Kitsap UEI: LD6MNJ62JQD1

FAIN: N/A ALN: N/A

CONTRACT AMENDMENT

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 and 03/27/2025, shall be further amended as follows:

- 1. EXHIBIT B: BUDGET shall be replaced in its entirety.
 - Building O&M Salaries & Benefits is decreased by \$5,000 from \$60,289 to \$55,289.
 - Case Management Salaries & Benefits is increased by \$5,000 from \$40,800 to \$45,800.

Contract total remains unchanged.

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 21 day Avgust , 2025. DATED this 29 day mg

AGAPE UNLIMITED

KITSAP COUNTY

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-C

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	\$60,289.00	(\$5,000.00)	\$55,289.00	
Case Management - Salaries & Benefits	Homeless Housing Grant Program - 1131.5419	\$40,800.00	\$5,000.00	\$45,800.00	
Budget Tot	al	\$101,089.00	\$0.00	\$101,089.00	

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.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 79672

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	CONTACT Loretta Schuelke				
Propel Insurance	PHONE (A/C, No. Ext): 800 499-0933	AX VC, No): 866 577-1326			
1201 Pacific Avenue; Suite 1000	E-MAIL ADDRESS: loretta.schuelke@propelinsurance.com				
COM Middle Market	INSURER(S) AFFORDING COVERAGE	NAIC #			
Tacoma, WA 98402-4321	INSURER A: Berkley Regional Insurance Company	29580			
INSURED	INSURER B : Philadelphia Indemnity Ins Company	18058			
Agape Unlimited 4841 Auto Center Way, Suite 101	INSURER C:				
	INSURER D :				
Bremerton, WA 98312-4388	INSURER E:				
	INSURER F:				

OVERAGES	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.

ISR TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	X	K HHS852558518			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY	Х	Х	HHS852558518	09/27/2024	09/27/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			HHS852558518 WA Stop Gap	09/27/2024	09/27/2025	PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N (Mandatory in NH)	NI / A					E.L. EACH ACCIDENT	\$1,000,000
		N/A	ı				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	Professional			HHS852558518	09/27/2024	09/27/2025	\$1,000,000 Each Cla	im
	Liability						\$3,000,000 Aggrega	te
В	3 Crime			PHSD1817940	09/27/2024	09/27/2025	\$1,000,000	

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

CERTIFICATE HOLDER

HHGP/AHGP (Homeless Housing Grant Program/Affordable Housing Grant Program) 614 Division St. MS 23 Port Orchard, WA 98366 CANCELLATION

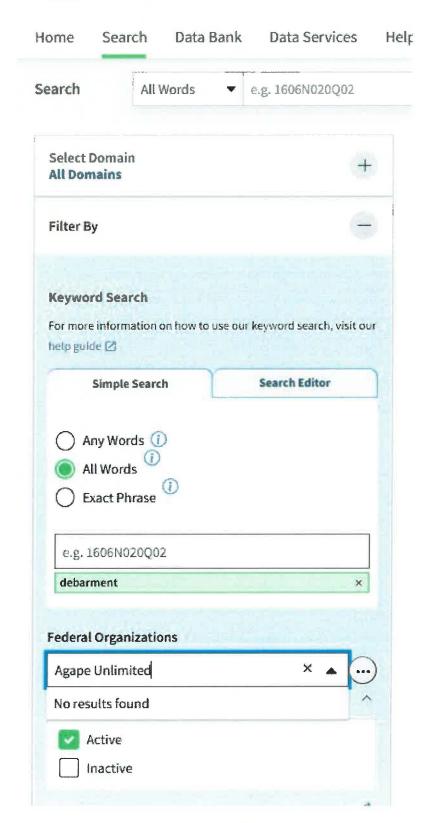
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

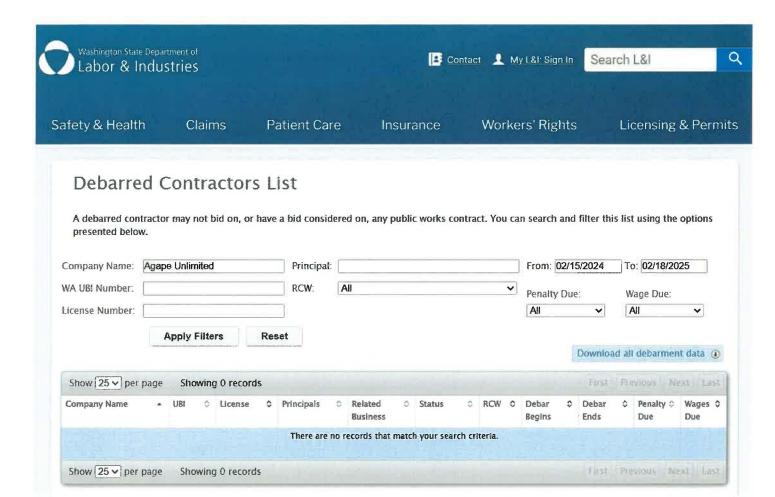
Mitchell R. Su

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As of 2/18/2025



As of 2/18/2025