KC-219-26-A
AMENDMENT TO
CONTRACT FOR HUMAN SERVICES

This Amendment ("Amendment") to Contract for Human Services is between Kitsap County, a Washington state municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, and The Salvation Army, a California Nonprofit Corporation, having its principal office at 30840 Hawthorne Blvd, Rancho Palos Verdes, CA 90275-5301 (the "Contractor").

The parties executed Contract for Human Services KC-219-26 effective January 1, 2026 ("Contract"), which the parties desire to amend subject to the terms and conditions of this Amendment.

In consideration of the mutual benefits and covenants contained herein, the parties agree as follows:

1. Attachment C: Budget Summary. The Budget Summary shall be amended and replaced in its entirety with the Revised Attachment C (Budget Summary), which is incorporated herein by reference.

2. Effective Date. This Amendment shall be effective on February 1, 2026 ("Effective Date").

3. Ratification. To the extent that any services were provided or payments were made between February 1, 2026, and the date of full execution of this Amendment, the parties hereby ratify and approve such actions, intending them to be governed by the terms and conditions of the Contract as amended herein.

4. Precedence. In the event of any conflict or inconsistency between the provisions of this Amendment and the Contract, including any prior amendments, the provisions of this Amendment shall prevail.

5. Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the Contract, including any prior amendments, remain unchanged and in full force and effect.

6. Counterparts/Electronic Signature. This Amendment may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement. Facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and duplicate originals.

7. Authorizations. The signatories to this Amendment represent that they have been appropriately authorized to enter into this Amendment on behalf of the party for whom they sign, and that no further action or approvals are necessary before execution of this Amendment.

Signature on next page

Dated this 9 day of June, 2026.

THE SALVATION ARMY

Cynthia Foley
Signature

CYNTHIA FOLEY
Print Name

DIVISIONAL COMMANDER
Title

Dated this 13 day of July, 2026.

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

ORAN ROOT, Chair

Katherine T. Walters
KATHERINE T. WALTERS, Commissioner

Christine Rolfes
CHRISTINE ROLFES, Commissioner

ATTEST:

Marina Linville
Marina Linville, Interim Clerk of the Board

BOARD OF COMMISSIONERS STATE OF WASHINGTON KITSAP COUNTY

REVISED ATTACHMENT C: BUDGET SUMMARY

Contractor: The Salvation Army for Emergency Shelter

Contract Number: KC-219-26 (amended by KC-219-26-A)

Time Period: January 1, 2026 – June 30, 2026

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 negotiated bed rate for 91 shelter beds at a 90% utilization rate.

Administration Expenses will be utilizing an Indirect Rate based on the organizations NICRA.

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
First Term (01/01/2026 - 06/30/2026)				
Administration	Millage: 1813	$89,007.00	($50,427.00)	$38,580.00
Facility Support	Millage: 1813	$229,594.00	($130,078.00)	$99,516.00
Operations	Millage: 1813	$363,788.00	($206,106.00)	$157,682.00
First Term Budget Total		***$682,389.00***	***($386,611.00)***	***$295,778.00***
Second Term (02/01/2026 - 06/30/2026)				
Administration	Consolidated Homeless Grant-EHF SFY26: 1132	$0.00	$50,427.00	$50,427.00
Facility Support	Consolidated Homeless Grant-EHF SFY26: 1132	$0.00	$130,078.00	$130,078.00
Operations	Consolidated Homeless Grant-EHF SFY26: 1132	$0.00	$206,106.00	$206,106.00
Second Term Budget Total		***N/A***	***$386,611.00***	***$386,611.00***
CONTRACT TOTAL				**$682,389.00**

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

Please refer to the KCHHD Grant Guidelines for details on the amendment request deadline and process.

