

## CONTRACT AMENDMENT

### A

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Agape Unlimited, 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-358-22, and executed on August 8, 2022, shall be amended as follows:

1. **Page 1: Contract Term** is amended as follows:  
July 1, 2022 – June 30, 2024
2. **Page 1: Amount** is amended as follows:  
\$762,418
3. **Attachment C: Budget** is deleted entirely and replaced as attached.
4. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization  
Kitsap County Department of Human Services  
614 Division Street, MS-23  
Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

5. 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 July 1, 2023

Dated this 24 day of July, 2023.

SALISH BEHAVIORAL HEALTH  
ADMINISTRATIVE SERVICES  
ORGANIZATION, By  
KITSAP COUNTY BOARD OF  
COMMISSIONERS, Its Administrative  
Entity

CONTRACTOR:  
Agape Unlimited

Charlotte Garrido

Sara Marez-Fields

Name: Sara Marez-Fields  
Title: Executive Director

Charlotte Garrido, Chair

NOT PRESENT

Alison Fong

Katherine T. Walters, Commissioner

Name: Alison Fong  
Title: Board President

Christine Rolfes

Christine Rolfes, Commissioner

I attest that I have the authority to sign  
this contract on behalf of Agape  
Unlimited.

DATE 7-24-23

DATE 7/3/2023

ATTEST Dana Daniels

Dana Daniels, Clerk of the



ATTACHMENT C: BUDGET

<b>Budget Summary</b>			
<b>Contractor: Agape Unlimited</b>			
<b>Contract No: KC-358-22-A</b>			
<b>Contract Period: 7/1/2022 - 6/30/2024</b>			
<b>Expenditure</b>	<b>Previous</b>	<b>Changes this Contract</b>	<b>Current</b>
<b>Period 1: 7/1/22 -06/30/23</b>			
R.E.A.L. Program (GFS)	381,209.00	0.00	381,209.00
<b>Period 1 Budget Total</b>	<b>381,209.00</b>	<b>0.00</b>	<b>381,209.00</b>
<b>Period 2: 7/1/23 -06/30/24</b>			
R.E.A.L. Program (GFS)	0.00	381,209.00	381,209.00
<b>Period 2 Budget Total</b>	<b>0.00</b>	<b>381,209.00</b>	<b>381,209.00</b>
<b>Contract Total</b>	<b>381,209.00</b>	<b>381,209.00</b>	<b>762,418.00</b>

Administration Fund limit: 10%

Client#: 79672

AGAPUNLI

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2022

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, 1201 Pacific Avenue; Suite 1000, Tacoma, WA 98402-4321. CONTACT NAME: Nicole Anderson, PHONE: 800 499-0933, FAX: 866 577-1326, E-MAIL ADDRESS: nicole.anderson@propelinsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Riverport Insurance, NAIC #: 36684.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Professional Liab.

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

CERTIFICATE HOLDER: Salish Behavioral Health Administrative Services Organization, 614 Division St MS-23, Port Orchard, WA 98366. 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: [Signature]

# Exclusions Search Results: Entities

No Results were found for

- Agape Unlimited

 If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

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