## **CONTRACT AMENDMENT**

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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 Kitsap Homes of Compassion, hereinafter "CONTRACTOR."301

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-201-24, executed on 03/04/2024 and amended on 08/22/2024 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.
  - Admin Direct (HHGP) is increased by \$38,000 from \$38,000 to \$76,000.
    - This amount reflects the removal of \$0 unspent funds from 1<sup>st</sup> year of contract, and additional funding of \$38,000 for 2<sup>nd</sup> year of contract.
  - Case Management Salaries & Benefits (HHGP) is increased by \$72,000 from \$72,000 to \$144,000.
    - This amount reflects the removal of \$0 unspent funds from 1<sup>st</sup> year of contract, and additional funding of \$72,000 for 2<sup>nd</sup> year of contract.
  - Program Operations (HHGP) is decreased by \$8,000 from \$13,000 to \$5,000.
    - This amount reflects the removal of \$13,000 unspent funds from 1<sup>st</sup> year of contract, the transfer of \$8,000 from Program Operations to Rental Assistance, and additional funding of \$5,000 for 2<sup>nd</sup> year of contract.
  - Rental Assistance/Subsidy (HHGP) is increased by \$28,000 from \$20,000 to \$48,000.
    - This amount reflects the removal of \$0 unspent funds from 1<sup>st</sup> year of contract, the transfer of \$8,000 from Program Operations to Rental Assistance, and additional funding of \$20,000 for 2<sup>nd</sup> year of contract.
  - Building O&M Salaries & Benefits (AHGP) remains unchanged.
  - Building O&M Building Operations Expenses (AHGP) is increased by \$6,413 from \$22,000 to \$28,413.
    - This amount reflects the removal of \$15,587 unspent funds from 1<sup>st</sup> year of contract, and additional funding of \$22,000 for 2<sup>nd</sup> year of contract

Contract total is increased from \$165,000 to \$301,413.

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 15 day of May, 2025. DATED this Tday May, 2025.

KITSAP HOMES OF COMPASSION

KITSAP COUNTY

Scott Willard, Executive Director

Victoria Brazitis, County Administrator

Approved as to form by the Prosecuting Attorney's Office

## **EXHIBIT B: BUDGET**

Contractor:

Kitsap Homes of Compassion - Homes Not Benches

**Contract Number:** 

KC-201-24-B

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
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Administration - Direct Expenses	Homeless Housing Grant Program - 1131	\$38,000.00	\$38,000.00	\$76,000.00
Case Management - Salaries & Benefits	Homeless Housing Grant Program - 1131	\$72,000.00	\$72,000.00	\$144,000.00
Program Operations	Homeless Housing Grant Program - 1131	\$13,000.00	-\$8,000.00	\$5,000.00
Rental Assistance / Subsidy	Homeless Housing Grant Program - 1131	\$20,000.00	\$28,000.00	\$48,000.00
Building O&M - Salaries & Benefits	Affordable Housing Grant Program - 1131	\$0.00	\$0.00	\$0.00
Building O&M - Building Operations Expenses	Affordable Housing Grant Program - 1131	\$22,000.00	\$6,413.00	\$28,413.00
Year 1 Budg	et Total	\$165,000.00	\$136,413.00	\$301,413.00

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) 04/08/2025

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.

	SUBROGATION IS WAIVED, subjectificate does not confer rights							require an endorseme	nt. A	statement on
PRO	DUCER				CONTA NAME:	CT Bradlee	Haley			
Haley Insurance Agency Inc					PHONE (A/C, No	o. Ext): (360) 6	526-6173	FAX (A/C, No	(36	60) 342-0799
20270 Front St Ne Suite 101				E-MAIL ADDRESS: brad@haleyagency.com						
				INSURER(S) AFFORDING COVERAGE				NAIC#		
Pol	ulsbo			WA 98370	INSURER A: KINSALE INSURANCE COMPANY				38920	
INSU	RED				INSURER B: United States Liability Insurance Company				25895	
	Kitsap Homes of Compassion	on			INSURE	RC:				
	247 4TH ST				INSURE	RD:				
					INSURE	RE:				
	Bremerton			WA 98337	INSURE					
CO	VERAGES CEF	RTIFICA	TE N	UMBER:	1			REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUIRE PERTAI POLICIE	MENT, IN, THE ES. LIM	TERM OR CONDITION E INSURANCE AFFOR	OF ANDED BY	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT T	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 5	00,000
	X CLAIMS-MADE . OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5	0,000
				0100350735-0			02/12/2026	MED EXP (Any one person)	\$	
Α			×			02/12/2025		PERSONAL & ADV INJURY	\$ 5	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 1	,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ It	ncluded	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	

