KC-358-22-D
UEI: LD6MNJ62JQD1

CONTRACT AMENDMENT
D

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, and amended on the following July 23, 2023, October 14, 2024, August 11, 2025 ,and shall be amended as follows:

1. **Contract Term:** Extends end date from December 31, 2025, to June 30, 2026, for a new contract term of July 1, 2022, to June 30, 2026.

2. **Contract Amount:** Budget increased by $217,500 from $1,514,918 to $1,732,418.

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 January 1, 2026

Dated this 10 day of NOV, 2025.

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

Christine Rolfes, Chair

Oran Root, Commissioner

Katherine T. Walters, Commissioner

DATE 11-10-25

ATTEST

Dana Daniels, Clerk of the Board

BOARD OF COMMISSIONERS STATE OF WASHINGTON KITSAP COUNTY

CONTRACTOR:
AGAPE UNLIMITED

Name: **Sara Marez-Fields**
Title: **Director**

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

10/22/2025
DATE

Agape Unlimited
KC-358-22-D
Face Sheet - N/A State Funding

Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:

(Fill in) N/A

Subrecipient's unique entity identifier:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

Check to verify the information is in contract:

☐ Subrecipient's name (must match the name associated with its unique entity identifier):

☐ Federal award identification:

☐ Subaward Budget Period Start and End Date:

☐ Amount of Federal Funds Obligated in the subaward:

☐ Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:

☐ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:

☐ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):

☐ Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:

☐ Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:

☐ Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

Budget Summary

Contractor: Agape Unlimited

Contract No: KC-358-22-D

Contract Period: 7/1/2022 -6/30/2026

Expenditure	Fund Source	Previous	Changes this Contract	Current
Period 1: 7/1/22 -06/30/23				
R.E.A.L. Program (GFS)		$381,209.00	$0.00	$381,209.00
Period 1 Budget Total		**$381,209.00**	**$0.00**	**$381,209.00**
Period 2: 7/1/23 -06/30/24		**Previous**	**Changes this Contract**	**Current**
R.E.A.L. Program (GFS)		$381,209.00	$0.00	$381,209.00
Period 2 Budget Total		**$381,209.00**	**$0.00**	**$381,209.00**
Period 3: 7/1/24 -06/30/25		**Previous**	**Changes this Contract**	**Current**
R.E.A.L. Program (GFS)		$435,000.00	$0.00	$435,000.00
Retention Incentives		$50,000.00	$0.00	$50,000.00
Additional vehicle purchase		$50,000.00	$0.00	$50,000.00
Period 3 Budget Total		**$535,000.00**	**$0.00**	**$535,000.00**
Period 4: 7/1/25 -12/31/25		**Previous**	**Changes this Contract**	**Current**
R.E.A.L. Program (GFS)		$217,500.00	$0.00	$217,500.00
Period 4 Budget Total		**$217,500.00**	$0.00	**$217,500.00**
Period 5: 1/1/2026-6/30/2026		**Previous**	**Changes this Contract**	**Current**
R.E.A.L. Program (GFS)	GFS/RNP	$0.00	$217,500.00	$217,500.00
Period 5 Budget Total		**$0.00**	**$217,500.00**	**$217,500.00**
Contract Total		**$1,514,918.00**	**$217,500.00**	**$1,732,418.00**

Administration Fund limit: 10%

Client#: 79672 AGAPUNLI

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/15/2025

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

PRODUCER	CONTACT NAME: Loretta Schuelke
Propel Insurance 1201 Pacific Avenue; Suite 1000 COM Middle Market Tacoma, WA 98402-4321	PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866 577-1326 E-MAIL ADDRESS: loretta.schuelke@propelinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley Regional Insurance Company	29580
INSURER B : Philadelphia Indemnity Ins Company	18058
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Agape Unlimited
4841 Auto Center Way, Suite 101
Bremerton, WA 98312-4388

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			HHS8525585	09/27/2025	09/27/2026	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			HHS8525585	09/27/2025	09/27/2026	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		HHS8525585 WA Stop Gap	09/27/2025	09/27/2026	PER STATUTE / 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
B	Crime			PHSD1817940	09/27/2025	09/27/2026	1,000,000	
A	Professional Liab			HHS8525585	09/27/2025	09/27/2026	$1,000,000 each claim $3,000,000 aggregate	

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

Mitchell R. Ann

LXS01

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

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

Search Again

Search conducted 10/7/2025 5:30:52 PM EST on OIG LEIE Exclusions database.
Source data updated on 9/10/2025 9:01:00 AM EST

Return to Search