KC-453-25-A
AMENDMENT TO
CONTRACT FOR HUMAN SERVICES

This Amendment ("Amendment") to Contract for Human Services is between Kitsap County, a Washington state municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, and **Catholic Community Services of Western Washington**, a Washington Nonprofit Corporation, with its principal offices at **1323 S. Yakima Ave, Tacoma, WA 98405.**

The parties executed Contract for Human Services KC-453-25 effective July 1, 2025 ("Contract"), which the parties desire to amend subject to the terms and conditions of this Amendment.

In consideration of the mutual benefits and covenants contained herein, the parties agree as follows:

1. Section 4. Compensation. The total compensation is increased from $3,344,050 to $3,357,444 as identified in the attached Revised Attachment C (Budget Summary).

2. Attachment C: Budget Summary. The Budget Summary shall be amended and replaced in its entirety with the Revised Attachment C (Budget Summary), which is incorporated herein by reference.

3. Effective Date. This Amendment shall be effective on July 1, 2025 ("Effective Date").

4. Ratification. To the extent that any services were provided or payments were made between July 1, 2025, and the date of full execution of this Amendment, the parties hereby ratify and approve such actions, intending them to be governed by the terms and conditions of the Contract as amended herein.

5. Precedence. In the event of any conflict or inconsistency between the provisions of this Amendment and the Contract, including any prior amendments, the provisions of this Amendment shall prevail.

6. Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the Contract, including any prior amendments, remain unchanged and in full force and effect.

7. Counterparts/Electronic Signature. This Amendment may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement. Facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and duplicate originals.

8. Authorizations. The signatories to this Amendment represent that they have been appropriately authorized to enter into this Amendment on behalf of the party for whom they sign, and that no further action or approvals are necessary before execution of this Amendment.

Signature on next page

Dated this 9th day of June, 2026.

CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON

Signature

MIKE CURRY
Print Name

VICE PRESIDENT, AGENCY DIRECTOR CCS SOUTHWEST
Title

Dated this 22 day of June, 2026.

BOARD OF COUNTY COMMISSIONERS KITSAP COUNTY, WASHINGTON

ORAN ROOT, Chair

KATHERINE T. WALTERS, Commissioner

CHRISTINE ROLFES, Commissioner

ATTEST:

Marina Linville
Marina Linville, Interim Clerk of the Board

BOARD OF COMMISSIONERS STATE OF WASHINGTON KITSAP COUNTY

REVISED ATTACHMENT C: BUDGET SUMMARY

Contractor: Catholic Community Services of Western Washington
Program: Housing and Essential Needs
Contract Number: KC-453-25 (amended by KC-453-25-A)
Time Period: July 1, 2025 – June 30, 2027

Administration Expenses will be utilizing an Indirect Rate based on de minimis.

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Year 1: SFY26 (7/1/25-6/30/26)				
Administration	Consolidated Homeless Grant HEN SFY26: 1132	$51,331.00	$ -	$51,331.00
Rent and Facility Support	Consolidated Homeless Grant HEN SFY26: 1132	$1,077,187.00	$ 73,394.00	$1,150,581.00
Operations	Consolidated Homeless Grant HEN SFY26: 1132	$477,050.00	$(60,000.00)	$417,050.00
Administration	Consolidated Homeless Grant INF SFY26: 1132	$8,668.00	$ -	$8,668.00
Operations	Consolidated Homeless Grant INF SFY26: 1132	$57,789.00	$ -	$57,789.00
Year 1: SFY26 Budget Total		***$ 1,672,025.00***	***$ 13,394.00***	***$1,685,419.00***
Year 2: SFY27 (7/1/26-6/30/27)				
Administration	Consolidated Homeless Grant HEN SFY27: 1132	$51,331.00	$ -	$51,331.00
Rent and Facility Support	Consolidated Homeless Grant HEN SFY27: 1132	$1,077,187.00	$ -	$1,077,187.00
Operations	Consolidated Homeless Grant HEN SFY27: 1132	$477,050.00	$ -	$477,050.00
Administration	Consolidated Homeless Grant INF SFY27: 1132	$8,668.00	$ -	$8,668.00
Operations	Consolidated Homeless Grant INF SFY27: 1132	$57,789.00	$ -	$57,789.00
Year 2: SFY27 Budget Total		***$ 1,672,025.00***	***$ -***	***$1,672,025.00***
CONTRACT TOTAL				**$3,357,444.00**

Line items changes must be requested in writing and require Kitsap County approval.

Please refer to the KCHHD Grant Guidelines for details on the amendment request deadline and process.

