

**CONTRACT AMENDMENT**  
**A**

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 Rescue Mission, 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-202-25, executed on 04/09/2025, shall be amended as follows:

1. **ATTACHMENT C: BUDGET SUMMARY** shall be replaced in its entirety.
  - Budget Cost Categories adjustments as follows:
    - INF SFY25 Salaries & Benefits unchanged.
    - INF SFY25 Program Operations fund source change
      - Original contract budget incorrectly indicated the fund source as CHG Inflation SFY25, it has been corrected to indicate as CHG DRF.
      - No change to the dollar amount
    - CHG DRF - Building O&M - Salaries & Benefits unchanged.
    - CHG Supplemental -Facility Support unchanged.
  - The contract total remains unchanged.

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.

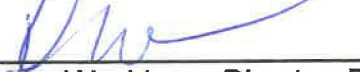
This amendment shall be effective upon execution by the parties.

DATED this 15<sup>th</sup> day May, 2025. DATED this 15 day May, 2025.

**KITSAP RESCUE MISSION**

  
\_\_\_\_\_  
Robin Lund Executive Director

**KITSAP COUNTY**

  
\_\_\_\_\_  
Doug Washburn, Director, Department of  
Human Services

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

**ATTACHMENT C: BUDGET SUMMARY****Contractor:** Kitsap Rescue Mission – Pacific Building Continuous-Stay Shelter**Contract Number:** KC-202-25**Time Period:** January 1, 2025 – June 30, 2025

This contract is based on a fixed number of shelter beds being provided for the entirety of the contract period. The contract amount is based on a non-standard bed rate for 75 shelter beds at a 90% utilization rate.

| Cost Category                                   | Fund Source                                   | Previous Budget     | Amendment<br>Changes this<br>Contract | Current Budget      |
|---|---|---------------------|---------------------------------------|---------------------|
| <b>1/1/25 - 6/30/25</b>                         |   |                     |                                       |                     |
| INF SFY25 - Salaries & Benefits                 | CHG Inflation: 1132 - SFY25                   | \$77,793.00         | \$ -                                  | \$77,793.00         |
| CHG DRF - Program Operations                    | Consolidated Homeless Grant-<br>CHG DRF: 1132 | \$116,000.00        | \$ -                                  | \$116,000.00        |
| CHG DRF - Building O&M -<br>Salaries & Benefits | Consolidated Homeless Grant-<br>CHG DRF: 1132 | \$84,000.00         | \$ -                                  | \$84,000.00         |
| CHG EHF SFY25 - Facility Support                | Consolidated Homeless Grant-<br>EHF: 1132     | \$188,963.00        | \$ -                                  | \$188,963.00        |
| <b>Budget Total</b>                             |   | <b>\$466,756.00</b> | <b>\$0.00</b>                         | <b>\$466,756.00</b> |
| <b>CONTRACT TOTAL</b>                           |   |                     |                                       | <b>\$466,756.00</b> |

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

Reimbursement requests/invoices for Consolidated Homeless Grant (CHG) must be submitted through the (CHG) reimbursement process.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2024

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 rights to the certificate holder in lieu of such endorsement(s).

|   |  |                                       |
|---|--|---------------------------------------|
| <b>PRODUCER</b><br>Arthur J. Gallagher Risk Management Services, LLC<br>30 Century Hill Drive<br>Suite 200<br>Latham NY 12110 | <b>CONTACT NAME:</b><br><b>PHONE</b><br>(A/C, No, Ext): 518-869-3535<br><b>E-MAIL ADDRESS:</b> | <b>FAX</b><br>(A/C, No): 518-869-3580 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b>                         |
|   | INSURER A : Great American Insurance Company   | 16691                                 |
| <b>INSURED</b><br>Kitsap Rescue Mission<br>Po Box 1497<br>Bremerton WA 98337  | <b>INSURER B :</b>   |                                       |
|   | <b>INSURER C :</b>   |                                       |
|   | <b>INSURER D :</b>   |                                       |
|   | <b>INSURER E :</b>   |                                       |
|   | <b>INSURER F :</b>   |                                       |

**COVERAGES****CERTIFICATE NUMBER:** 513724615**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 INSD WVD                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     | PAC232282507  | 11/26/2024              | 11/26/2025              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY     |                                     | CAP232282607  | 11/26/2024              | 11/26/2025              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   |                                     | UMB232282708  | 11/26/2024              | 11/26/2025              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          |  |                                     |               |                         |                         |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
General Liability Broadening Endorsement #CG8970 and Signature Auto Broadening Endorsement #CA8620 Included.

**CERTIFICATE HOLDER****CANCELLATION**

Kitsap County Dept of Human Services  
C/O Housing & Homelessness Division  
614 Division Street MS-23  
Port Orchard, WA 98366  
USA

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

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## 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:  Penalty Due:  Wage Due:

License Number:

[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 | 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 12/3/2024

Search

All Words ▼

e.g. 1606N020Q02

Select Domain


All Domains



Filter By






### Keyword Search

For more information on how to use our keyword search, visit our [help guide](#) 

Simple Search

Search Editor

- ☐ Any Words 
- ☒ All Words 
- ☐ Exact Phrase 

e.g. 1606N020Q02

debarment



### Federal Organizations

Kitsap Rescue Mission



No results found



- ☒ Active
- ☐ Inactive

As of 12/3/2024