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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 Gather Together Grow Together, 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-121-21, executed on 02/10/2021 and amended on 02/07/2022 and 02/08/2023, shall be further amended as follows:

1. Section 1. Term and Effective Date shall be revised as follows:

Contract is extended from 12/31/2023 to 12/31/2024 for a new contract term of February 8, 2021 through December 31, 2024.

2. Attachment A: Scope of Work shall be revised as follows:

Transportation Services expanded beyond Severe Weather Shelter (SWS) transportation for the time period of September 1, 2023 through December 31, 2023. The additional transportation services to be provided will be for Rock the Block (RTB) and REAL Team (RT).

January 1, 2024 forward services will only include transportation for Severe Weather Shelter and as designated by Kitsap County at the direction of HEART Coordinator for the REAL Team.

Fee for service, not to exceed \$50,000 for the period of 02/08/2021 through 12/31/2024

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 <u>17</u> day <u>May</u>, 2024.

DATED this 20 day May , 2024.

GATHER TOGETHER GROW TOGETHER **KITSAP COUNTY, WASHINGTON**

Marwan Cameron

Marwan Cameron, *Executive Director*

Victoria Brazitis, County Administrator

Approved as to form by the Prosecuting Attorney's Office



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| | | | | DILI | | JINANC | | 05 | /28/2024 | |
|--|--------------|---------------|--------------------------------|--|----------------------------|-----------------------------|--|----------|--------------------|--|
| 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 If SUBROGATION IS WAIVED, subject this certificate does not confer rights | t to tl | ne te | rms and conditions of th | e polic | y, certain po | olicies may r | | | | |
| PRODUCER | | | | CONTACT Tracy King-Krech | | | | | | |
| Chmabers Bay Insurance | | | | PHONE (A/C, No, Ext): 360-385-0501 FAX (A/C, No): 360-6393312 | | | | | | |
| Expanded Insurance Soultions | | | | E-MAIL ADDRESS: | | | | | | |
| 2000 Water Street | | | | | NAIC # | | | | | |
| Port Townsend | | | WA 98368 | INSURE | RA: Philadel | phia Insuranc | e Company | | 18058 | |
| INSURED | | | | INSURE | R B : | | | | | |
| Gather Together Grow Together | | | | INSURE | RC: | | | | | |
| 419 Park AVE | | | | INSURE | | | | | | |
| Bremerton | | | WA 98337 | INSURE | | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | INSURE | RF: | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT THE POLICIES | | | | VE BEE | N ISSUED TO | | | HE POL | ICY PERIOD | |
| INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PERT POLI | AIN, CIES. | THE INSURANCE AFFORD | ED BY | THE POLICIE REDUCED BY | S DESCRIBED PAID CLAIMS. | | | | |
| INSR LTR TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 | |
| | | | | | | | PREMISES (Ea occurrence) | \$ | 100,000 | |
| | | | PHPK2667372 | | 05/05/2024 | 05/05/2025 | MED EXP (Any one person) | \$ | 5,000 1,000,000 | |
| | | | PHPK2007372 | | 05/05/2024 | 05/05/2025 | PERSONAL & ADV INJURY | \$ | 3,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ \$ | 3,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG | ъ \$ | 0,000,000 | |
| | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| OWNED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | \$ | | |
| | | | | | | | EACH OCCURRENCE | \$ | | |
| EXCESS LIAB CLAIMS-MADE | | | PHUB904660 | | 05/03/2024 | 05/03/2025 | AGGREGATE | \$ | 1,000,000 | |
| DED RETENTION \$ | | | | | | | PER OTH- | \$ | | |
| AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | STATUTE ER | \$ | | |
| OFFICER/MEMBEREXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | | | |
| | | | | | | | | ÷ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | |
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| Kitsap County | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| 614 Division Street MC 5 | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| 614 Division Street, MS-5 Port Orchard | | | WA 98368 | | 1. | an K | ing-Krech | | | |
| | | | VVA 30300 | 1 | 12 | ung 1 10 | ny much | | | |

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SAM, GOV*

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As of 04/11/2024

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