

Agreement Number: KC-042-24

CIAH GRANT AGREEMENT BETWEEN:

KITSAP COUNTY AND PENINSULA COMMUNITY HEALTH SERVICES

This GRANTEE AGREEMENT (“Agreement”) is made between Kitsap County, a Washington state political subdivision (“County”) and Peninsula Community Health Services, a Washington Non-Profit Organization (“Grantee”).

IN ADDITION TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, the parties acknowledge that the following attachments are expressly incorporated into this agreement.

- Exhibit A Scope of Work
- Exhibit B Project Timeline
- Exhibit C Budget

The Grantee shall also enter into the following instruments or agreements as a condition of this agreement:

- Exhibit D Housing Covenant

IT IS MUTUALLY AGREED AS FOLLOWS:

SECTION 1. PURPOSE AND TERM

- A. Grant Purpose: The purpose of this Agreement is to distribute funds collected pursuant to RCW 82.140.530 and RCW 82.140.540.
- B. Term: This Agreement will take effect on January 1, 2024, and terminate on December 31, 2027.

SECTION 2. GRANT AMOUNT, USE OF GRANT, AND BUDGET

- A. Grant Amount: The Grantee is awarded a total of \$1,500,000.
- B. Use of Grant: The Grantee shall use the award from this Agreement solely for the purpose and in the manner described in Exhibit A – Scope of Work, and on a timeline described in Exhibit B – Project Timeline. Adjustments to the Scope of Work and Project Timeline may be requested in writing and granted or denied at the sole discretion of the County.
- C. Budget: The award from this Agreement shall be expended by the Grantee as set forth in Exhibit C – Budget. Adjustments to the Budget may be requested in writing and granted or denied at the sole discretion of the County.

SECTION 3. CONTRACT ADMINISTRATION AND NOTICES

- A. Personnel:** The Recipient will secure at its own expense all labor and materials required to perform any work in connection with the Project. The Recipient shall be responsible for all applicable payroll, labor and industries premiums, and taxes. All employees and subcontractors of the Recipient shall be covered by Industrial Insurance in full compliance with Title 51 of the Revised Code of Washington ("RCW"). The Recipient shall defend and indemnify the County, and their officials, officers, employees, and agents from and against all claims arising from any actual or alleged violation of the Recipient's duties under this section or applicable law. Solely for the purposes of this indemnification provision, the Recipient expressly waives its immunity under Title 51 RCW and acknowledges that this waiver was mutually negotiated by the parties. The Recipient's duty to defend and indemnify shall survive the termination of this Agreement.
- B. Contract Representatives:** The parties designated representatives shall be responsible for the administration of this Agreement, which includes receiving notices given in connection to this Agreement and all billing procedures. The following are designated as the representatives for the parties:

KITSAP COUNTY:

Joel Warren, CIAH Program Supervisor
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366
360-627-1482
Jwarren@kitsap.gov

PENINSULA COMMUNITY HEALTH SERVICES:

Jennifer Kreidler-Moss, Chief Executive Officer
400 Warren Ave., Suite 200
Bremerton, WA 98337
360-377-3776 ext. 4183
jkreidlermoss@pchsweb.org

Either party may change its designated representative or address by providing notice, either written or via email, to the other party.

- C. Notices:** Any notice required or permitted to be made under this Agreement may be given personally, by facsimile, or by first-class, registered, or certified mail. A notice personally delivered to the other party is deemed given upon proper delivery. A notice sent by first-class, registered, or certified mail is deemed given three days after mailing, if properly addressed and having proper postage. Notices delivered by facsimile shall be deemed to have been given on the date of transmission if received during the recipient's business day or, if not, on the recipient's next business day.

SECTION 4. BILLING PROCEDURES, ADVANCE PAYMENTS, AND DISBURSEMENTS

- A. Billing Procedures:** The Grantee shall submit all requests for reimbursement by invoice to the County. Invoices shall be submitted at least quarterly, but not more often than

monthly. Invoices shall be submitted to the County's Contract Representative specified in Section 3B. The County will pay Grantee upon acceptance of the services provided and receipt of properly completed invoices. Payment shall be considered timely if made by the County within thirty (30) calendar days after receipt of properly completed invoices. Payment shall be sent to the address designated by the respective Grantee.

- B. Advance Payments: No payments in advance shall be made by the County in anticipation of work specified in Exhibit A – Scope of Work under this Agreement.
- C. Disbursement Limitations: In no event will the County be required to disburse funds in excess of the Agreement award amount specific in Section 2A.
- D. Disbursement without Prejudice: Any disbursement made by the County to the Grantee shall be without prejudice to the County's rights later to challenge the propriety of the Grantee's claimed costs or expenses.
- E. Withholding Disbursements: If the Grantee fails to perform any obligation under this Agreement, the failure has not been cured within ten (10) business days following notice from the County, the County may without penalty and in its sole discretion and upon written notice to the Grantee, withhold all monies otherwise due to the Grantee until such failure to perform is cured. This right to withhold disbursements is in addition to all other rights and remedies the County may have available to it under this Agreement or under law.

