

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 **Archdiocesan Housing Authority dba Catholic Housing Services of Western Washington**, 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-209-24, executed on 03/21/2024 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.
 - Building O&M – Salaries and Benefits is increased (HHGP) by \$27,500 from \$27,500 to \$55,000.

Contract total is increased from \$27,500 to \$55,000.

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 16th day of April, 2025. DATED this 30 day April, 2025.

**ARCHDIOCESAN HOUSING
AUTHORITY dba CATHOLIC
HOUSING SERVICES OF WESTERN
WASHINGTON**


Flo Beaumont, Agency Director

KITSAP COUNTY, WASHINGTON


Victoria Brazitis, County Administrator

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT B: BUDGET

Contractor: Catholic Housing Services of Western Washington – Max Hale Center

Contract Number: KC-209-24-A

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Building O&M - Salaries & Benefits	Homeless Housing Grant Program - 1131.5419	\$27,500	\$27,500	\$55,000.00
Budget Total		\$27,500.00	\$27,500.00	\$55,000.00

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.



NEW COI ON ITS WAY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2023

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 777 108th Ave NE #200 Bellevue WA 98004	CONTACT NAME: Ahlai Narcisse	FAX (A/C, No): 425-586-1028	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS: Ahlai.Narcisse@ajg.com	
INSURED Archdiocesan Housing Authority dba Catholic Housing Services of Western Washington 100 23rd Ave. South Seattle WA 98144	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Underwriters at Lloyd's London		15792
	INSURER B: Old Republic Union Insurance Company		31143
	INSURER C: Zurich American Insurance Company		16535
	INSURER D: Allied World Insurance Company		22730
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 728839345

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	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 checked="" type="checkbox"/> LOC OTHER:	Y	BP1023023	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Nil PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BP1023023	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		0309-0703 8223000785428	7/1/2023 7/1/2023	7/1/2024 7/1/2024	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 WA Stop Gap \$ \$1,000,000
C 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 <input type="checkbox"/> N / A	EWS8741411-02 BP1023023	7/1/2023 7/1/2023	7/1/2024 7/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property		BP1023023	7/1/2023	7/1/2024	Limit 100,000,000

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

Limits shown are inclusive of defense and insured retention. Coverage for Additional Insureds is restricted to the amount of insurance required by contract or permit. Retention under policy #BP1023023 (A XV, Non-Admitted) is \$500,000 for Property and Liability. The applicable location maintenance deductible that applies to this Certificate is \$5,000 for Property and \$0 for Liability.

Location Address: 285 5th St; Bremerton, WA Building Name: Max Hale Center

CERTIFICATE HOLDER

CANCELLATION

Kitsap County
345 6th Street, Suite 400
Bremerton WA 98337-1869
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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED ASSURED: Corporation of Catholic Archbishop of Seattle

Policy Number: BP1023023

Effective Date: July, 01 2023

Endorsement No. 14

CERTIFICATES OF INSURANCE ENDORSEMENT

CERTIFICATES OF INSURANCE:

It is hereby understood and agreed that holders of Certificates of Insurance issued against this Policy that are shown as Additional **ASSUREDS** are added to this Policy pursuant to the terms of this Policy as described in **GENERAL POLICY DEFINITION 1**.

Where Certificates of Insurance are requested for Additional **ASSUREDS** who do not fall within **GENERAL POLICY DEFINITION 1**, prior agreement of Underwriters and subsequent endorsement of this Policy is required

GENERAL POLICY DEFINITION 1. ASSURED is stated as follows -

1. **ASSURED** means not only the **NAMED ASSURED** as stated on the Declaration Page, but also includes any past, present or future: agencies, subsidiaries, affiliates, institutions and societies owned by or operated by the **NAMED ASSURED**, officials, members of boards or commissions, trustees, directors, officers, partners, volunteers, student teachers, or employees of the **NAMED ASSURED** while acting within the scope of their duties as such, and any person, organization, trustee or estate to whom the **NAMED ASSURED** is obligated by virtue of a written contract or agreement to provide insurance such as is offered by this policy, but only in respect of operations by or on behalf of the **NAMED ASSURED**.

GENERAL POLICY CONDITION 20. WAIVER OF SUBROGATION is stated as follows –

20. **WAIVER OF SUBROGATION:** This policy shall not be invalidated if the **ASSURED**, by written agreement, has waived or shall waive its right of recovery from any party for loss or damage covered hereunder; provided that any such waiver is made prior to the occurrence of said loss or damage.

MORTGAGORS, LOSS PAYEES & LENDER LOSS PAYEES:

It is understood and agreed that **GENERAL POLICY CONDITION 12** of this policy is deleted and replaced with the following:

12. **MORTGAGORS, CREDITORS & LOSS PAYEES:** Where required by written contract, the interest of any mortgagor, creditor or loss payee on property covered by this policy is included as if a separate endorsement were attached hereto to the extent of the amount Except as amended in this Endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this Endorsement is attached.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED ASSURED: Corporation of Catholic Archbishop of Seattle

Policy Number: BP1023023

Effective Date: July 01, 2023

of mortgage, loan or interest in property held by the **ASSURED** as of the date of loss subject to the limits of liability set forth in this policy.

PRIMARY NON-CONTRIBUTORY:

It is also agreed that, only where required by written contract between the **NAMED ASSURED** and the Certificate holder, this insurance shall be considered primary to any insurance held by the Certificate holder and theirs shall be excess.

MUNICIPALITY PERMITS:

Further, where required by written contract or evidenced in the insurance requirements of a permit issued by a municipality at the request of the **NAMED ASSURED**, that municipality shall be added to this policy as an Additional **ASSURED** but only as respects liabilities arising out of the subject matter of the written contract or issued permit and then only for liabilities arising from actions by or on behalf of the **NAMED ASSURED**.

Except as amended in this Endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this Endorsement is attached.



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debarment



Federal Organizations

Catholic Housing Services



No results found



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☐ Inactive

Reset

As of 02/26/2025



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 02/26/2025