

**KC-501-25-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 **Kitsap Rescue Mission**, a Washington Nonprofit Corporation, with its principal offices at **4459 SE Mile Hill Drive, Port Orchard, WA 98366**.

The parties executed Contract for Human Services KC-501-25 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 \$597,628 to \$747,628 as identified in the attached Revised Attachment C (Budget Summary).
2. Attachment B: Statement of Work. The Statement of Work shall be amended and replaced in its entirety with Revised Attachment B (Statement of Work), which is incorporated herein by reference.
3. 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.
4. Effective Date. This Amendment shall be effective on January 1, 2026 ("Effective Date").
5. Ratification. To the extent that any services were provided or payments were made between January 1, 2026, 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.
6. 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.
7. 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.
8. 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.
9. 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.

Dated this 13<sup>th</sup> day of March, 2026.

Dated this 13 day of April, 2026.

**KITSAP RESCUE MISSION**

**BOARD OF COUNTY COMMISSIONERS  
KITSAP COUNTY, WASHINGTON**

*Robin Lund*  
Signature

*Oran Root*  
ORAN ROOT, Chair

**ROBIN LUND**  
Print Name

*Katherine T. Walters*  
KATHERINE T. WALTERS, Commissioner

**EXECUTIVE DIRECTOR**  
Title

NOT PRESENT  
CHRISTINE ROLFES, Commissioner

ATTEST:

*Dana Daniels*  
DANA DANIELS, Clerk of the Board



## REVISED ATTACHMENT B: STATEMENT OF WORK

### Summary of Work

Grant funds to Kitsap Rescue Mission for Pacific Building Shelter a Continuous-Stay Shelter, located at 4459 SE Mile Hill Drive, Port Orchard, WA 98366 for operations for the contract period, as detailed in the Response to the Shelter Operations RFP. Funds are to be used solely for the identified purposes and in the manner described in this contract.

The contracted program must adhere to the [Coordinated Entry Guidelines](#), the [CHG Guidelines](#), and the [Kitsap County Grant Guidelines Handbook](#). All three documents are updated periodically.

The Department of Commerce determines eligible uses of funds and specific policies and procedures for CHG programs, which are listed in the Guidelines for the Consolidated Homeless Grant and are updated periodically.

### Scope of Work

The following allowable uses of funds outline the elements of the scope of work, including specific requirements. Additional details can be found in the Department of Commerce's Guidelines for the Consolidated Homeless Grant.

The Pacific Building Shelter shall provide a Continuous-Stay Shelter, Comprehensive Onsite Services and Case Management for unhoused individuals, families, couples and their pets.

The Shelter provides secure, trauma-informed shelter with essential services, three (3) meals daily, case management, behavioral health services, housing navigation, employment development opportunities, and access to medical and dental care. \$150,000 of additional funds are being provided to Kitsap Rescue Mission on a one-time bases to facilitate the transition of security services to the responsibility of Kitsap Rescue Mission.

The following comprises the elements of the scope of work, including specific requirements:

Pacific Building Shelter to be operated as a **Continuous Stay Shelter**, meeting the following criteria as defined in the RFP:

- **Continuous-stay Shelter**
  - Offer living arrangements where households have a room or bed assigned to them throughout the duration of their stay.
  - There is no limit to the clients' length of stay.
  - Ideally the shelter, and shelter beds, are accessible to the guests 24/7.

- Housing Stability Case Management is provided to all clients on a regular on-going basis and the Kitsap County Housing Stability Planning and Progress Reports (HSPPR) is used by case managers for all clients.

Either shelter type may be a **low-barrier shelter**, meeting the criteria listed below:

- **Low Barrier Shelter**
  - There is no limit to the client's length of stay.
  - Has flexible intake schedules and requires minimal documentation.
  - Has realistic and clear expectations. Rules and policies are narrowly focused on maintaining a safe environment and avoiding exits to homelessness.
  - Does not have work or volunteer requirements.
  - At the minimum, homeless households are not screened out based on the following criteria:
    - Having too little or no income
    - Having poor credit or financial history
    - Having poor or lack of rental history
    - Having involvement with the criminal justice system
    - Having active or a history of alcohol and/or substance use
    - Having been impacted or affected by a crime
    - The type or extent of disability-related services or supports that are needed
    - Lacking ID or proof of U.S. Residency Status
    - Other behaviors that are perceived as indicating a lack of "housing readiness," including
      - resistance to receiving services
  - Households are not terminated from the program for:
    - Failure to participate in supportive services or treatment programs
    - Failure to make progress on a housing stability plan
    - Alcohol and/or substance use in and of itself is not considered a reason for termination