SECTION 5 – REPORTS, RECORDKEEPING, MONITORING, AND CLOSEOUT

- A. Reporting Requirements: At least once per quarter, and at the conclusion of either the Agreement expenditure or the Agreement contract period, the Grantee shall provide a report on the progress made to date on the Project. The County will prescribe the report format, as well as the time and location for submission of such reports. Required reports may include but are not limited to the following:
 - I. Quarterly reports which shall include the progress made to date, or justification for lack of progress, in providing the services specified in Exhibit A – Scope of Work of this Agreement.
 - II. Quarterly reports on income information regarding persons assisted by the Grantee or Subgrantee through this Agreement.
 - III. Close out reports including a final performance report, inventory of all property acquired or improved with CIAH funds, and final financial report, upon termination or completion of the project.
- B. Recordkeeping: The Grantee shall maintain records sufficient to fully document its compliance with all contractual, Agreement, and legal requirements, including but not limited to participant eligibility, income verification, and other required information on tenants. Additionally, records required in connection with this Agreement shall be

retained for a period of six (6) years after the Period of Affordability described in Section 13C has ended, except that any records that are the subject of an audit or dispute shall be retained for six (6) years after all issues arising from that audit or dispute have been resolved.

- C. Monitoring: Upon reasonable advance notice, the Grantee shall provide the County, or its authorized agents, with full access to all the Grantee's records relating to this Agreement or the Project. The Recipient agrees to be financially and legally responsible for any audit exceptions or other irregularities in its performance or recordkeeping, including but not limited to impermissible or unauthorized use of funds granted through this Agreement. This section shall survive termination of this Agreement.

The Grantee agrees to participate in Period of Affordability monitoring. This is monitoring that takes place beyond expenditure of all funds, but while Period of Affordability is still active. This includes annual submittal to County staff documenting income of occupants and ensuring occupants are paying no more than 30% of their income for occupying a unit in the funded project.

- D. Closeout: Upon termination of this Agreement, in whole or in part for any reason including completion of the project, the following provisions shall apply:

- I. The Grantee shall submit within thirty (30) days after the date of expiration of this Agreement, all financial, performance and other reports required by this Agreement, and in addition, will cooperate in a program audit by Kitsap County or its designee.
- II. In the event a financial audit has not been performed prior to close-out of this Agreement, the County retains the right to withhold a just and reasonable sum from the final payment to the Contractor or Subgrantee after fully considering the recommendation on disallowed costs resulting from the final audit.

SECTION 6 – INDEMNIFICATION

- A. Indemnification: To the fullest extent permitted by law, the Grantee shall indemnify, defend and hold harmless Kitsap County and the officials, officers, employees and agents of each of them, from and against all claims in any way resulting from or arising out of the performance of this Agreement, whether such claims arise from the acts, errors or omissions of the Grantee, its subcontractors, third parties, Kitsap County, or anyone directly or indirectly employed by any of them or anyone for whose acts, errors or omissions any of them may be liable. "Claim" means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys' fees and costs, attributable to personal or bodily injury, sickness, disease, or death, or to injury to or destruction of property, including the loss of use resulting therefrom. The Grantee's duty to indemnify, defend and hold harmless includes but is not limited to claims by the Grantee's or any subcontractor's officers, employees, or agents. The Grantee's duty, however, does not extend to claims arising from the sole negligence or willful misconduct of Kitsap County, or its officials, officers, employees, and agents. Solely for the purposes of this indemnification provision, the Grantee expressly waives its immunity under Title 51 of the

Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This section shall survive the expiration or termination of this Agreement.

SECTION 7 – INSURANCE

A. Insurance: The Grantee shall procure and maintain, at the Grantee's own cost and expense for the duration of this Agreement, the following insurance placed with insurers authorized to do business within the state of Washington:

- I. *Commercial General Liability:* One million dollars (\$1,000,000) per occurrence for bodily injury, personal injury, and property damage. The general aggregate limit will apply separately to this Agreement and be no less than two million dollars (\$2,000,000).
- II. *Comprehensive Automobile Liability Insurance:* If performing any component of Exhibit A – Scope of Work involves the use of vehicles, owned or operated by the Grantee or its subgrantee/subcontractor, automobile liability insurance shall be required. The minimum limit for automobile liability is one million dollars (\$1,000,000) per occurrence, using a Combined Single Limit for bodily injury and property damage.
- III. *Professional Liability, Errors, and Omissions Insurance:* The Grantee shall maintain minimum limits of no less than one million dollars (\$1,000,000) per occurrence to cover all activities by the Grantee and licensed staff employed by or under Agreement to the Grantee.
- IV. *Workers' Compensation and Employer's Liability:* Workers' Compensation coverage as required by Title 51, Revised Code of Washington.

B. Miscellaneous Insurance Provisions:

- I. *Evidence of Insurance:* The Grantee shall present evidence of required insurance policies listed in Section 7A to Kitsap County Department of Human Services prior to the execution of this Agreement. In the event of non-renewal, cancellation, or material change in coverage, thirty (30) days written notice will be furnished to the County prior to the date of cancellation, non-renewal or change. Written notice of insurance policy cancellation or change will be mailed to the County Contract Representative specified in Section 3B.
- II. *Additional Insured:* The Agency's commercial general liability and automobile liability insurance (if applicable) will include the County, its officers, officials, employees, and agents as additional insured, without limitation, with respect to performance under the contract.
- III. *Grantee's Insurance is Primary:* The Grantee's liability insurance provisions will be primary with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees and agents.

