

**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 Agape Unlimited, 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-198-24, executed on 02/23/2024 and amended on 06/03/2024, shall be further amended as follows:

1. **ARTICLE I, Section 1.2 Term** shall be amended as follows:
  - Contract is extended from 12/31/2024 to 12/31/2025 for a new contract term of 01/01/2024 to 12/31/2025.
2. **EXHIBIT A: STATEMENT OF WORK AND PROJECT TIMELINE, II. PROJECT TIMELINE** shall be amended as follows:
  - Completion Date shall be extended from 12/31/2024 to 12/31/2025.
3. **EXHIBIT B: BUDGET** shall be replaced in its entirety.
  - Building O&M – Salaries & Benefits is increased by \$25,689 from \$34,600 to \$60,289.
    - This amount reflects the removal of \$8,911 unspent funds from 1st year of contract, and additional funding of \$34,600 for 2nd year of contract.
  - Case Management – Salaries & Benefits is increased by \$20,400 from \$20,400 to \$40,800.
    - This amount reflects the removal of \$0 unspent funds from 1st year of contract, and additional funding of \$20,400 for 2nd year of contract.

Contract total is increased from \$55,000 to \$101,089.

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 26 day March, 2025. DATED this 27 day March, 2025.

**AGAPE UNLIMITED**

**KITSAP COUNTY, WASHINGTON**

  
Sara Marez-Fields, Executive Director

  
Victoria Brazitis, County Administrator

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

## EXHIBIT B: BUDGET

**Contractor:** Agape Unlimited - Sisyphus II

**Contract Number:** KC-198-24-B

**Time Period:** January 1, 2024 – December 31, 2025

| Cost Category                         | Fund Source                                | Previous Budget    | Amendment Changes this Contract | Current Budget      |
|---------------------------------------|--|--------------------|---------------------------------|---------------------|
|                                       |  |                    |                                 |                     |
| Building O & M - Salaries & Benefits  | Homeless Housing Grant Program - 1131.5419 | \$34,600.00        | \$25,689.00                     | \$60,289.00         |
| Case Management - Salaries & Benefits | Homeless Housing Grant Program - 1131.5419 | \$20,400.00        | \$20,400.00                     | \$40,800.00         |
| <b>Budget Total</b>                   |  | <b>\$55,000.00</b> | <b>\$46,089.00</b>              | <b>\$101,089.00</b> |

*Line items changes must be requested in writing and require Kitsap County approval.*

- Reimbursement requests/invoices must be submitted through the Housing and Homelessness Division reimbursement request process.

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

09/30/2024

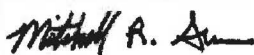
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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<br><b>Propel Insurance</b><br>1201 Pacific Avenue; Suite 1000<br>COM Middle Market<br>Tacoma, WA 98402-4321 | CONTACT NAME: <b>Loretta Schuelke</b>   |
|  | PHONE (A/C, No, Ext): <b>800 499-0933</b> FAX (A/C, No): <b>866 577-1326</b><br>E-MAIL ADDRESS: <b>loretta.schuelke@propelinsurance.com</b> |
| INSURED<br><b>Agape Unlimited</b><br>4841 Auto Center Way, Suite 101<br>Bremerton, WA 98312-4388                     | INSURER(S) AFFORDING COVERAGE   |
|  | INSURER A : <b>Berkley Regional Insurance Company</b> NAIC # <b>29580</b>   |
|  | INSURER B : <b>Philadelphia Indemnity Ins Company</b> <b>18058</b>  |
|  | INSURER C :   |
|  | INSURER D :   |
|  | INSURER E :   |
| INSURER F :  |   |

| 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: | X X                 | HHS852558518                | 09/27/2024              | 09/27/2025              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>3,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b><br>\$ |
| A   | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | X X                 | HHS852558518                | 09/27/2024              | 09/27/2025              | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|   | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION \$   |                     |                             |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A                 | HHS852558518<br>WA Stop Gap | 09/27/2024              | 09/27/2025              | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>   |
| A   | Professional Liability   |                     | HHS852558518                | 09/27/2024              | 09/27/2025              | \$ <b>1,000,000</b> Each Claim<br>\$ <b>3,000,000</b> Aggregate   |
| B   | Crime  |                     | PHSD1817940                 | 09/27/2024              | 09/27/2025              | \$ <b>1,000,000</b>   |

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

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br><b>HHGP/AHGP (Homeless Housing Grant Program/Affordable Housing Grant Program)</b><br>614 Division St. MS 23<br>Port Orchard, WA 98366 | <b>CANCELLATION</b><br><br>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<br>   |



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e.g. 1606N020Q02

debarment



### Federal Organizations

Agape Unlimited



No results found



- ☒ Active
- ☐ Inactive

As of 2/18/2025

## 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:

[Download all debarment data](#)

|   |                   |         |            |                  |        |     |              |            |             |           |                       |                          |                      |                      |
|---|-------------------|---------|------------|------------------|--------|-----|--------------|------------|-------------|-----------|-----------------------|--------------------------|----------------------|----------------------|
| Show <div>25</div> per page                           | Showing 0 records |         |            |                  |        |     |              |            |             |           | <a href="#">First</a> | <a href="#">Previous</a> | <a href="#">Next</a> | <a href="#">Last</a> |
| Company Name  | UBI               | License | Principals | Related Business | Status | RCW | Debar Begins | Debar Ends | Penalty Due | Wages Due |                       |                          |                      |                      |
| There are no records that match your search criteria. |                   |         |            |                  |        |     |              |            |             |           |                       |                          |                      |                      |
| Show <div>25</div> per page                           | Showing 0 records |         |            |                  |        |     |              |            |             |           | <a href="#">First</a> | <a href="#">Previous</a> | <a href="#">Next</a> | <a href="#">Last</a> |

As of 2/18/2025