

CONTRACT AMENDMENT E

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 West Sound Treatment Center, 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-359-22, and executed on August 8, 2022, and amended on July 24, 2023, October 14, 2024, August 11, 2025, and December 1, 2025, shall be amended as follows:

1. **Contract Term:** Extends end date from June 30, 2026, for a new contract term of July 1, 2022, to August 31, 2026.
2. **Contract Amount:** Budget increased by \$61,625 from \$1,732,418 to \$1,794,043.
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, 2026.

Dated this ____ day of _____, 2026.

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



ORAN ROOT, Chair



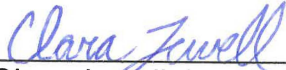
**KATHERINE T. WALTERS,
Commissioner**



CHRISTINE ROLFES, Commissioner

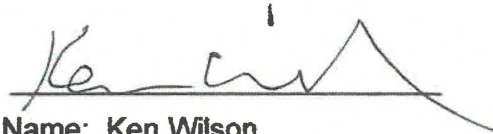
DATE 7/27/26

ATTEST:



Clara Jewell, Interim Clerk of the Board

**CONTRACTOR: West Sound
Treatment Center**



Name: Ken Wilson

Title: Chief Executive Officer

I attest that I have the authority to sign
this contract on behalf of West Sound
Treatment Center.

7-9-2026
DATE



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)

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):

Attachment C: Budget

Budget Summary				
Contractor: West Sound Treatment Center				
Contract No:		KC-359-22-E		
Contract Period:		7/1/2022 - 8/31/2026		
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)		\$217,500.00	\$0.00	\$217,500.00
Period 5 Budget Total		\$217,500.00	\$0.00	\$217,500.00
Period 6: 7/1/2026 - 8/31/2026		Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	GFS/RNP	\$0.00	\$61,625.00	\$61,625.00
Period 6 Budget Total		\$0.00	\$61,625.00	\$61,625.00
Contract Total		\$1,732,418.00	\$61,625.00	\$1,794,043.00

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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

West Sound Treatment Center

 **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 6/27/2026 3:59:35 PM EST on OIG LEIE Exclusions database.
Source data updated on 6/10/2026 9:01:00 AM EST

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