SECTION 8 – NONDISCRIMINATION AND LEGAL COMPLIANCE

A. Nondiscrimination: The Grantee shall not discriminate against any employee or applicant for employment, or program participant or program participant applicant on account of race, color, sex, sexual orientation, religion, national origin, creed, marital status, age, veterans status, or the presence of any sensory, mental or physical handicap.

In the event of a Grantee's non-compliance or refusal to comply with any nondiscrimination law, regulation, or policy, this Agreement may be rescinded, cancelled, or terminated in whole or in part. Additionally, the Grantee may be declared ineligible for future County grants. Any dispute may be resolved in accordance with procedures set forth in Section 10: Dispute Procedure.

- B. Compliance with Laws:** During the performance of this Agreement, the Grantee shall comply with all federal, state, and local nondiscrimination laws, regulations, and policies. The County shall have no obligation to ensure Grantee's compliance.
- C. Reservation of Rights:** Failure to insist upon strict compliance with any terms, covenants or conditions of this Agreement shall not be deemed a waiver of such, nor shall any waiver or relinquishment of such right or power at any time be taken to be a waiver of any other breach.

SECTION 9 – TERMINATION

- A. Termination for Cause:** In the event the County determines the Grantee has failed to comply with the conditions of this Agreement in a timely manner, the County has the right to suspend or terminate this Agreement. Before suspending or terminating the Agreement, the County shall notify the Grantee in writing of the need to take corrective action. If corrective action is not taken within thirty (30) calendar days, the Agreement may be terminated or suspended.

In the event of termination or suspension, the Grantee shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original Agreement and the replacement or cover Agreement and all administrative costs directly related to the replacement Agreement, e.g., cost of requests for proposals, mailing, advertising and staff time. The County reserves the right to suspend all or part of the Agreement, withhold further payments, or prohibit the Grantee from incurring additional obligations of funds during investigation of the alleged compliance breach and pending corrective action by the Grantee or a decision by the County to terminate the Agreement.

- B. Termination for Convenience:** The County may terminate this Agreement for convenience upon giving the Grantee at least 30 days' advance written notice. In that event, the Recipient will be entitled to payment only for those expenses and costs reasonably and actually incurred prior to the effective date of the termination.
- C. Termination Procedure:** Upon termination of this Agreement, the County in addition to any other rights provided in this Agreement, may require the Grantee to repay all funds disbursed under this Agreement or to seek specific performance.

The rights and remedies of the County provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement. After receipt of a notice of termination, and except as otherwise directed by the County's Contract Representative specified in Section 3B, the Grantee shall take such action as may be necessary, or as the County's Contract Representative may

direct, for the protection and preservation of the property related to this Agreement, which is in the possession of the Grantee and in which the County has or may acquire an interest.

Section 10 – DISPUTE PROCEDURE

- A. Dispute Resolution:** The Parties will attempt in good faith to resolve any dispute or claim arising out of or in relation to this Agreement through negotiations between representatives with authority to settle the relevant dispute. If the dispute cannot be settled amicably within fourteen (14) days from the date on which either Party has served written notice on the other of the dispute, then either party may request a dispute hearing with the County Administrator of Kitsap County. The County Administrator may designate a neutral person to decide the dispute.
- B. Dispute Hearing Request:** The request for a dispute hearing must be submitted in writing to the other party, as well as the County Administrator (or their designee) and the neutral person who may decide the dispute, if applicable. The written request must:
- I. Clearly state the issue in dispute
 - II. Clearly state the position of both parties
 - III. Identify the Grantee's name, address, and Agreement number
- C. Dispute Hearing Process:** The party that receives the request for a dispute hearing must respond in writing within five (5) working days of receipt. The County Administrator will review the written statements of each party and respond with a dispute decision within ten (10) working days of receipt. The decision made by the County Administrator (or their designee) is not admissible in any succeeding judicial or quasi-judicial tribunal. Both parties of this Agreement agree that this dispute process shall precede any action in judicial or quasi-judicial tribunal. Nothing in this Agreement shall be construed to limit parties' choice of a mutually acceptable alternate resolution method such as binding arbitration, in addition to the dispute hearing procedure outlined above.

SETCION 11 – CONFLICT OF INTEREST

- A.** The County may, in its sole discretion by written notice to the Grantee, terminate this Agreement if it is found after due notice and examination by the County that there is a violation of the Ethics in Public Service Act, Chapters 42.23 RCW and 42.52 RCW; or any similar statute involving the Grantee in the procurement of, or performance under this Agreement. Specific restrictions apply to granting with current or former state employees pursuant to Chapter 42.52 of the Revised Code of Washington. If it is determined by the County that a conflict of interest exists, the Grantee may be disqualified from further consideration of CIAH awards.

In the event this Agreement is terminated due to a conflict of interest, the County shall be entitled to pursue the same remedies against the Grantee as it could pursue in the event of a breach of the Agreement by the Grantee. The rights and remedies of the County provided for in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law. The existence of facts upon which the County makes any determination under this section shall be an issue and may be reviewed as provided in Section 10 – Dispute Procedure clause of this Grant Agreement.

