

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 **Housing Resources Bainbridge**, 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-203-24, executed on 03/15/2024 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.
 - Administration – Direct Expenses is increased by \$6,772 from \$6,772 to \$13,544.
 - Rental Assistance / Subsidy is increased by \$60,947 from \$60,947 to \$121,894.

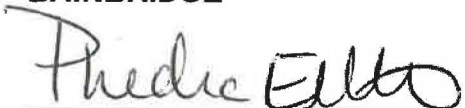
Contract total is increased from \$67,719 to \$135,438.

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 30 day April, 2025. DATED this 5 day May, 2025.

**HOUSING RESOURCES
BAINBRIDGE**



Phedra Elliott, Executive Director

KITSAP COUNTY



Victoria Brazitis, County Administrator

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT B: BUDGET

Contractor: Housing Resources Bainbridge – Permanent Affordable Housing

Contract Number: KC-203-24-A

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Adminstration - Direct Expenses	Homeless Housing Grant Program - 1131.5419	\$6,772.00	\$6,772.00	\$13,544.00
Rental Assistance/Subsidy	Homeless Housing Grant Program - 1131.5419	\$60,947.00	\$60,947.00	\$121,894.00
Budget Total		\$67,719.00	\$67,719.00	\$135,438.00

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.



HOUSRES-01

MGILLIES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/20/2025

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).

PRODUCER Fournier 249 Winslow Way E Suite 300 Bainbridge Island, WA 98110	CONTACT NAME: Fournier PHONE (A/C, No, Ext): (800) 860-3010 FAX (A/C, No): (253) 473-5363 E-MAIL ADDRESS: requests@fournierinsurance.com																					
INSURED Housing Resources Bainbridge PO Box 11391 Bainbridge Island, WA 98110	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Western World Insurance Company</td><td>13196</td></tr><tr><td>INSURER B:</td><td>Ohio Security Insurance Company</td><td>24082</td></tr><tr><td>INSURER C:</td><td>Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER D:</td><td>Travelers Casualty and Surety Company of America</td><td>31194</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Western World Insurance Company	13196	INSURER B:	Ohio Security Insurance Company	24082	INSURER C:	Philadelphia Indemnity Insurance Company	18058	INSURER D:	Travelers Casualty and Surety Company of America	31194	INSURER E:			INSURER F:		
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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 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:	X		NPP6011583	12/15/2024	12/15/2025	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WA STOP GAP \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS63528833	7/18/2024	7/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 \$
C	Directors & Officers			PHSD1802230	7/18/2024	7/18/2025	Aggregate \$ 2,000,000
D	Crime			107988842	2/2/2025	7/18/2026	Employee Dishonesty \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Wyatt and Madison project

Subject to policy conditions, exclusions and endorsements.

Kitsap County c/o Dept of Human Services, its officers, agents, and employees. See blanket additional insured endorsement #WW433A attached

CERTIFICATE HOLDER

CANCELLATION

Kitsap County
c/o Dept of Human Services
614 Division Street
Port Orchard, WA 98366

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

Michelle Gillies

**This Endorsement Modifies Your Policy.
Please Read It Carefully.**

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS
AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU
FOR YOUR ONGOING OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The insurance afforded by this policy for liability arising out of "bodily injury," "property damage" and/or "personal and advertising injury" shall also apply to any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy, but only to the extent the additional insured is being held responsible for any negligent acts and/or negligent omissions of the named insured.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor, subcontractor or independent contractor engaged in performing operations for a principal as a part of the same project.

This insurance afforded shall not apply to claims, "suits" and/or damages arising out of any acts, omissions and/or negligence of the additional insured(s) or of any person or party other than the named insured.

This policy does not provide for the defense or indemnity of the additional insured for its own acts, omissions and/or negligence or the acts, omissions and/or negligence of any person or party other than the named insured.

The inclusion of the additional insured(s) shall not operate to increase the Limits of Insurance.

To the extent, if any, that this policy affords coverage to an additional insured, the additional insured is subject to all of the terms of the policy.

Primary and Noncontributory Provision

The OTHER INSURANCE (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

The insurance afforded to the additional insured will be Primary Insurance and Noncontributory, but only if such claims, "suits" and/or damages arise out of the sole negligence of the named insured.

Waiver of Subrogation Provision

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against those who are added as additional insureds by this endorsement. This waiver applies only when you are solely negligent. This waiver shall not apply to claims, "suits" and/or damages arising in whole or in part out of any acts, omissions, and/or negligence of those added as additional insureds by this endorsement.


TO THE EXTENT, IF ANY, THAT THIS POLICY AFFORDS COVERAGE TO AN ADDITIONAL INSURED, THE ADDITIONAL INSURED IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS OF THE POLICY.

Search

All Words ▼






e.g. 1606N020Q02

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**Housing Resources Bainbridge   No results found ☒ Active☐ InactiveReset **As of 03/18/2025**

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: Penalty Due: Wage Due:

License Number:

[Download all debarment data](#)

Show <div>25</div> 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 <div>25</div> per page	Showing 0 records										First	Previous	Next	Last

As of 03/18/2025