Reimbursement requests/invoices must be submitted through the Housing and Homelessness Division reimbursement request process. Any disbursement made by the County to the Recipient shall be without prejudice to the County's rights later to challenge the propriety of the Recipient's claimed costs or expenses.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/1/2026 — 6/27/2025

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

PRODUCER: Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 8110 E Union Ave., Ste. 100 Denver CO 80237 denver-certs@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED: 1541582 CCSWW-SW 1323 S. Yakima Ave Tacoma, WA 98405	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Old Republic Union Insurance Company — 31143 INSURER B : Zurich American Insurance Company — 16535 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 20847147 **REVISION NUMBER:** XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X SIR - $1M GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	N	N	822500 0785428	7/1/2025	7/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 9,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ Not Applicable $ XXXXXXX $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY X SIR - $1M	N	N	822500 0785428	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 9,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE $	$ XXXXXXX $ XXXXXXX $ XXXXXXX
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below		N	EWS-8741411-04 SIR - $500,000	7/1/2025	7/1/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Liability limits are inclusive of defense and insured retention. Insured retention under Policy# 822500 0785428 is inclusive of the BPIC Bishop's Plan Trust $500,000 layer limit. Excess coverage is included in the GL.

CERTIFICATE HOLDER

20847147
Kitsap County
345 6th Street, Suite 400
Bremerton WA 98337

CANCELLATION See Attachments

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

CONTINUATION DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS (Use only if more space is required)

Coverage only extends for claims arising out of Catholic Community Services SW fulfillment of its obligations as outlined in various housing grant agreements/contracts between Kitsap County and CCS for term of certificate. Includes Errors and Omissions.

Attachment Code: D644713 Master ID: 1541582, Certificate ID: 20847147

Kitsap County
345 6th Street, Suite 400
Bremerton WA 98337

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance, thus this is your final hard-copy delivery.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **20847147**.

- Email: mountainwestedelivery@lockton.com
- Phone: 303-728-8060

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox and phone number is for automating electronic delivery of certificates only. Please do NOT send future certificate requests *to this inbox or contact the phone number below with email updates.*

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

OLD REPUBLIC UNION INSURANCE COMPANY
Policy Number: 822500 0785428

ENDORSEMENT NO. 35

CERTIFICATES OF INSURANCE ENDORSEMENT

This policy is amended to add the following provisions:

I. CERTIFICATES OF INSURANCE

A. Except as provided in Paragraph B. below, holders of Certificates of Insurance that are issued against this policy and shown as additional INSURED therein are added to this policy, subject to the terms of this policy and provided they fall within GENERAL DEFINITION I. INSURED:

INSURED means not only the FIRST NAMED INSURED and a NAMED INSURED, but also includes any past, present or future: agencies, subsidiaries, affiliates, institutions and societies owned by or operated by a NAMED INSURED, officials, members of boards or commissions, trustees, directors, officers, partners, volunteers, student teachers, or employees of a NAMED INSURED while acting within the scope of their duties as such, and any person, organization, trustee or estate to whom a NAMED INSURED is obligated by virtue of a written contract or agreement to provide insurance such as is offered by this policy, but only in respect of operations by or on behalf of the NAMED INSURED.

B. Where Certificates of Insurance are requested for persons or entities who do not fall within GENERAL DEFINITION I. INSURED (re-stated in Paragraph A. above), our prior agreement and subsequent endorsement of this policy to add such person or entity as additional INSURED, if desired, shall be required.

II. For the purposes of this endorsement, the following applies:

A. Waiver of Subrogation

As stated in COMMON POLICY CONDITION R. SUBROGATION, SALVAGE, AND RECOVERY:

If an INSURED has rights to recover all or part of any payment we have made under this policy from another party, those rights are transferred to us. The INSURED will do nothing after the loss to impair those rights. At our request, the INSURED will execute and deliver instruments or papers, bring suit, or do whatever else is necessary to secure those rights to us and help us enforce them. However, we waive our right of recovery against any party with respect to which the INSURED waived its right of recovery before the loss.

B. Primary and Non-Contributory

If required by the written contract, the coverage provided by this policy to the additional INSURED shall be deemed primary and non-contributory, and any other insurance or self-insurance available to the additional INSURED shall be deemed excess. If not so agreed in the written contract, the coverage provided by this policy to the additional INSURED shall be excess of any other insurance or self-insurance available to the additional INSURED.

C. Municipality Permits

In accordance with Section I. above and where required by written contract or evidenced in insurance requirements of a permit issued by a municipality, at the request of the NAMED INSURED, that municipality shall be added to this policy as an additional INSURED, but only as respects liabilities arising out of the subject matter of the written contract or issued permit and then only for liabilities arising from actions by or on behalf of the NAMED INSURED.

D. Additional Provisions

1. a. The insurance afforded to such additional INSURED only applies to the extent permitted by law; and

   b. If coverage provided to such additional INSURED is required by a contract or agreement, the insurance afforded to such additional INSURED will not be broader than that which you are required by the contract or agreement to provide for such additional INSURED.

