

**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 Agape Unlimited, 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-188-24, executed on 02/23/2024, shall be amended as follows:

**1. Exhibit B: Budget shall be replaced in its entirety.**

- Admin - Direct Expenses (HHGP) is decreased by \$3,000 from \$4,820 to \$1,820.
- Building O&M - Building Operations Expenses (HHGP) is increased by \$3,000 from \$15,095 to \$18,095.
- Building O&M – Salaries & Benefits (HHGP) remains unchanged.
- Building O&M – Building Operations Expenses (AHGP) remains unchanged.
- Building O&M – Salaries & Benefits (AHGP) remains unchanged.

Contract total remains unchanged.

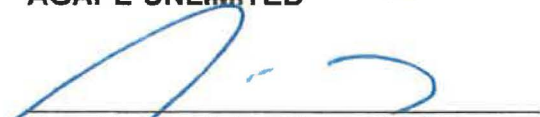
**2. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.**

This amendment shall be effective upon execution by the parties.

DATED this 23 day July, 2024. DATED this 24 day July, 2024.

**AGAPE UNLIMITED**

**KITSAP COUNTY**

  
Sara Marez-Fields, Executive Director

  
Doug Washburn, Director, Department of Human Services

**Approved as to form by the Prosecuting Attorney's Office**

## EXHIBIT B: BUDGET

**Contractor:** Agape Unlimited - Koinonia Inn

**Contract Number:** KC-188-24-A

**Time Period:** January 1, 2024 – December 31, 2024

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
<b>Year 1: 1/1/24 – 12/31/24</b>				
Administration - Direct Expenses	Homeless Housing Grant Program -1131	\$4,820.00	(\$3,000.00)	\$1,820.00
Building O&M – Building Operations Expenses	Homeless Housing Grant Program -1131	\$15,095.00	\$3,000.00	\$18,095.00
Building O&M – Salaries & Benefits	Homeless Housing Grant Program -1131	\$4,879.00	\$0.00	\$4,879.00
Building O&M – Building Operations Expenses	Affordable Housing Grant Program	\$15,081.00	\$0.00	\$15,081.00
Building O&M – Salaries & Benefits	Affordable Housing Grant Program	\$6,875.00	\$0.00	\$6,875.00
<i>Year 1 Budget Total</i>		<i>\$46,750.00</i>	<i>\$0.00</i>	<i>\$46,750.00</i>
<b>CONTRACT TOTAL</b>		<b>\$46,750.00</b>	<b>\$0.00</b>	<b>\$46,750.00</b>

*Line items 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)

9/27/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Propel Insurance</b> 1201 Pacific Avenue; Suite 1000 COM Middle Market Tacoma, WA 98402-4321	<b>CONTACT NAME:</b> Nicole Anderson <b>PHONE (A/C, No, Ext):</b> 800 499-0933 <b>FAX (A/C, No):</b> 866 577-1326 <b>E-MAIL ADDRESS:</b> nicole.anderson@propelinsurance.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
Agape Unlimited 4841 Auto Center Way, Suite 101 Bremerton, WA 98312-4388	<b>INSURER A :</b> Berkley Regional Insurance Company <b>29580</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			HHS852558517	09/27/2023	09/27/2024	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>100,000</b> MED EXP (Any one person)      \$ <b>10,000</b> PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>3,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			HHS852558517	09/27/2023	09/27/2024	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>1,000,000</b> BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?      Y/N (Mandatory in NH) <input checked="" type="checkbox"/> N      N/A If yes, describe under DESCRIPTION OF OPERATIONS below			HHS852558517 WA STOP GAP	09/27/2023	09/27/2024	PER STATUTE      OTH-ER E.L. EACH ACCIDENT      \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE      \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT      \$ <b>1,000,000</b>
A	<b>Professional Liab</b>			HHS852558517	09/27/2023	09/27/2024	<b>\$1,000,000 Each Claim</b> <b>\$3,000,000 Aggregate</b>

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

<b>CERTIFICATE HOLDER</b>  HHGP/AHGP (Homeless Housing Grant Program/Affordable Housing Grant Program) 614 Division St. MS 23 Port Orchard, WA 98366	<b>CANCELLATION</b>  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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As of 02/05/2024



## 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:

License Number:  Penalty Due:  Wage Due:

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First Previous Next Last

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
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There are no records that match your search criteria.

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As of 02/05/2024