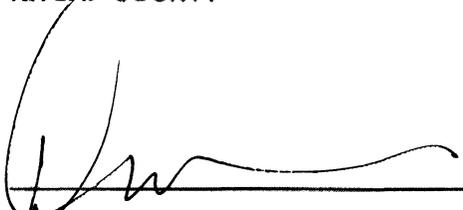
DATED this 1<sup>st</sup> day February, 2022.

DATED this 8 day February, 2022.

**GATHER TOGETHER GROW  
TOGETHER**

  
\_\_\_\_\_  
Marwan Cameron,  
Executive Director

**KITSAP COUNTY**

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

**Approved as to form by the Prosecuting Attorney's Office**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/28/2022

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

<b>PRODUCER</b>  Shane McGraw(791323X) 2819 NW Kitsap Pl Ste 120  Silverdale WA 98383-7686	<b>CONTACT NAME:</b> Amber Nimrod														
	<b>PHONE (A/C, NO, EXT):</b> 360-692-6880	<b>FAX (A/C, NO):</b> 360-516-2101													
	<b>E-MAIL ADDRESS:</b> smcgraw@farmersagent.com														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td><b>INSURER B:</b> Farmers Insurance Exchange</td> <td>21652</td> </tr> <tr> <td><b>INSURER C:</b> Mid Century Insurance Company</td> <td>21687</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Truck Insurance Exchange	21709	<b>INSURER B:</b> Farmers Insurance Exchange	21652	<b>INSURER C:</b> Mid Century Insurance Company	21687	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>
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<b>INSURED</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	N	606659181	04/04/2022	04/04/2023	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:		\$						
	<b>AUTOMOBILE LIABILITY</b>		N				COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR						AGGREGATE	\$	
	<b>EXCESS LIAB</b>							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTHER \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
419 PARK AVE, BREMERTON, WA 98337

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
KISTAP COUNTY DEPARTMENT OF HUMAN SERVICES 614 DIVISION ST PORT ORCHARD WA 98366	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 Amber Nimrod

## 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:  Principal:  From:  To:

WA UBI Number:  RCW:

License Number:  Penalty Due:  Wage Due:

[Apply Filters](#) [Reset](#)

[Download all debarment data](#)

Show  per page Showing 0 records [First](#) [Previous](#) [Next](#) [Last](#)

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  per page Showing 0 records [First](#) [Previous](#) [Next](#) [Last](#)

Search

Select Domain   
All Domains

Filter By

### Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

- Any Words
- All Words
- Exact Phrase

### Federal Organizations

No results found

- Active
- Inactive

Reset