2. If coverage provided to the additional INSURED is required by a contract or agreement, the most we will pay on behalf of the additional INSURED is the amount of insurance:

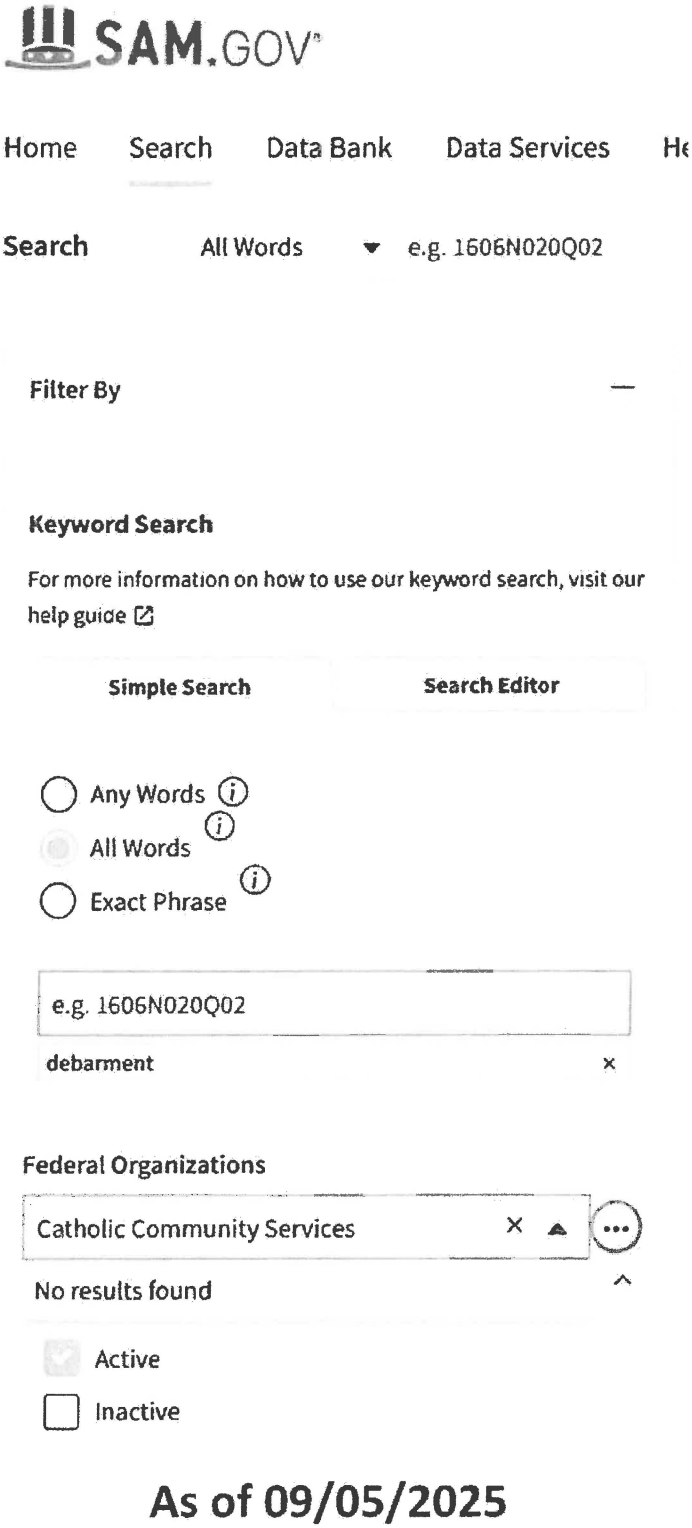
   a. Required by the contract or agreement; or

   b. Available under the applicable Limits of Liability;

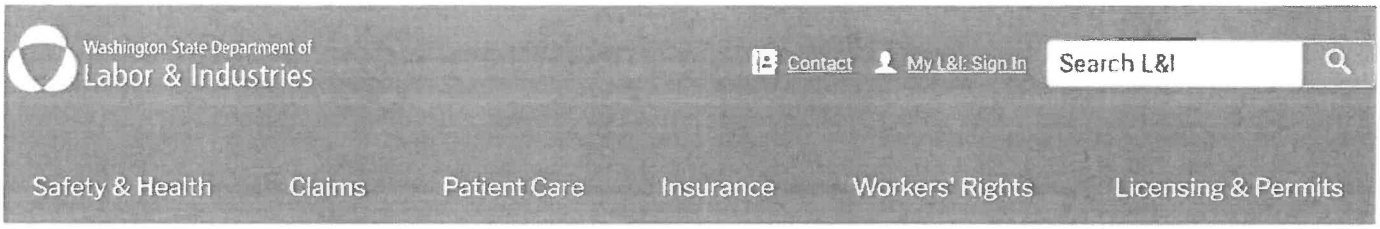
   whichever is less.

In no event shall inclusion of the additional INSURED operate to increase the Limits of Liability provided by this policy.

Except as amended in this endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this endorsement is attached.



As of 09/05/2025



Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name: Catholic Community Services
Principal:
From: 09/05/2024
To: 09/05/2025
WA UBI Number:
RCW: All
Penalty Due: All
Wage Due: All
License Number:

Apply Filters Reset

Download all debarment data

Show 25 per page Showing 0 records

Company Name	UBI	License	Principals	Related Business	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due

There are no records that match your search criteria.

Show 25 per page Showing 0 records

As of 09/05/2025