SECTION 12 – SUBGRANTING

- A. Subgranting Procedure: The Grantee may only subgrant work contemplated under this Agreement if it obtains the prior written approval of the County. If the County approves subgranting, the Grantee shall maintain written procedures related to subgranting, as well as copies of all subgrants and records related to subgrants. The County may, in writing: (a) require the Grantee to amend its subgranting procedures as they relate to this Agreement; (b) prohibit the Grantee from subgranting with a particular person or entity; or (c) require the Grantee to rescind or amend a subgrant. Every subgrant shall bind the Subgrantee to follow all applicable terms of this Agreement. The Grantee is responsible to the County if the Subgrantee fails to comply with any applicable term or condition of this Grant. The Grantee shall appropriately monitor the activities of the Subgrantee to assure fiscal conditions of this Grant. In no event shall the existence of a subgrant operate to release or reduce the liability of the Grantee to the County for any breach in the performance of the Grantee's duties. Every subgrant shall include a term that the County is not liable for claims or damages arising from a Subgrantee's performance of the subgrant.

SECTION 13 – CIAH GRANT PROVISIONS

- A. CIAH Income Verification: The Department of Housing and Urban Development's (HUD) Area Median Income (AMI), updated annually, will be used as the measure to define income qualification. Tenant incomes must be verified with full documentation annually.
- B. CIAH Characteristic Verification: The grantee must verify and document that project participants are eligible to benefit from CIAH funds for the duration of the Period of Affordability (Section 13C). Along with only serving households earning 60% AMI or less, the household must also fit one of the following criteria:
- a. Persons with behavioral health disabilities;
 - b. Veteran;
 - c. Senior citizens
 - d. Persons who are homeless or at-risk of being homeless, including families with children;
 - e. Unaccompanied homeless youth or young adults;
 - f. Persons with disabilities;
 - g. Domestic violence survivors.
- C. Period of Affordability: The housing assisted with CIAH funds under this Agreement will remain affordable for **forty (40) years** beginning after project completion. In the event the housing does not meet the affordability requirements for the specified time, the Grantee shall repay to the County all CIAH funds expended on the project. During the affordability period, all conditions specified in this Agreement must be satisfactorily fulfilled. Affordability requirements must be enforced by deed restrictions or recorded covenants. The mechanism used to enforce affordability shall also include requirements that the County has a right of first refusal.
- D. Recapture of CIAH Funds: If the Grantee is unable to secure the mechanism to ensure the period of affordability, or the Grantee breaks the period of affordability, the County may recapture disbursed CIAH funds and cancel or terminate this Agreement.

- E. Occupancy Timeline:** The Grantee will ensure housing is occupied by eligible tenants within six (6) months following the date of project completion.
- F. Property Standards:** The Grantee shall ensure that housing assisted with CIAH funds is decent, safe, sanitary, and in good repair. Housing that is acquired, constructed, or rehabilitated with CIAH funds must meet all applicable state and local codes, state and local housing standards, ordinances, and zoning ordinances, and code requirements through the Period of Affordability as set forth in Section 13C.
- G. Tenant Protections:** There must be a written lease between the tenant and the Grantee or Subgrantee, as the owner of rental housing assisted with CIAH funds. The lease agreement should be for a period of not less than one year, unless a shorter period is specified by mutual agreement between the tenant and the owner.
- H. Use of Public Funds:** The grantee shall comply with all applicable Federal, State and Local laws and regulations concerning the use of public funds used for construction purposes.

SECTION 14 – INTEGRATED DOCUMENT

This Agreement with any attachments constitutes the entire agreement between the parties and both parties acknowledge that there are no other agreements, written or oral, that have not been fully set forth in the text of this Agreement.

Dated this 21.00 day of March, 2024.

GRANTEE: Peninsula Community Health Services

DocuSigned by:
Jennifer L. Kreidler-Moss
AEA6E570CE7349D...

Jennifer Kreidler-Moss, CEO

Dated this 22 day of April, 2024.

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

Katherine T. Walters
Katherine T. Walters, Chair

Christine Rolfes
Christine Rolfes, Commissioners

Charlotte Garrido
Charlotte Garrido, Commissioner

ATTEST:
Dana Daniels
Dana Daniels, Clerk of the Board



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Exhibit A – Scope of Work

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Exhibit A – Scope of Work

<i>Project Details</i>	
Project Name	Medical Respite
Funded Amount	\$1,500,000
Policy Plan Year	2024
Eligible Activity	Develop affordable housing
Service Area	Kitsap County
Project Address/Location	810 6 th St., Bremerton WA 98337
Eligible Target Population	<p><u>Income</u>: 60% AMI or less</p> <p><u>Characteristic</u>: Person(s) with a disability, Homeless, At-risk of homelessness, Veteran, Senior citizen, domestic violence survivor, unaccompanied youth or young adult.</p>

Description of Scope

Peninsula Community Health Services (PCHS) will develop a medical respite facility that provides short-term housing and medical care for housing unstable individuals.

Community Investments in Affordable Housing fund will fund approximately 21% of the project and will expect a proportional number of medical respite rooms to be occupied by CIAH eligible individuals. This proportional number of units occupied may be calculated quarterly or bi-annually.

Performance Measures

1. Develop 22 rooms to be used as medical respite.
2. Provide medical respite care in the facility for 55 individuals (monthly)

Exhibit B – Timeline

2024 Project Timeline

List the specific tasks to complete and manage this project, including the start and end dates for each task. The tasks include such things as obtaining other funding/financing, bidding process, identifying clients, marketing, planning and permit process, construction, environmental review, rent-up or project completion, site control, market studies, relocation, community meetings (if applicable).

