

## 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 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 27 day 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
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
<b>Year 1 Budget Total</b>		<b>\$165,000.00</b>	<b>\$136,413.00</b>	<b>\$301,413.00</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.



# 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. 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> Haley Insurance Agency Inc 20270 Front St Ne Suite 101  Poulsbo WA 98370		<b>CONTACT NAME:</b> Bradlee Haley <b>PHONE (A/C, No, Ext):</b> (360) 626-6173 <b>E-MAIL ADDRESS:</b> brad@haleyagency.com <b>FAX (A/C, No):</b> (360) 342-0799	
<b>INSURED</b> Kitsap Homes of Compassion 247 4TH ST  Bremerton WA 98337		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> KINSALE INSURANCE COMPANY <b>INSURER B:</b> United States Liability Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 38920 25895	

**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 INSP	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> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0100350735-0	02/12/2025	02/12/2026	EACH OCCURRENCE \$ 500,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$ 500,000	
							GENERAL AGGREGATE \$ 1,000,000	
							PRODUCTS - COMP/OP AGG \$ Included	
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0100352043-0	02/12/2025	02/12/2026	EACH OCCURRENCE \$ 1,000,000	
							AGGREGATE \$ 1,000,000	
							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
B	Directors and Officers Liability			NDO1598189	09/04/2024	09/04/2025	Each Claim 1,000,000	
	Employment Practices Liability						Aggregate 1,000,000	

**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

<b>CERTIFICATE HOLDER</b> Kitsap County Department of Human Services Care of Housing and Homelessness Division 614 Division Street MS-23 Port Orchard, WA 98366-4676	<b>CANCELLATION</b> 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 <i>Bradlee Haley</i>
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e.g. 1606N020Q02

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e.g. 1606N020Q02

debarment **Federal Organizations**Kitsap Homes of Compassion   No results found 

- ☒ Active
- ☐ Inactive

Reset **As of 04/08/2025**

## 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	25	per page	Showing 0 records							First	Previous	Next	Last								
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	25	per page	Showing 0 records							First	Previous	Next	Last								

As of 04/08/2025