

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 The Salvation Army, hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-616-24, executed on 03/24/2025, shall be amended as follows:

- 1. ATTACHMENT C: BUDGET SUMMARY** shall be replaced in its entirety.
 - Budget Cost Categories adjustments as follows:
 - CHG Inf SFY25: Salaries & Benefits unchanged.
 - Consolidated Homeless Grant-EHF: Program Operations unchanged.
 - Consolidated Homeless Grant-EHF: Hotel/Motel Vouchers unchanged.
 - Budget for new additional Cost Category added as follows:
 - CHG-DRF: Program Operations +\$10,000

Contract total has increased from \$204,000 to \$214,000.

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

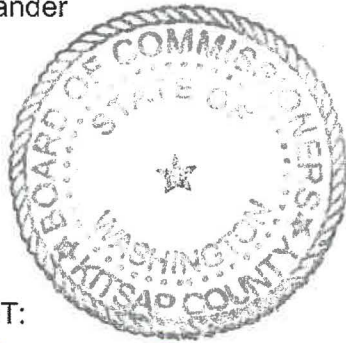
This amendment shall be effective upon execution by the parties.

DATED this 17 day of June, 2025. DATED this 25 day of June, 2025.

THE SALVATION ARMY

Cynthia Foley

Lt. Col, Cynthia Foley, Divisional
Commander



ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board

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

Christine Rolfes

CHRISTINE ROLFES, Chair

Oran Root

ORAN ROOT, Commissioner

NOT PRESENT

KATHERINE T. WALTERS, Commissioner

ATTACHMENT C: BUDGET SUMMARY**Contractor:** The Salvation Army – Emergency Hotel Voucher Program**Contract Number:** KC-616-24-A**Time Period:** October 1, 2024– June 30, 2025

| Cost Category | Fund Source | Previous Budget | Amendment Changes this Contract | Current Budget |
|-----------------------|---------------------------------------|------------------------|--|-----------------------|
| Salaries & Benefits | CHG Inflation-SFY25:1132 | \$4,000.00 | \$0.00 | \$4,000.00 |
| Program Operations | Consolidated Homeless Grant-EHF: 1132 | \$20,000.00 | \$0.00 | \$20,000.00 |
| Hotel/Motel Vouchers | Consolidated Homeless Grant-EHF: 1132 | \$180,000.00 | \$0.00 | \$180,000.00 |
| Program Operations | Consolidated Homeless Grant-DRF: 1132 | \$0.00 | \$10,000.00 | \$10,000.00 |
| Budget Total | | \$204,000.00 | \$10,000.00 | \$214,000.00 |
| CONTRACT TOTAL | | | | \$214,000.00 |

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

Reimbursement requests/invoices for Consolidated Homeless Grant (CHG) must be submitted through the (CHG) reimbursement process.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
10/02/2024

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 Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA | CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-462-2378 E-MAIL ADDRESS: certificates@wtwco.com |
| INSURED The Salvation Army - Division 9 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275 | INSURER(S) AFFORDING COVERAGE INSURER A: Greenwich Insurance Company INSURER B: XL Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES CERTIFICATE NUMBER: W35496614 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 SUBR INSD 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 <input checked="" type="checkbox"/> Self Insured Retention: <input checked="" type="checkbox"/> \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | Y | RGE3001798-01 | 10/01/2024 | 10/01/2025 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 |
| | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTIONS | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N No N/A | RWD5000217-14 | 10/01/2024 | 10/01/2025 | <input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| B | Workers Compensation & Employers Liability - AK WC - Per Statute | | RWR3000944-09 | 10/01/2024 | 10/01/2025 | E.L. Each Accident \$1,000,000 E.L. Disease Pol Lim \$1,000,000 E.L. Disease - Ea Emp \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Division #09-020

Workers Compensation Policy No. RWD5000217-14 provides coverage in the states of FL, GA, HI, ID, LA, MT, NM, NV, TN, UT.
SEE ATTACHED

CERTIFICATE HOLDER

Kitsap County Department of Human Services
Care of Housing and Homelessness Division
614 Division Street MS-23
Port Orchard, WA 98366-4676

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

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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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| | | | |
|--|-------------------------|--|--|
| AGENCY Willis Towers Watson Insurance Services West, Inc. | | NAMED INSURED The Salvation Army - Division 9 38840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275 | |
| POLICY NUMBER See Page 1 | | EFFECTIVE DATE: See Page 1 | |
| CARRIER See Page 1 | NAIC CODE See Page 1 | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Policy No. RWR3000944-09 provides coverage in the state of AK.

Kitsap County Department of Human Services Care of Housing and Homelessness Division is included as an Additional Insured as respects to General Liability where required by written contract.

INSURER AFFORDING COVERAGE: XL Specialty Insurance Company

NAIC#: 37885

POLICY NUMBER: RWE5000216-14 EFF DATE: 10/01/2024 EXP DATE: 10/01/2025

| TYPE OF INSURANCE: | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|--------------------|--------------------|---------------|
| Excess Work Comp- | EL Each Accident | \$1,000,000 |
| AZ/CO/OR | EL Each Disease | \$1,000,000 |
| | Retention | \$750,000 |



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e.g. 1606M020Q02

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Filter By



Keyword Search

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Simple Search

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☒ All Words

☐ Exact Phrase

e.g. 1606M020Q02

debarment



Federal Organizations

The Salvation Army



No results found



☒ Active

☐ Inactive

Reset

As of 08/07/2024

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 <div>25</div> per page | Showing 0 records | | | | | | First | Previous | Next | Last | | | | | | | | |
| Company Name | ▲ | UBI | ↕ | License | ↕ | Principals | ↕ | Status | ↕ | RCW | ↕ | Debar Begins | ↕ | Debar Ends | ↕ | Penalty Due | ↕ | Wages Due |
| There are no records that match your search criteria. | | | | | | | | | | | | | | | | | | |
| Show <div>25</div> per page | Showing 0 records | | | | | | First | Previous | Next | Last | | | | | | | | |

As of 08/07/2024