Specific Tasks	Start Date	End Date
Convene Medical Respite Care Coordination group to identify clients, discuss community outreach, approach, establish partner workflows and considering market approach	1/1/2024	12/31/2024
Solicit funds from private individuals for capital costs	1/1/2024	12/31/2024
Solicit funds from insurance company payers for capital costs	1/1/2024	12/31/2024
Solicit funds from private companies for capital costs	1/1/2024	12/31/2024
Solicit funds from private individuals for startup costs	1/1/2024	12/31/2024
Solicit funds from insurance company payers for startup costs	1/1/2024	12/31/2024
Solicit funds from private individuals for start-up costs	1/1/2024	12/31/2024
Solicit funds from private companies for start-up costs	1/1/2024	12/31/2024
Medical Respite construction completion December 2024	1/1/2024	12/31/2024
Prepare to open medical clinic to coincide with medical respite center opening	1/1/2024	12/31/2024
Obtain state licensure for mental health services at medical respite center	10/1/2024	12/31/2024
Obtain state licensure for substance use treatment services at medical respite center	10/1/2024	12/31/2024
Add two units of housing to workforce housing inventory	1/1/2024	12/31/2024
Conduct community outreach and education on purpose of medical respite	10/1/2024	12/31/2024

Exhibit C – Budget

2024 Sources of Financing - All Project Funding Sources				
Organization Name:		Peninsula Community Health Services		
Program:		Community Medical Respite		
Funding Source	Requested	Conditional	Committed	TOTAL
Total CGAP Requested Funds (CIAH)	1,500,000.0			\$ 1,500,000
Total Requested Funds	\$ 1,500,000	\$ -	\$ -	\$ -
Federal				
				\$ -
				\$ -
				\$ -
				\$ -
Total Federal	\$ -	\$ -	\$ -	\$ -
State				
WA State Department of Commerce			970,000	\$ 970,000
WA State Department of Commerce			420,000	\$ 420,000
				\$ -
				\$ -
				\$ -
Total State	\$ -	\$ -	\$ 1,390,000	\$ 1,390,000
Local				
City of Bremerton			100,000	\$ 100,000
Kitsap Public Health			100,000	\$ 100,000
				\$ -
				\$ -
				\$ -
Total Local	\$ -	\$ -	\$ 200,000	\$ 200,000
Applicant				
Peninsula Community Health Services			3,447,110	\$ 3,447,110
				\$ -
				\$ -
Total Applicant	\$ -	\$ -	\$ 3,447,110	\$ 3,447,110
Private				
MCOs (UHG, CHPW, Molina)			160,000	\$ 160,000
Olympic Community Health			225,000	\$ 225,000
Virginia Mason Franciscan Health			50,000	\$ 50,000
				\$ -
				\$ -
Total Private	\$ -	\$ -	\$ 435,000	\$ 435,000
In-Kind				
				\$ -
				\$ -
				\$ -
Total In-Kind	\$ -	\$ -	\$ -	\$ -
TOTAL PROJECT FUNDING	\$ 1,500,000	\$ -	\$ 5,472,110	\$ 6,972,110

2024 Capital Project Financing

Organization Name: Peninsula Community Health Services
Program: Community Medical Respite

Enter your estimated development costs associated with financing your capital project.

	Requested CGAP Funds	Non-CGAP Funds	Estimated Costs	Cost per Square Foot	Cost as % of Total
Reserves / Contingency					
Lease Up / Operating / Services			\$0.00	\$0.00	0.00%
Development			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$0.00	\$0.00	0.00%
Interest					
Construction Period			\$0.00	\$0.00	0.00%
Bridge Loan			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$ -	\$ -	0.00%
Construction Loan Costs/Fees					
Lender Inspection Fees			\$0.00	\$0.00	0.00%
Lender Title Insurance			\$0.00	\$0.00	0.00%
Lender Legal Fees			\$0.00	\$0.00	0.00%
Loan Fees			\$0.00	\$0.00	0.00%
Loan Closng Fees			\$0.00	\$0.00	0.00%
Property Taxes (Construction Period)			\$0.00	\$0.00	0.00%
Insurance			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$ -	\$ -	0.00%
Bridge Loan Fees (if applicable)					
Bridge Loan Legal			\$0.00	\$0.00	0.00%
Bridge Loan Trustee			\$0.00	\$0.00	0.00%
Bridge Loan Underwriting			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$ -	\$ -	0.00%
Permanent Loan Fees					
Perm. Loan Fee			\$0.00	\$0.00	0.00%
Perm. Loan Closing Fees			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$ -	\$ -	0.00%
Tax Credit Fees					
Tax Credit Fee			\$0.00	\$0.00	0.00%
Tax Credit Cost Certification			\$0.00	\$0.00	0.00%
Tax Credit Legal/Advisor Fee			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$ -	\$ -	0.00%
Bond Issuance Fees					
Cost of Bond Issuance			\$0.00	\$0.00	0.00%
Negative Arbitrage (____%)			\$0.00	\$0.00	0.00%
Bond Cost Certification			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$ -	\$ -	0.00%
Financing Cost Subtotal	\$0	\$0	\$ -	\$ -	0.00%

2024 Capital Project Budget

Organization Name: Peninsula Community Health Services
 Program: Community Medical Respite
 Square Footage: 15800

Enter the estimated costs associated with your project from CGAP Sources and Other Funds