The following are additional requirements of the contractor:

- **Low Barrier Services:** Program has indicated that it does operate as a low barrier program as defined by the Washington State Department of Commerce in the CHG Guidelines.
- **Coordinated Entry Referrals:** Work with the Coordinated Entry Program to ensure that they have updated information about the program and can make appropriate referrals.
- **Data Collection and Entry:** Enter all client information into HMIS, following Department of Commerce and HUD data standards that are applicable to the program. Data must be entered within 3 days of a household's enrollment into the program or changes in the household's program status or household information.
- **Coordination with other Agencies:** Participate in the monthly meetings of the Kitsap Housing and Homelessness Coalition. Actively coordinate additional

meetings as needed with other agencies that provide social services to provide the most comprehensive and seamless provision of care for clients as possible.

- **Reporting:** Submit all applicable reports to Kitsap County and the Department of Commerce by the published deadlines and respond in a timely way to County information requests and countywide reports.
- **Non-Discrimination:** Ensure equal access for people experiencing homelessness regardless of race, national origin, gender identity, sexual orientation, marital status, age, veteran or military status, disability, or the use of an assistance animal. Projects designed to serve families with children experiencing homelessness must ensure equal access regardless of family composition and regardless of the age of a minor child. Projects that operate gender segregated facilities must allow the use of facilities consistent with the person's gender identity or expression.
- **Religious Activities:** No funding provided through this grant may be used to support or engage in any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, nor may the provision of services provided be conditioned upon a program participant's engaging in any such explicitly religious activities.
- **Complaint Process:** Have a written complaint/grievance policy approved by the agency's Board of Directors, provide information about the complaint/grievance process to clients upon their enrollment in the program, and ensure that complaint forms are readily available to clients in the program. Ensure that the complaint/grievance policy meets all minimum requirements as indicated in the corresponding Grant Guidelines.
- **Staff Training:** Staff working with clients should be, at a minimum, trained in ACES/Resiliency, trauma-informed services, local coordinated entry policies and procedures, fair housing, housing first, racial equity, LGBTQ+ competency, rapid rehousing, progressive engagement and problem solving (diversion), and mental health first aid and any other trainings required per the CHG Guidelines. Attendance must be documented.
- **Housing Stability Case Management:** Programs that provide case management must use the Kitsap County Housing Stability Planning and Progress Report (HSPPR) to assist clients with setting housing stability goals and tracking progress. HSPPRs are part of the client record-keeping requirements.

**Required Program Performance Measures and Targets:**

Local Performance Targets are established through a variety of methods, including the associated RFP or NOFA, the Program Application and the Contract Information Sheet.

Statewide Performance Targets are established by the Washington State Department of Commerce. For more information on Statewide Performance Targets, please visit:

<http://kcowa.us/hmis-dq-plan> and <http://kcowa.us/chg-perf>

**Local Performance Targets**

Performance Measure	Contract Performance Target
Number of Households Served Annually	220
Number of Unsheltered* Households Served Annually	220

**Statewide Performance Targets**

Performance Measure	State Performance Target
<b>Continuous Stay Shelters</b> Percent of Exits to Permanent Housing (Households)	50%
<b>Equitable Outcomes</b>	Outcomes across racial and ethnic demographics should not be significantly less than the overall rate

**Statewide Data Quality Measures**

Data Quality Measures	State Performance Target
<b>Timeliness - Project Start</b>	95% of clients entered within <b>3 days</b> or Decrease in avg days for entry
<b>Timeliness - Project Exit</b> <i>NBN/Outreach: see exclusions</i>	95% of clients exited within <b>3 days</b> or Decrease in avg days for entry
<b>Timeliness - Annual Assessment</b>	95% completed within 60-days of anniversary date
<b>Completeness - Prior Living Situation</b>	95% of client data entered with valid responses <sup>1</sup>
<b>Completeness - Destination at Program Exit</b> <i>NBN/Outreach: see exclusions</i>	95% of client data entered with valid responses <sup>1</sup>
<b>Completeness – Personally Identifying Information (PII)</b> (first, last, DOB, SSN) for consenting	95% of consenting clients have all PII elements completed

