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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)			
				CAN						
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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As of 04/11/2024

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As of 04/11/2024