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 **Northwest Hospitality**, a Washington non-profit corporation (the "Recipient").

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-200-24, executed on 03/04/2024 shall be 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.

Program Operations (HHGP) is increased by \$33,000 from \$33,000 to \$66,000.

Contract total is increased from \$33,000 to \$66,000.

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 24 day February 2025.

NORTHWEST HOSPITALITY

KITSAP COUNTY, WASHINGTON

Victoria Brazitis, County Administrator

Director

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT B: BUDGET

Contractor: Northwest Hospitality – Vehicle Repairs for Vulnerable Neighbors

Contract Number: KC-200-24-A

Time Period: January 1, 2024 - December 31, 2025

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	\$66,000.00	
Program Operations	Homeless Housing Grant Program - 1131.5419	\$33,000	\$33,000		
Budget To	tal	\$33,000	\$33,000	\$66,000.00	

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/11/2025

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 rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER Hiscox Inc. PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C. No): (888) 202-3007 5 Concourse Parkway contact@hiscox.com Suite 2150 Atlanta GA, 30328 INSURER(S) AFFORDING COVERAGE NAIC# Hiscox Insurance Company Inc 10200 INSURER A INSURED INSURER B Northwest Hospitality Org INSURER C 10857 Woodchuck Lane SE INSURER D Port Orchard, WA 98367 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

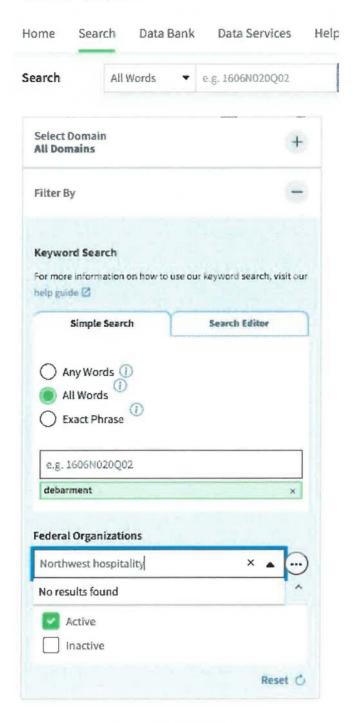
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000	
А						05/27/2024	05/27/2025	MED EXP (Any one person)	\$ 5,000	
				P100.289.549.4	PERSONAL & ADV INJURY			\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg.	
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBEREXCLUDED? datory in NH)	"''					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CE	CERTIFICATE HOLDER CANCELLATION									
Kitsap County Department of Human Services 614 Division St MS-23 Port Orchard, WA 98366 4676				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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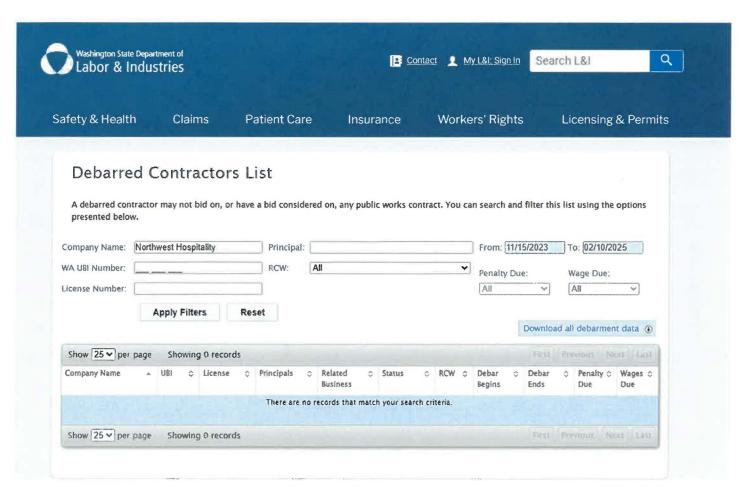
Port Orchard, WA 98366-4676

AUTHORIZED REPRESENTATIVE





As of 2/7/2025



As of 02/10/2025