	Requested CGAP Funds	Non-CGAP Funds	Estimated Costs	Cost per Square Foot	Cost as % of Total
Acquisition Costs					
Purchase Price		\$ 951,686.00	\$951,686.00	\$60.23	13.65%
Land			\$0.00	\$0.00	0.00%
Improvements			\$0.00	\$0.00	0.00%
Liens and Other Taxes			\$0.00	\$0.00	0.00%
Closing/Recording			\$0.00	\$0.00	0.00%
Extension Fees			\$0.00	\$0.00	0.00%
Other: Furnishings			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$951,686	\$ 951,686.00	\$ 60.23	13.65%
Construction/Rehab. Costs					
Off-site Work			\$0.00	\$0.00	0.00%
On-site Work	\$ 973,500.00	\$ 3,999,200.00	\$4,972,700.00	\$314.73	71.32%
Site Remediation			\$0.00	\$0.00	0.00%
Demolition		\$ 198,800.00	\$198,800.00	\$12.58	2.85%
Commercial Space/Building			\$0.00	\$0.00	0.00%
Common Use Facilities			\$0.00	\$0.00	0.00%
Elevator			\$0.00	\$0.00	0.00%
Laundry Facilities			\$0.00	\$0.00	0.00%
Storage/Garages			\$0.00	\$0.00	0.00%
Landscaping			\$0.00	\$0.00	0.00%
General Conditions			\$0.00	\$0.00	0.00%
Contractor Liability Insurance			\$0.00	\$0.00	0.00%
Contractor Overhead			\$0.00	\$0.00	0.00%
Contractor Profit			\$0.00	\$0.00	0.00%
Contingency			\$0.00	\$0.00	0.00%
FF&E (Common Area Furnishings)			\$0.00	\$0.00	0.00%
Internet Wiring & Equipment			\$0.00	\$0.00	0.00%
Performance Bond Premium			\$0.00	\$0.00	0.00%
Other: (Mechanical)			\$0.00	\$0.00	0.00%
Other: (Electrical)	\$ 526,500.00		\$526,500.00	\$33.32	7.55%
SUBTOTAL	\$1,500,000	\$4,198,000	\$ 5,698,000.00	\$ 360.63	81.73%
Development Costs					
Utility Connection & Impact Fees			\$0.00	\$0.00	0.00%
Development/Building Permit Fees			\$0.00	\$0.00	0.00%
System Development Charges			\$0.00	\$0.00	0.00%
Market Study			\$0.00	\$0.00	0.00%
Environmental Report			\$0.00	\$0.00	0.00%
Lead Based Paint Report			\$0.00	\$0.00	0.00%
Power Delivery			\$0.00	\$0.00	0.00%
Soils Report (Geotechnical)			\$0.00	\$0.00	0.00%
Survey			\$0.00	\$0.00	0.00%
Marketing/Management			\$0.00	\$0.00	0.00%
Insurance			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$0	\$ -	\$ -	0.00%
General Fees					
Architectural - Design		\$ 322,424.00	\$322,424.00	\$20.41	4.62%
Architectural - Construct. Supervision			\$0.00	\$0.00	0.00%
Engineering			\$0.00	\$0.00	0.00%
Legal/Accounting			\$0.00	\$0.00	0.00%
Cost Certification			\$0.00	\$0.00	0.00%
Appraisals			\$0.00	\$0.00	0.00%
Special Inspections/Testing			\$0.00	\$0.00	0.00%
Developer Fee			\$0.00	\$0.00	0.00%
Consultant Fee			\$0.00	\$0.00	0.00%
Project Management Fee			\$0.00	\$0.00	0.00%
Other: Operating Reserves			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
Other:			\$0.00	\$0.00	0.00%
SUBTOTAL	\$0	\$322,424	\$ 322,424.00	\$ 20.41	4.62%
Project Budget Costs Subtotal:	\$1,500,000.00	\$5,472,110.00	\$6,972,110.00	\$441.27	100.00%
TOTAL PROJECT COST (Budget+Financing):	\$1,500,000.00	\$5,472,110.00	\$6,972,110.00	\$441.27	100.00%

Exhibit D – Housing Covenant

When Recorded Return to:

Kitsap County Dept. Personnel & Human Services
CIAH Program
614 Division St, MS-23
Port Orchard, WA 98366

LOW INCOME HOUSING COVENANT AGREEMENT

Grantor: Peninsula Community Health Services

Grantee: Kitsap County

Legal Description (abbreviated): Nels Nelson's Addition to the Town of Bremerton Lts 7,
29, 30, Blk 1

Assessor's Tax Parcel Numbers: 3779-001-007-0004
3779-001-029-0107

Address: 810 6th Street, Bremerton, Washington 98337

This Low Income Housing Covenant Agreement ("Covenant Agreement") is made by Peninsula Community Health Services ("Grantor") and is part of the consideration for the financial assistance provided by Kitsap County ("County") as described in the Kitsap County Policy Plan, to Grantor pursuant to a CIAH Grant Agreement and the 2024 Kitsap County Policy Plan, for the Rehabilitation/Remodel of affordable rental housing for low income families on the property described in Exhibit A (hereinafter referred to as "Property") to this Covenant Agreement.

This Covenant Agreement will be filed and recorded in the official public land records of Kitsap County, Washington and shall constitute a restriction upon the use of the property described herein, subject to and in accordance with the terms of this Covenant Agreement, for **40 years** following the date of project completion.