clients  <i>NBN/Outreach: see exclusions Victim Services Providers must enter as consent refused</i>	with valid responses <sup>1,2</sup> (or improvement from prior period)
<b>Completeness – Universal Data Elements</b> (gender, race/ethnicity, veteran status) for all clients  <i>NBN/Outreach: see exclusions</i>	95% of all clients have all profile elements completed with valid responses <sup>1</sup> (or improvement from prior period)
<b>Completeness – Program Elements</b> (disabilities, income, benefits, health insurance, DV) for all clients at both entry and exit  <i>NBN/Outreach: see exclusions</i>	95% of all clients have all profile elements completed with valid responses <sup>1</sup> (or improvement from prior period)
<b>Accuracy – No Data Inconsistencies</b>  (See Dept of COM HMIS Data Quality Plan)	<5% of all clients have data inconsistencies

<sup>1</sup>A valid response is something other than “Client doesn’t know”, “Client prefers not to answer”, “No exit interview”, “Data not collected”, or is missing.

<sup>2</sup>Profile PII elements: Response is not valid if name contains “Partial”, “Street Name”, “Code Name”; DOB is “Approximate” or “Partial”, or these elements contain “Client doesn’t know”, “Client prefers not to answer”, or is missing.

<sup>3</sup> Positive Outcome Destinations include exit destinations to permanent, temporary, and some institutional destinations. Positive destinations exclude the following: “Place not meant for habitation”, “Jail, prison, or juvenile detention facility”, “Other”, or “Client doesn’t know”, “Client prefers not to answer”, “No exit interview”, “Data not collected”, or is missing.

**Agencies will never require a client to provide additional information even if they have consented but should gather it to the best of their ability.**

**Night by Night (NBN) Shelter and Outreach Exclusions**

**Completeness - Night-by-Night and Street Outreach Exclusion:**

- Completeness is not measured until date of engagement identified

**Project Exit Timeliness – Night by Night Shelter and Street Outreach Programs Exclusion:**

- Known exits should be updated within 3 calendar days.
- For clients that have dropped out of contact at or before 90 days, the exit date should be the day after the last recorded bed night.

**REVISED ATTACHMENT C: BUDGET SUMMARY**

**Contractor:** Kitsap Rescue Mission: Pacific Building Shelter

**Contract Number:** KC-501-25-A

**Time Period:** July 1, 2025 – June 30, 2026

This contract is based on a fixed number of shelter beds being provided for the entirety of the contract period. The contract amount is based on an annual bed rate of \$6,929 plus an additional 15% of one-time inflationary funding and an additional \$150,000 for transition of security to Kitsap Rescue Mission for 75 shelter beds at a 90% utilization rate.

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Facility Support	Consolidated Homeless Grant-EHF SFY26: 1132	\$89,000.00	\$ -	\$89,000.00
Operations	Consolidated Homeless Grant-EHF SFY26: 1132	\$430,676.00	\$ -	\$430,676.00
Operations	Consolidated Homeless Grant-INF SFY26: 1132	\$77,952.00	\$ 131,139.00	\$209,091.00
Operations	Consolidated Homeless Grant-DRF SFY26: 1132	\$0.00	\$ 18,861.00	\$18,861.00
<b>Budget Total</b>		<b>\$597,628.00</b>	<b>\$150,000.00</b>	<b>\$747,628.00</b>
<b>CONTRACT TOTAL</b>				<b>\$747,628.00</b>

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)  
12/9/2025

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 30 Century Hill Drive Suite 200 Latham NY 12110	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 518-869-3535		FAX (A/C, No): 518-869-3580
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Kitsap Rescue Mission Po Box 1497 Bremerton WA 98337	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : Great American Insurance Company		16691
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

**COVERAGES**                      **CERTIFICATE NUMBER:** 291112279                      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC232282508	11/26/2025	11/26/2026	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 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP232282608	11/26/2025	11/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UMB232282709	11/26/2025	11/26/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)  
General Liability Broadening Endorsement #CG8970 and Signature Auto Broadening Endorsement #CA8620 Included.

<b>CERTIFICATE HOLDER</b>  Kitsap County Dept of Human Services C/O Housing & Homelessness Division 614 Division Street MS-23 Port Orchard, WA 98366 USA	<b>CANCELLATION</b>  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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debarment x

### Federal Organizations

Kitsap Rescue Mission x ▲ ...

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As of 03/05/2026

## 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:  Principal:  From:  To:

WA UBI Number:  RCW:  Penalty Due:  Wage Due:

License Number:

[Download all debarment data](#)

Show  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.										

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As of 03/05/2026