Reimbursement requests/invoices must be submitted through the Housing and Homelessness Division reimbursement request process. Any disbursement made by the County to the Recipient shall be without prejudice to the County's rights later to challenge the propriety of the Recipient's claimed costs or expenses.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/04/2025

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 Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Greenwich Insurance Company — 22322
INSURED The Salvation Army - Division 9 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275	INSURER B: XL Specialty Insurance Company — 37885
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W40937076 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Self Insured Retention: [X] $1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	Y		RGE3001798-02	10/01/2025	10/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 2,000,000 $ 1,000,000 $ $ 2,000,000 $ 6,000,000 $ 6,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ]						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [No] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD5000217-15	10/01/2025	10/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Workers Compensation & Employers Liability - AK WC - Per Statute			RWR3000944-10	10/01/2025	10/01/2026	E.L. Each Accident E.L. Disease Pol Lim E.L. Disease - Ea Emp	$1,000,000 $1,000,000 $1,000,000

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

Division #09-020

Workers Compensation Policy No.RWD5000217-15 provides coverage in the states of FL, GA, HI, ID, LA, MT, NM, NV, TN, UT.

SEE ATTACHED

CERTIFICATE HOLDER

Kitsap County Department of Human Services
Care of Housing and Homelessness Division
614 Division Street MS-23
Port Orchard, WA 98366-4676

CANCELLATION

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

SR ID: 28618752 BATCH: 4150956

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Insurance Services West, Inc.	The Salvation Army - Division 9 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275
POLICY NUMBER See Page 1	
CARRIER: See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

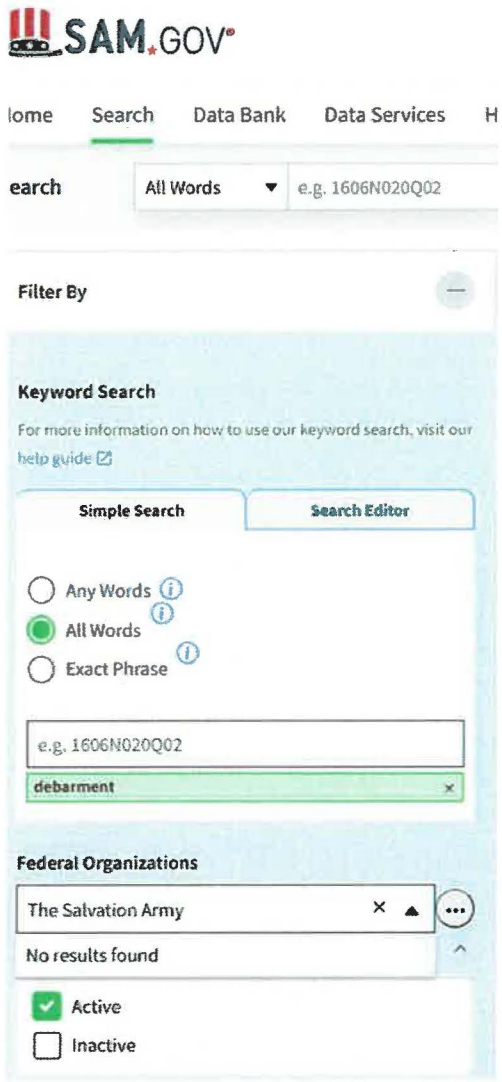
Workers Compensation Policy No. RWR3000944-10 provides coverage in the state of AK.

Kitsap County Department of Human Services Care of Housing and Homelessness Division is included as an Additional Insured as respects to General Liability where required by written contract.