The covenants contained herein are to be taken and construed as covenants running with the land and shall pass to and be binding upon the Grantor, their successors and assigns heirs, grantees, or lessees of the Property, beginning on January 31, 2024, as follows:

- A. The residential units in the Property will be occupied by tenants eligible to benefit from CIAH funds as described in the 2024 CIAH Policy Plan. This includes two primary characteristics:
1. Income no higher than sixty percent (60%) of the area median income (AMI) in Kitsap County, Washington, adjusted for family size, as estimated from time to time by the United States Department of Housing and Urban Development ("HUD"). If HUD ceases to provide such estimates of median income, then median income shall

mean such comparable figure for Kitsap County, Washington published or reported by a federal, state, or local agency as the County shall select.

- 2. Occupant must fit at least one of the following criteria: person(s) with behavioral health disability, veteran, senior citizen, homeless or at risk of becoming homeless, unaccompanied homeless youth or young adults, person(s) with a disability, domestic violence survivor.

- B. The Grantor will provide safe, decent and sanitary housing, and will comply with all State and local housing codes, licensing requirements, and other requirements regarding the condition of the structure and the operation of the project in the jurisdiction in which the housing is located.

- C. The Grantor will keep any records and make any reports relating to compliance with this covenant that the County may reasonably require.

- D. DEFAULT: If a violation of any of the foregoing covenant occurs, the County may, after thirty days notice of violation and an opportunity to cure, which cure may be affected by the Grantor, institute and prosecute any proceeding at law or equity to abate, default the loan, prevent or enjoin any such violation or to compel specific performance by the Grantor of its obligations hereunder; provided that, the Grantor shall not be required by any provision herein to evict a residential tenant. No delay in enforcing the provisions hereof as to any breach or violation shall impair, damage, or waive the right of any party entitled to enforce the provisions hereof or to obtain relief against or recover for the continuation or repetition of such breach or violations or any similar breach or violation hereof at any later time.

- E. The Grantor shall hold the County harmless from any claims, losses, damages, suits, and expenses, including reasonable attorneys' fees and costs, to the extent they arise out of actions taken (or actions not taken) under any provision of this Covenant Agreement.

IN WITNESS HEREOF, Peninsula Community Health Services has executed this

Covenant Agreement on the 12th day of January, 2024.

PENINSULA COMMUNITY HEALTH SERVICES

BY: Jennifer Kreidler-Moss
JENNIFER L. KREIDLER-MOSS, CEO

DESCRIPTIONS (Continued from Page 1)

Kitsap County, its officers, officials, employees, and agents is named as additional insured per policy forms and conditions.

Coverage is primary and non-contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

To the extent that the provisions of this endorsement provide broader benefits to the "insured" than other provisions of the Coverage Form, the provisions of this endorsement apply.

1. BROAD FORM INSURED

Paragraph .1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add the following:

d. Subsidiaries and Newly Acquired or Formed Organizations

The Named Insured shown in the Declarations is amended to include:

- (1) Any legal business entity other than a partnership or joint venture, formed as a subsidiary in which you have an ownership interest of more than 50% on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
 - (a) That is a partnership or joint venture,
 - (b) That is an "insured" under any other policy,
 - (c) That has exhausted its Limit of Insurance under any other policy, or
 - (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

e. Employees as Insureds

- (1). Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

f. Lessors as Insureds

- (1). The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
 - (a) The agreement requires you to provide direct primary insurance for the lessor and
 - (b) The "auto" is leased without a driver.

Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

g. Additional Insured if Required by Contract

- (1) When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."
- The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

- (a) During the policy period, and
- (b) Subsequent to the execution of such written contract, and

(c) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

(2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

- (a) The limits of insurance specified in the written contract or written agreement; or
- (b) The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

(3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance.

(4) Duties in The Event Of Accident, Claim, Suit or Loss

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the additional insured shall be required to comply with the provisions in LOSS CONDITIONS 2. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS - OF SECTION IV - BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

2. Primary and Non-Contributory if Required by Contract

Only with respect to insurance provided to an additional insured in A.1.g. - Additional Insured If Required by Contract, the following provisions apply:

(1) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance 5.d.

(2) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs **(1)** and **(2)** do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by the method described in SECTION IV- Business Auto Conditions, B. General Conditions, Other Insurance 5.d.

3. AUTOS RENTED BY EMPLOYEES

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The SECTION IV- Business Auto Conditions, B. General Conditions, 5. OTHER INSURANCE Condition is amended by adding the following:

e. If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.



ProSelect Insurance Company

Parker Smith & Feek Inc.
2233 112th Ave NE
Bellevue, WA 98004-2936

425-709-3600

CHANGE ENDORSEMENT

Policy Number:	First Named Insured:	Policy Period:	Effective Date of Change:
002WA000045425	Peninsula Community Health Services	10/01/2023 to 10/01/2024 At 12:01 AM Standard Time at the address of the First Named Insured as stated herein.	02/01/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is hereby understood and agreed that the following revision(s) have been made to the above referenced policy:

Adding MAN 003 - Manuscript Endorsement - Primary and Non Contributory and Waiver of Subrogation for Additional Insured, Kitsap County, its Officers, Agents, Employees, Successors and/or Assigns.

Nothing in this endorsement shall vary, alter, waive or extend any of the terms and conditions of the POLICY, other than as expressly stated above.

