

CONTRACT NO. KC-517-23-B
CONTRACT AMENDMENT

This Contract Amendment ("Amendment") is between Kitsap County, a Washington state political subdivision, having its principal offices at 614 Division Street, Port Orchard, Washington 98366 ("County") and Boys & Girls Club of Snohomish County dba Boys & Girls Club of North Kitsap, a Washington Non-Profit Corporation having its principal offices at 26159 NE Dulay Rd, Kingston, Washington 98346 ("Contractor").

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-517-23 ("Contract") executed on November 20, 2023, amended on January 6, 2025, is amended as follows:

1. Section X: Duration. We are extending the contract end date from June 30, 2025 to June 30, 2026 for new term November 1, 2023 to June 30, 2026.
2. Attachment B: Budget.
The budget is being increased by \$3,546 for a new contract total of \$9,322.
The budget is being replaced in its entirety.

Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the original Agreement, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

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.

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

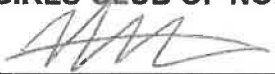
Signature on next page

This Contract Amendment shall be effective upon execution by the parties.

Dated this 16 day of Feb, 2026.

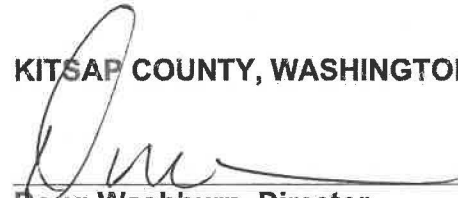
Dated this 18 day of February, 2026.

**BOYS & GIRLS CLUB OF
SNOHOMISH COUNTY DBA BOYS
GIRLS CLUB OF NORTH KITSAP**



Kiarra Tate, Director

KITSAP COUNTY, WASHINGTON



Doug Washburn, Director,
Department of Human Services

Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR.866;998.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: LD6MNJ62.JQD1

Federal Award Identification Number (FAIN): B08TI085843

Federal Revenue Award Date: 10/1/24 – 6/30/26

Subaward Period of Performance Start and End Date: 7/1/25 – 6/30/27

☒ 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 B: Budget Summary

Boys & Girls Club of Snohomish County dba Boys & Girls Club of North Kitsap KC-517-23-B November 1, 2023 - June 30, 2026						
Expenditure Cost	Contract/Amendment Number	Fund Source	Period of Performance	Previous Budget	Current Budget	Total
Positive Action Program Staff Hours & Materials	KC-517-23	(HCA) WA State Dedicated Marijuana Funds	11/1/2023 - 6/30/2024	\$ 2,230.00	\$ -	\$ 2,230.00
Positive Action Program Staff Hours & Materials	KC-517-23-A	(HCA) WA State Dedicated Marijuana Funds	11/1/2024 - 6/30/2025	\$ 3,546.00	\$ -	\$ 5,776.00
Positive Action Program Staff Hours & Materials	KC-517-23-B	(HCA) Partnership for Success Funds	11/1/2025 - 6/30/2026	\$ -	\$ 3,546.00	\$ 9,322.00

ALN	AMOUNT
3330.93959	\$ 3,546.00

Client#: 326528

BOYSGIRL

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2025

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

PRODUCER USI Insurance Services NW CL 601 Union Street, Suite 1000 Seattle, WA 98101		CONTACT NAME: Heidi Palmer PHONE (A/C, No, Ext): 206 441-6300 E-MAIL ADDRESS: Heidi.Palmer@usi.com FAX (A/C, No): 610-362-8530	
		INSURER(S) AFFORDING COVERAGE INSURER A : GuideOne Insurance Company	NAIC # 15032
INSURED Boys & Girls Clubs of Snohomish County 8223 Broadway, Suite 100 Everett, WA 98203-6874		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 INSR	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPP010054244	07/06/2025	07/06/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP010054245	07/06/2025	07/06/2026	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$2,500 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			UMB010054246	07/06/2025	07/06/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (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)

Insured Location at 26159 Dulay RD NE, Kingston, WA 98346. Evidence of Insurance for grant.

CERTIFICATE HOLDER

CANCELLATION

Kitsap County
 614 Division St MS-23
 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

Gary D. Patterson

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Safety & Health

Claims

Patient Care

Insurance

Workers' Rights

Licensing & Permits

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	25	per page	Showing 0 records							First	Previous	Next	Last							
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							First	Previous	Next	Last							