

**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 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 and amended on 05/15/2025, shall be further 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.
 - CHG DRF Program Operations +\$84,000
 - CHG DRF - Building O&M - Salaries & Benefits -\$84,000.
 - CHG EHF SFY25 -Facility Support -\$47,207.
- Budget Cost Categories adjustments as follows:
 - CHG EHF SFY25 - Program Operations +\$47,207.

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.

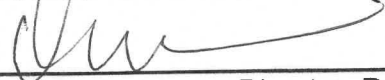
DATED this 30th day May, 2025. DATED this 30 day May, 2025.

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-B**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 Changes this Contract	Current Budget
1/1/25 - 6/30/25				
INF SFY25 - Salaries & Benefits	CHG Inflation: 1132 - SFY25	\$77,793.00	\$ -	\$77,793.00
CHG DRF - Program Operations	Consolidated Homeless Grant- CHG DRF: 1132	\$116,000.00	\$ 84,000.00	\$200,000.00
CHG DRF - Building O&M - Salaries & Benefits	Consolidated Homeless Grant- CHG DRF: 1132	\$84,000.00	\$ (84,000.00)	\$0.00
CHG EHF SFY25 - Facility Support	Consolidated Homeless Grant- EHF: 1132	\$188,963.00	\$ (47,207.00)	\$141,756.00
CHG EHF SFY25 - Program Operations	Consolidated Homeless Grant- EHF: 1132	\$0.00	\$ 47,207.00	\$47,207.00
Budget Total		\$466,756.00	\$0.00	\$466,756.00
CONTRACT TOTAL				\$466,756.00

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).

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

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC232282507	11/26/2024	11/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UMB232282708	11/26/2024	11/26/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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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debarment **Federal Organizations**Kitsap Rescue Mission   No results found ☒ Active☐ Inactive

As of 12/3/2024



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:	<input type="text" value="Kitsap Rescue Mission"/>	Principal:	<input type="text"/>	From:	<input type="text" value="12/03/2023"/>	To:	<input type="text" value="12/03/2024"/>
WA UBI Number:	<input type="text"/>	RCW:	<input type="text" value="All"/>	Penalty Due:	<input type="text" value="All"/>	Wage Due:	<input type="text" value="All"/>
License Number:	<input type="text"/>						
<input type="button" value="Apply Filters"/>				<input type="button" value="Reset"/>			

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Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.									

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First

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As of 12/3/2024