

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-198-24, executed on 02/23/2024, shall be amended as follows:

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

Building O&M – Salaries & Benefits is decreased by \$20,400 from \$55,000 to \$34,600.

Case Management – Salaries & Benefits is increased by \$20,400 from \$0 to \$20,400.

Contract total remains unchanged.

 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 3 day June, 2024. DATED this 3 day June, 2024. KITSAP COUNTY, WASHINGTON AGAPE UNLIMITED Sara Marez-Fields, Executive Director Washburn. Director of Human Services

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT B: BUDGET

Contractor: Agape Unlimited - Sisyphus II

Contract Number: KC-198-24-A

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Year 1: 1/1/24 - 12/31/2	24		and a second second second	
Building O&M - Salaries & Benefits	Homeless Housing Grant Program -1131	\$55,000.00	(\$20,400.00)	\$34,600.00
Case Management - Salaries & Benefits	Homeless Housing Grant Program -1131	N/A	\$20,400.00	\$20,400.00
Ye	ar 1 Budget Total	\$55,000.00	\$0.00	\$55,000.00
CONTRACT	TOTAL	\$55,000.00	\$0.00	\$55,000.00

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.

ACORD

AGAPUNLI CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

									9/27	2023
C B	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSUF EPRESENTATIVE OR PRODUCER, A	ELY	OR N E DC	NEGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND	OR ALTER T	HE COVERA	GE AFFORDED BY THE		IES
lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject his certificate does not confer any rig	to the	eterr	ns and conditions of the p	policy,	certain polic	cies may requ			
	DUCER				CONTA		Anderson			
Pro	opel Insurance				NAME: PHONE	b, Ext): 800 49		FAX (A/C, No)	866 5	77-1326
120	1 Pacific Avenue; Suite 1000				E-MAIL	es. nicole.a	nderson@r	propelinsurance.com		
со	M Middle Market				AUDILE	33.		FORDING COVERAGE		NAIC #
Tae	coma, WA 98402-4321				INSURE	RA: Berkley	·····	irance Company		29580
INSL	IRED				INSURE					
	Agape Unlimited				INSURE					
	4841 Auto Center Way, Su		01		INSURE	RD:				
Bremerton, WA 98312-4388					INSURE	RE:				
					INSURE	RF:				
co	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCF	QUIRE PERTA	MEN IN, 1	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	то wh	ICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α				HHS852558517				EACH OCCURRENCE	\$1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	000
								MED EXP (Any one person)	\$10,0	00
								PERSONAL & ADV INJURY	\$1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,00	
	POLICY JECT X LOC							PRODUCTS - COMP/OP AGG	\$3,00 \$	0,000
Α				HHS852558517		09/27/2023	09/27/2024	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,00	0,000
								BODILY INJURY (Per person)	\$	·····
	OWNED AUTOS ONLY HIRED V NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE			-				EACH OCCURRENCE	\$	
								AGGREGATE	\$	
^	DED RETENTION \$			HHS852558517		00/27/2022	09/27/2024	PER OTH- STATUTE ER	\$	
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA STOP GAP		03/21/2023	03/21/2024	E.L. EACH ACCIDENT	s1,00	000
	OFFICER/MEMBER EXCLUDED?	N / A		HAUIVI UAF				E.L. DISEASE - EA EMPLOYEE	1 1	
	If yes, describe under DESCRIPTION OF OPERATIONS below						- manavar	E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			HHS852558517		09/27/2023	09/27/2024	\$1,000,000 Each Cla		· • · · · · ·
								\$3,000,000 Aggrega		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	COR) 101. Additional Remarks Schedu	le, may h	e attached if mo	re space is requi	red)		
020			00112		ic, may c		ine opuee is requi	itay		
							·····			
CEF	TIFICATE HOLDER				CANC	ELLATION				
	HHGP/AHGP (Homeless Grant Program/Affordab Housing Grant Program)	le	sing		THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B LICY PROVISIONS.		
	614 Division St. MS 23			Γ	AUTHORIZED REPRESENTATIVE					
	Port Orchard, WA 98366				Ni	H./ R	4			
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As of 02/05/2024

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