Joseph G. Murphy
President & CEO

Kim A. Tobin
Secretary



ProSelect Insurance Company

**MANUSCRIPT ENDORSEMENT –
ADDITIONAL INSURED PRIMARY AND NON CONTRIBUTORY AND
WAIVER OF SUBROGATION**

Policy Number:	First Named Insured:	Policy Period:	Effective Date of Change:
002WA000045425	Peninsula Community Health Services	10/01/2023 to 10/01/2024 At 12:01 AM Standard Time at the address of the First Named Insured as stated herein.	02/01/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

SCHEDULE

Name of Person(s) or Organization(s):	Party ID:	Retroactive Date:	Activities:
Kitsap County, its Officers, Agents, Employees, Successors and/or Assigns	N/A	N/A	Grants from the Kitsap County CIAH Program

Subject to all other terms and conditions of the POLICY, it is agreed and understood that:

- A. Section II. Definition of Insured is amended to include as an additional INSURED the Person(s) or Organization(s) shown in the Schedule above, subject to the RETROACTIVE DATE shown in the Schedule above, but only with respect to the activities indicated above. However:
 - 1. The insurance afforded to such additional INSURED only applies to the extent permitted by law; and
 - 2. If coverage provided to the additional INSURED is required by a contract or agreement, the insurance afforded to such additional INSURED will not be broader than that which a NAMED INSURED is required by the contract or agreement to provide for such additional INSURED.

- B. With respect to the insurance afforded to the additional INSURED shown in the Schedule above, the following is added to Section III. Our Limit of Liability:

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:

 - 1. Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Liability shown in the DECLARATIONS;

whichever is less.

- C. The following is added to the Section IV. General Conditions of the Common Policy Terms, Paragraph O. Other Insurance and supersedes any provision to the contrary only with respect to the Person(s) or Organization(s) shown in the Schedule above:

This POLICY is primary to and will not seek contribution from any OTHER INSURANCE available to the Person(s) or Organization(s) shown in the Schedule above provided that:



ProSelect Insurance Company

1. The additional INSURED is a Named Insured under such OTHER INSURANCE; and
 2. YOU have agreed in writing in a contract or agreement that this POLICY would be primary and would not seek contribution from any OTHER INSURANCE.
- D. The following is added to Section IV. General Conditions, paragraph Q. Subrogation of the Common Policy Terms:
- WE will waive any right of recovery WE may have against persons or organizations due to such persons' or organizations' services provided to YOU or on YOUR behalf which result in BODILY INJURY or PROPERTY DAMAGE, but only with respect to liability due to YOUR sole negligence, in YOUR ongoing operations and only when such waiver of right of recovery is required by written contract with YOU.
- With respect to this Endorsement, the most WE will pay on YOUR behalf is the amount of insurance:
1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Liability shown in the DECLARATIONS.
- E. This additional INSURED shall share in the Limits of Liability of the FIRST NAMED INSURED, and this extension of coverage shall not increase OUR Limit of Liability.

Nothing in this endorsement shall vary, alter, waive or extend any of the terms and conditions of the POLICY, other than as expressly stated above.

Handwritten signatures of Joseph G. Murphy and Kim A. Tobin.

Joseph G. Murphy
President & CEO

Kim A. Tobin
Secretary



PENINSULA COMMUNITY HEALTH SERVICES

Unique Entity ID NNZ8MACLJHC3	CAGE / NCAGE 4BLR1	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Nov 2, 2024	
Physical Address 400 Warren AVE STE 200 Bremerton, Washington 98337-1467 United States	Mailing Address P.O. Box 960 Bremerton, Washington 98337-0212 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Washington 06	State / Country of Incorporation Washington / United States	URL http://www.pchswb.org

Registration Dates

Activation Date Nov 7, 2023	Submission Date Nov 3, 2023	Initial Registration Date Feb 28, 2006
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Entity Dates

Entity Start Date Sep 11, 1987	Fiscal Year End Close Date Dec 31
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?
No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:
Yes

Entity Types

Business Types

Entity Structure Corporate Entity (Tax Exempt)	Entity Type Business or Organization	Organization Factors (blank)
Profit Structure Non-Profit Organization		

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments Yes	Debt Subject To Offset No
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EFT Indicator 0000	CAGE Code 4BLR1
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Points of Contact

Electronic Business

✎ Joel Emery, CFO	P.O. Box 960 Bremerton, Washington 98337 United States
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Jennifer Kreidler-Moss, CEO	P.O. Box 960 Bremerton, Washington 98337 United States
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Government Business

✎ Jennifer Kreidler-Moss, CEO	P.O. Box 960 Bremerton, Washington 98337 United States
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Joel Emery, CFO	P.O. Box 960 Bremerton, Washington 98337 United States
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Past Performance

✎ Jennifer Kreidler-Moss, CEO	P.O. Box 960 Bremerton, Washington 98337 United States
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Joel Emery	400 Warren AVE, Suite 200 P.O. Box 960 Bremerton, Washington 98337 United States
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Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
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Disaster Response

This entity does not appear in the disaster response registry.

Form W-9
 (Rev. October 2018)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Peninsula Community Health Services	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see Instructions) ▶ Not-For-Profit; 501(c)(3)	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 960	Requester's name and address (optional)
6 City, state, and ZIP code Bremerton, WA 98337	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
9 4 - 3 0 7 9 7 7 0	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Jennifer Kuddles-Mason</i>	Date ▶ <i>1/10/2024</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.