KC-501-25-B
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 which was amended by KC-501-25-A (collectively "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 $747,628 to $842,628 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. 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.

5. 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.

6. 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.

7. 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 5th day of June, 2026.

KITSAP RESCUE MISSION

Robin Lund
Signature

ROBIN LUND
Print Name

EXECUTIVE DIRECTOR
Title

Dated this 22 day of June, 2026.

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

ORAN ROOT, Chair

Katherine T. Walters
KATHERINE T. WALTERS, Commissioner

Christine Rolfes
CHRISTINE ROLFES, Commissioner

ATTEST:

Marina Linville
Marina Linville, Interim Clerk of the Board

REVISED ATTACHMENT C: BUDGET SUMMARY

Contractor: Kitsap Rescue Mission for Pacific Building Shelter

Contract Number: KC-501-25 (amended by KC-501-25-A and KC-501-25-B)

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

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

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 a negotiated bed rate 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	$209,091.00	$ -	$209,091.00
Operations	Consolidated Homeless Grant-DRF SFY26: 1132	$18,861.00	$ 82,609.00	$101,470.00
Administration	Consolidated Homeless Grant-DRF SFY26: 1132	$0.00	$ 12,391.00	$12,391.00
Budget Total		**$747,628.00**	**$95,000.00**	**$842,628.00**
CONTRACT TOTAL				**$842,628.00**

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): 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).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 30 Century Hill Drive Suite 200 Latham NY 12110	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 518-869-3535 **FAX (A/C, No):** 518-869-3580 **E-MAIL ADDRESS:**
INSURED KITSRES-01 Kitsap Rescue Mission Po Box 1497 Bremerton WA 98337	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Great American Insurance Company / 16691 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PAC232282508	11/26/2025	11/26/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			CAP232282608	11/26/2025	11/26/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED X RETENTION $ 0			UMB232282709	11/26/2025	11/26/2026	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER 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.

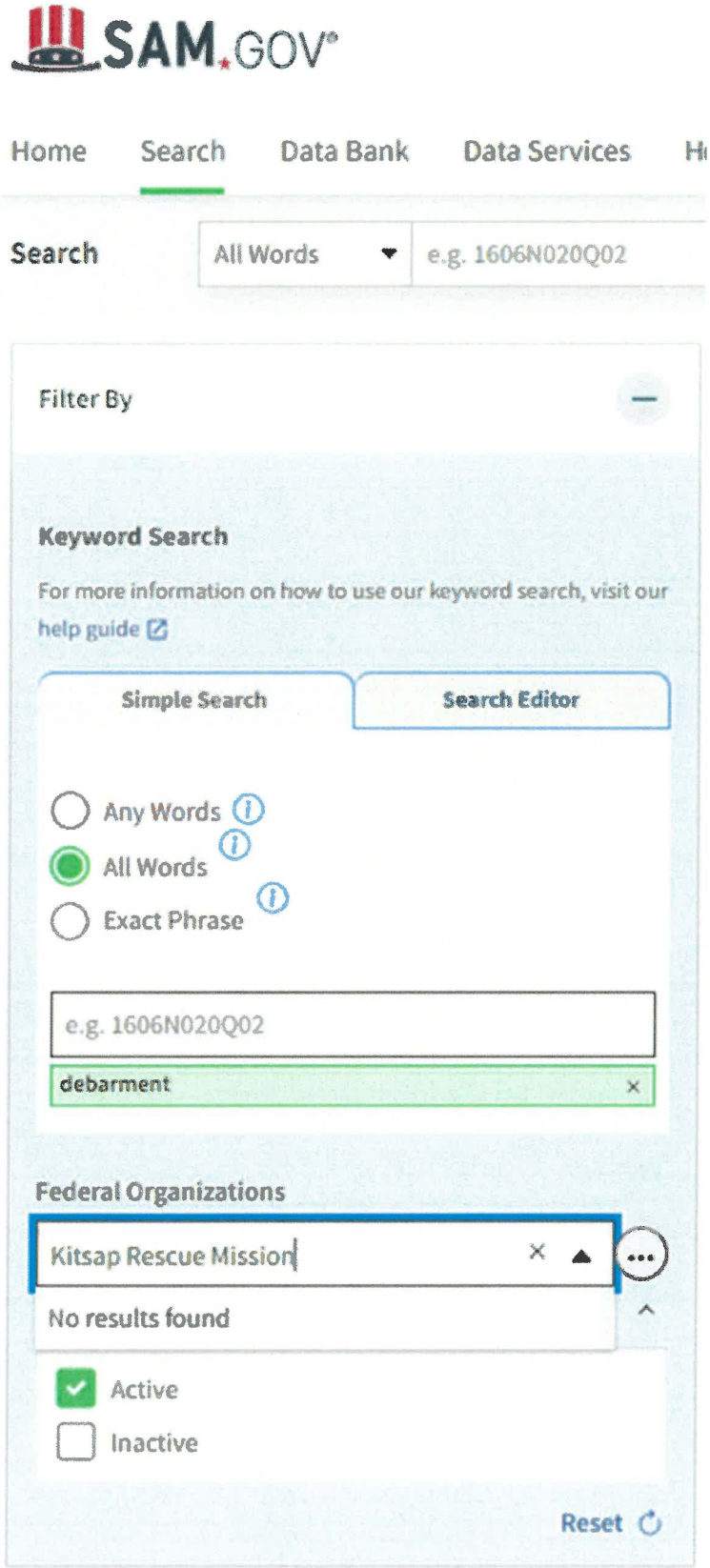
CERTIFICATE HOLDER

Kitsap County Dept of Human Services
C/O Housing & Homelessness Division
614 Division Street MS-23
Port Orchard, WA 98366
USA

CANCELLATION

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



As of 03/05/2026

Washington State Department of Labor & Industries

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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: Kitsap Rescue Mission
Principal:
From: 02/04/2025 To: 02/04/2026
WA UBI Number:
RCW: All
Penalty Due: All
Wage Due: All
License Number:

Apply Filters | Reset

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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