

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 **KITSAP MENTAL HEALTH SERVICES**, 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-263-24, executed on 04/17/2024, shall be amended as follows:

1. Exhibit B: Budget shall be replaced in its entirety.

- Building O&M – Salaries & Benefits is *decreased* by \$76,000 from \$148,500 to \$72,500.
- Program Operations is added as a cost category and is *increased* by \$76,000 from \$0 to \$76,000.

Contract total remains unchanged.

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 21st day November 2024. DATED this 21st day November, 2024.

**KITSAP MENTAL HEALTH
SERVICES**


Monica Bernhard, CEO

KITSAP COUNTY


Doug Washburn, Director, Department of
Human Services

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT B: BUDGET

Contractor: Kitsap Mental Health Services – Housing Team

Contract Number: KC-263-24-A

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Year 1: 01/01/2024 - 12/31/2024				
Administration - Indirect	Homeless Housing Grant Program - 1131	\$16,500.00	\$0.00	\$16,500.00
Building O&M - Salaries & Benefits	Homeless Housing Grant Program - 1131	\$148,500.00	-\$76,000.00	\$72,500.00
Program Operations	Homeless Housing Grant Program - 1131	\$0.00	\$76,000.00	\$76,000.00
Year 1 Budget Total		\$165,000.00	\$0.00	\$165,000.00

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.

Client#: 81470

KITSMENT

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/28/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Propel Insurance 601 Union Street; Suite 3400 COM Senior Care Seattle, WA 98101-1371	CONTACT NAME: Rachel Reese	
	PHONE (A/C, No, Ext): 206 262-4368	FAX (A/C, No): 866 577-1326
E-MAIL ADDRESS: rachel.reese@propelinsurance.com		
INSURED Kitsap Mental Health Services 5455 Almira Drive NE Bremerton, WA 98311	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Ace American Insurance Company	
	INSURER B: Ace Property and Casualty Insurance Co.	
	INSURER C: Illinois Union Insurance Company	
	INSURER D:	
	INSURER E:	
INSURER F:		
		NAIC #

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		CRLG25517337001	07/01/2024	07/01/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CALH08619839001	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		XOOG25517416001 Auto Only	07/01/2024	07/01/2025	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
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	CRLG25517337001 WA Stop Gap	07/01/2024	07/01/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
C	Professional Liab		CRLG25517374001	07/01/2024	07/01/2025	\$2M Occ/\$4M Agg
C	Abuse		CRLG25517374001	07/01/224	07/01/2025	\$1M Occ/\$1M Agg

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

Additional Insured status applies to Kitsap County Department of Human Services Care of Housing and Homelessness Division.

CERTIFICATE HOLDER**CANCELLATION**

Kitsap County Department of
Human Services
Care of Housing and Homelessness Division
614 Division St, 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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debarment



Federal Organizations

Kitsap Mental Health Services



No results found



☒ Active

☐ Inactive

As of 03/25/2024



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 Mental Health Services"/>	Principal:	<input type="text"/>	From:	<input type="text" value="03/25/2023"/>	To:	<input type="text" value="03/25/2024"/>
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"/>			

[Download all debarment data](#) ⓘ

Show 25 per page	Showing 0 records										First	Previous	Next	Last
Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due					
There are no records that match your search criteria.														
Show 25 per page	Showing 0 records										First	Previous	Next	Last

As of 03/25/2024