

**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 PERS, LLC dba Safetyline, having its principal office at 18724 80th Ave NE, Kenmore WA 98028 (the Contractor).

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-360-24 and executed on June 26, 2024 shall be amended as follows:

In consideration of the terms and conditions of this Contract, the parties agree as follows:

1. **ATTACHMENT B: Budget Summary** shall be amended as follows: The contract revenue will increase by \$1,600, from \$10,000 to a new contract total of \$11,600. The total amount payable under the contract, by the County to the Contractor in no event will exceed \$11,600.

This amendment shall be effective as of April 1, 2025.

Dated this 15 day of may, 2025

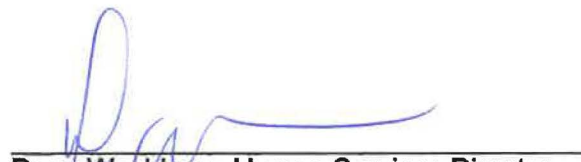
Dated this 15 day of May, 2025

CONTRACTOR

PERS LLC dba Safetyline


Tasha Shabnow, Owner

KITSAP COUNTY, WASHINGTON


Doug Washburn, Human Services Director

ATTACHMENT B Budget Summary

Payment amount and schedule is set forth below.

Program/Funding Source	Total	July 1, 2024- June 30, 2025
ARP extension- OAA, only	6,100	
Installation – no fee		
Landline (\$25.00 per unit per month)		
Cellular (\$35.00 per unit per month)		
Landline with fall detections (\$30.00 per unit per month)		
Cellular with Fall Detection (\$40.00 per unit per month)		
Extra Pendant- In Home unit ONLY (\$5 per unit per month)		
Anywhere Unit (\$35.00 per unit per month)		
Anywhere Unit w/ fall detection (\$40.00 per unit per month)		
Mobile PERS with GPS for wanderers (\$41.00 per unit per month)		
Medication Dispenser Non-Monitored (\$22 per unit per month)		
Medication Dispenser Monitored wireless (\$39.99 per unit per month)		
FCSP	5,500	
Installation – no fee		
Landline (\$25.00 per unit per month)		
Cellular (\$35.00 per unit per month)		
Landline with fall detections (\$30.00 per unit per month)		
Cellular with Fall Detection (\$40.00 per unit per month)		
Extra Pendant- In Home ONLY (\$5 per unit per month)		
Anywhere Unit (\$35.00 per unit per month)		
Anywhere Unit w/ fall detection (\$40.00 per unit per month)		
Mobile PERS with GPS for wanderers (\$41.00 per unit per month)		
Medication Dispenser Non-Monitored (\$22 per unit per month)		
Medication Dispenser Monitored wireless (\$39.99 per unit per month)		
ARP & FCSP Match- NA	0	0
Total Project	11,600	11,600

Funding Source	CFDA #	Amount
ARP (COVID Flex)	93.043, 93.044, 93.045, 93.052	\$5,000
2024 B3	93.044	\$1,100
FCSP	N/A	\$5,500



PERSLLC-01

IVECA1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2024

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

PRODUCER The Insurance Center, LLC 1741 North 2000 West Farr West, UT 84404	CONTACT NAME:	
	PHONE (A/C, No, Ext): (801) 622-2626	FAX (A/C, No): (801) 621-5763
	E-MAIL ADDRESS: info@InsuranceCenterUT.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Certain Underwriters at Lloyd's	32727
INSURED PERS, LLC 18724 80th Ave NE Kenmore, WA 98028	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CTI1124	11/28/2024	11/28/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							PROFESSIONAL AG \$ 3,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			XSCTI1124	11/28/2024	11/28/2025	AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is listed as additional insured

CERTIFICATE HOLDER

CANCELLATION


Kitsap County Division of Aging and Long Term Care
Its elected and appointed officials, agents, and employees
State of Washington, DSHS
614 Division Street, MS-5
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

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