X EXCESS LIAB \$1,000,000 CLAIMS-MADE AGGREGATE 0100352043-0 02/12/2025 02/12/2026 RETENTION \$ DED WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE

If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 Each Claim Directors and Officers Liability NDO1598189 09/04/2024 09/04/2025 В Aggregate 1,000,000 **Employment Practices Liability** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BOARDING HOUSES: 1914 BURWELL STREET BREMERTON WA 98337 - 8941 NE WATSON PLACE BREMERTON WA 98311 - 5724 TRACYTON BLVD NW BREMERTON WA 98311 - 5734 TRACYTON BLVD NW BREMERTON WA 98311

3151 SE Beechcrest Ct, 98366-5724 Tracyton Blvd, 98310-5734 Tracyton Blvd, 98310

CED	TIC	CA	TE	HOL	DFR

UMBRELLA LIAB

Kitsap County Department of Human Services Care of Housing and Homelessness Division 614 Division Street MS-23 Port Orchard, WA 98366-4676

OCCUR

## 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.

EACH OCCURRENCE

**AUTHORIZED REPRESENTATIVE** 

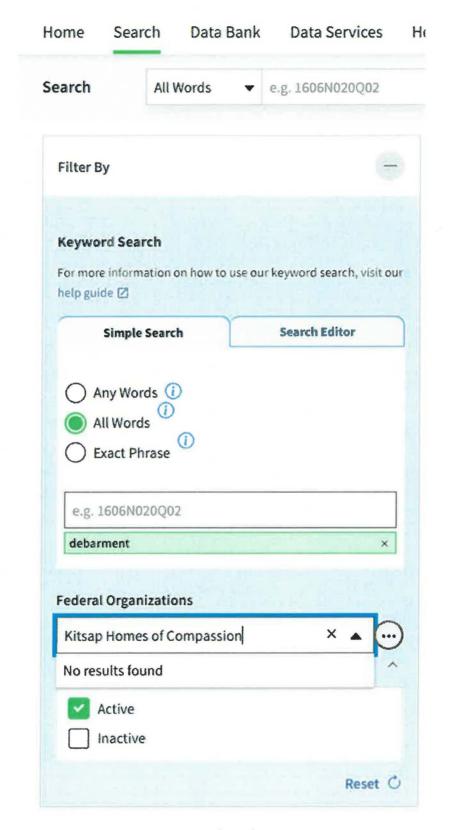
Bradles Haley

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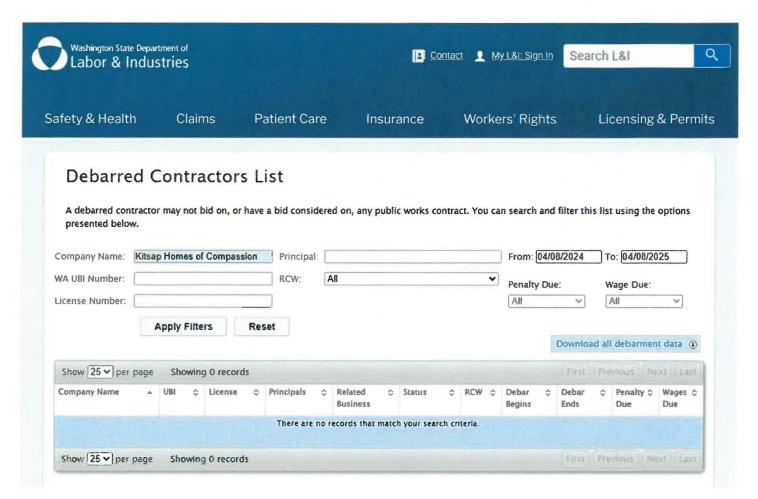
\$

\$ 1,000,000





As of 04/08/2025



As of 04/08/2025