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.

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This amendment shall be effective January 1, 2026

Dated this 10 day of \_\_\_\_\_\_\_

SALISH BEHAVIORAL HEALTH **ADMINISTRATIVE SERVICES** ORGANIZATION, By

KITSAP COUNTY BOARD OF **COMMISSIONERS**, Its Administrative

Christine Rolfes, Chair

Oran Root, Commissioner

Katherine T. Walters, Commissioner

DATE 11-10-25

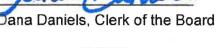
**CONTRACTOR: AGAPE UNLIMITED** 

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:
Subjectifient'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:
$\square$ 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:
$\square$ Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation
$\square$ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:
$\Box$ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA)
$\square$ Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:
$\square$ 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).

this certificate does not confer any rights to the certificate		
PRODUCER	CONTACT Loretta Schuelke	
Propel Insurance		866 577-1326
1201 Pacific Avenue; Suite 1000	E-MAIL ADDRESS: loretta.schuelke@propelinsurance.com	
COM Middle Market	INSURER(S) AFFORDING COVERAGE	NAIC#
Tacoma, WA 98402-4321	INSURER A : Berkley Regional Insurance Company	29580
INSURED	INSURER B: Philadelphia Indemnity Ins Company	18058
	INSURER C:	
	INSURER D:	
Bremerton, WA 90312-4300	INSURER E:	
	INSURER F:	

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.

ISR TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
4	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		HHS8525585	09/27/2025	09/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$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:						\$
	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 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 \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		HHS8525585	09/27/2025	09/27/2026	PER OTH-	
AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WA Stop Gap	H	E.L. EACH ACCIDENT	\$1,000,000	
					E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Crime			PHSD1817940	09/27/2025	09/27/2026	1,000,000	
	Professional Liab		HHS8525585	09/27/2025	09/27/2026	\$1,000,000 each clai	m
						\$3,000,000 aggregat	e

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

<b>CERTIFICA</b>	TE HC	LDER
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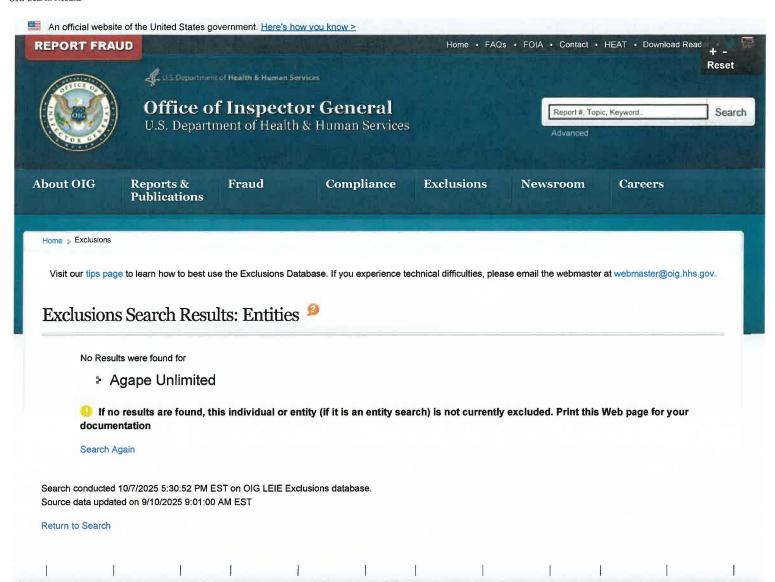
CANCELLATION

Salish Behavioral Health Administrative Services Organization 614 Division St MS-23 Port Orchard, WA 98366 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. Au

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