

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 West Sound Treatment Center, 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-206-24, executed on 03/04/2024 and amended on 09/18/2024 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.
 - Budget Cost Categories adjustments as follows:
 - Case Management – Salaries & Benefits (HHGP) is increased by \$32,704 from \$35,349 to \$68,053.
 - This amount reflects the removal of \$2,645 unspent funds from 1st year of contract, and additional funding of \$35,349 for 2nd year of contract.
 - Client Direct Items (HHGP) is decreased by \$2,659 from \$3,535 to \$876.
 - This amount reflects the removal of \$2,659 unspent funds from 1st year of contract. For 2nd year of contract, Client Direct Items is included in Program Operations.
 - Building O&M – Salaries & Benefits (AHGP) remains unchanged.
 - Building O&M – Building Operations Expenses (AHGP) is increased by \$27,114 from \$27,116 to \$54,230.
 - This amount reflects the removal of \$2 unspent funds from 1st year of contract, and additional funding of \$27,116 for 2nd year of contract.
 - Budget for new additional Cost Category added as follows:
 - Program Operations (HHGP) is increased by \$3,535 from \$0 to \$3,535.
 - This amount reflects funding of \$3,535 for 2nd year of contract.

Contract total is increased from \$66,000 to \$126,694.

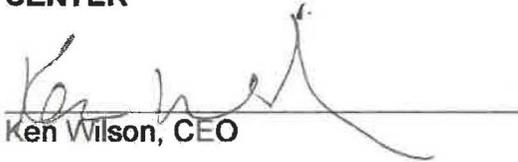
2. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective upon execution by the parties.

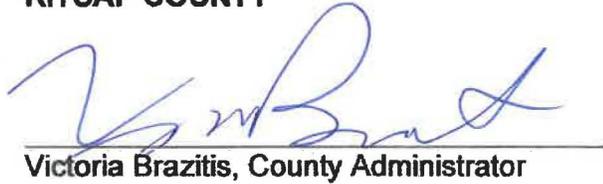
DATED this ~~14~~ day May, 2025. DATED this 27 day May, 2025.

**WEST SOUND TREATMENT
CENTER**

KITSAP COUNTY



Ken Wilson, CEO



Victoria Brazitis, County Administrator

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT B: BUDGET

Contractor: West Sound Treatment Center – Fuller and Lighthouse

Contract Number: KC-206-24-B

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Case Management - Salaries and Benefits	Homeless Housing Grant Program - 1131.5419	\$35,349.00	\$32,704.00	\$68,053.00
Client Direct Items	Homeless Housing Grant Program - 1131.5419	\$3,535.00	(\$2,659.00)	\$876.00
Building O & M - Salaries & Benefits	Affordable Housing Grant Program - 1131.5419 T000649	\$0.00	\$0.00	\$0.00
Building O & M - Building Operations Expenses	Affordable Housing Grant Program - 1131.5419 T000649	\$27,116.00	\$27,114.00	\$54,230.00
Program Operations	Homeless Housing Grant Program - 1131.5419	\$0.00	\$3,535.00	\$3,535.00
Budget Total		\$66,000.00	\$60,694.00	\$126,694.00

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)
09/04/2024

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 Fortune Insurance 705 S. 9th St. #302 Tacoma WA 98405		CONTACT NAME: Cory Coryell PHONE (A/C, No, Ext): (253) 200-6633 FAX (A/C, No): (253) 200-6626 E-MAIL ADDRESS: cory@fmgins.com																						
INSURED West Sound Treatment Center 4060 Wheaton Way, #F Bremerton WA 98310		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Underwriters at Lloyds, London</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></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:	Underwriters at Lloyds, London		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** 24-25 GL, Auto **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 CERTIFICATION 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		W380FD240101	09/09/2024	09/09/2025	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 \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	W380FD240101	09/09/2024	09/09/2025	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	Y		W380FD240101	09/09/2024	09/09/2025	Each Occurrence \$1,000,000 General Aggregate \$3,000,000

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

Certificate Holder is an Additional insured per Blanket AI coverage form E15660 112022 regarding the homeless housing grant agreement.

CERTIFICATE HOLDER	CANCELLATION
Kitsap County Dept. of Human Services c/o Housing & Homelessness Division 614 Division Street MS-23 Port Orchard WA 98366-4676	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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e.g. 1606N020Q02

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- All Words
- Exact Phrase

e.g. 1606N020Q02

debarment

Federal Organizations

West Sound Treatment Center

No results found

- Active
- Inactive

Reset

As of 04/04/2025

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 per page Showing 0 records

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 per page Showing 0 records

As of 04/04/2025