

CONTRACT AMENDMENT

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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 Kitsap Rescue Mission, 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-200-22, executed on 04/07/2022 and amended on 01/18/2023 and 08/28/2023 shall be further amended as follows:

1. **SECTION 1: EFFECTIVE DATE OF CONTRACT** shall be amended as follows:
 - Contract is extended from 12/31/2023 to 12/31/2024 for a new contract term of April 1, 2022, to December 31, 2024.
2. **Attachment B: BUDGET SUMMARY** shall be replaced in its entirety.
 - Shelter Operations is increased by \$1,237,500 from \$1,738,750 to \$2,976,250.

Contract total is increased from \$1,738,750 to \$2,976,250.

3. 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 LB/ Of March, 2024.
KITSAP RESCUE MISSION

Robin Grady (O'Grady)
Signature

ROBIN O'GRADY
Print Name

EXECUTIVE DIRECTOR
Title

Dated this day of March, 2024.
BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

Katherine T. Walters
KATHERINE T. WALTERS, CHAIR

Christine Rolfes
CHRISTINE ROLFES, COMMISSIONER

Charlotte Garrido
CHARLOTTE GARRIDO, COMMISSIONER

ATTEST:

Dana Daniels
DANA DANIELS, CLERK OF THE BOARD



Approved as to form by the Prosecuting Attorney's
Office

ATTACHMENT B: BUDGET SUMMARY

Contractor: Kitsap Rescue Mission

Contract Number: KC-200-22-C

Time Period: April 1, 2022 – December 31, 2024

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Shelter Operations (ARPA COVID)	ARPA COVID Funding T000404 & FEMA	\$1,738,750.00	\$1,237,500.00	\$2,976,250.00
GRAND TOTAL				\$2,976,250.00

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

Reimbursement requests/invoices must be submitted through the Housing and Homelessness Division reimbursement request process.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2024

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 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:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Kitsap Rescue Mission Po Box 1497 Bremerton WA 98337	INSURER A : Great American Insurance Company NAIC # 16691	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	


COVERAGES **CERTIFICATE NUMBER: 1139383542** **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"/> COMMERCIAL GENERAL LIABILITY <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:			PAC232282506	11/26/2023	11/26/2024	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"/> AUTOMOBILE LIABILITY <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			CAP232282606	11/26/2023	11/26/2024	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UMB232282707	11/26/2023	11/26/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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 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
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- All Words 
- Exact Phrase 

e.g. 1606N020Q02

Federal Organizations

Kitsap Rescue Mission x  

No results found 

- Active
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AS OF 07/24/2023

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:
WA UBI Number: RCW:
License Number: From: To:
Penalty Due: Wage Due:

Apply Filters

Reset

Download all debarment data

Show per page Showing 0 records

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 per page Showing 0 records

AS OF 07/24/2023