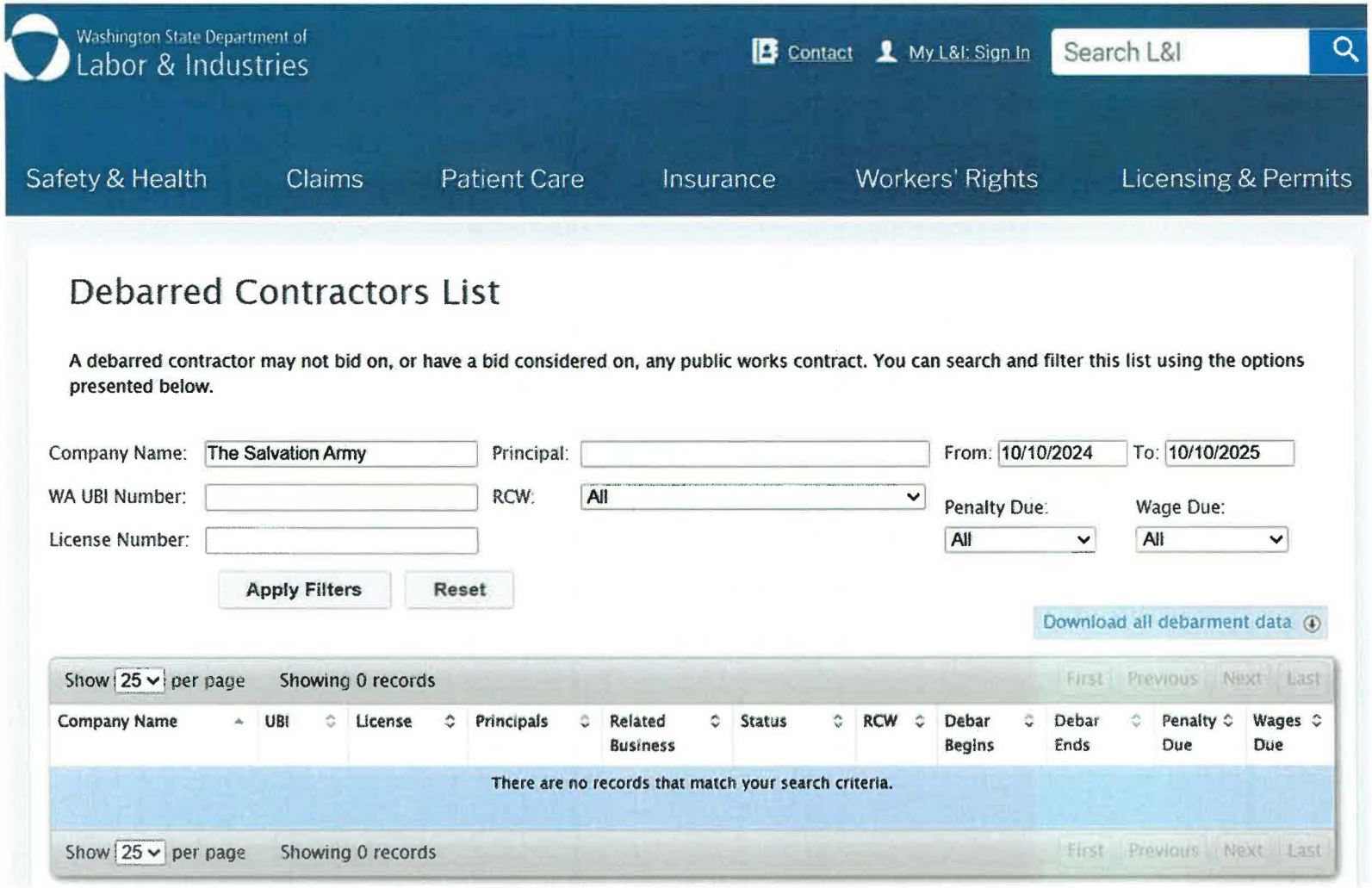
INSURER AFFORDING COVERAGE: XL Specialty Insurance Company NAIC#: 37885

POLICY NUMBER: RWE5000216-15 EFF DATE: 10/01/2025 EXP DATE: 10/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Work Comp-	EL Each Accident	$1,000,000
AZ/CO/OR	EL Each Disease	$1,000,000
	Retention	$750,000



As of 10/10/2025



As of 10/10/2025