CONTRACT AMENDMENT

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 Homes of Compassion**, a Washington non-profit corporation, with its principal offices at 247 4th Street, Bremerton, WA, 98337, 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-201-24, executed on 03/04/2024, shall be amended as follows:

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

Building O&M – Salaries & Benefits is *decreased* by \$22,000 from \$22,000 to \$0.

Building O&M – Building Operations Expenses is *increased* by \$22,000 from \$0 to \$22,000.

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 20day August, 2024. DATED this 20day Mgust, 2024.

KITSAP HOMES OF COMPASSION

KITSAP COUNTY

Victoria Brazitis, County Administrator

Madison Tuttle.

Housing Program Manager

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT B: BUDGET

Contractor:

Kitsap Homes of Compassion - Homes Not Benches

Contract Number: KC-201-24-A

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget	
Year 1: 01/01/2024 - :	12/31/2024				
Administration - Direct Expenses	Homeless Housing Grant Program - 1131	\$38,000.00	N/A	\$38,000.00	
Case Management - Salaries & Benefits	Homeless Housing Grant Program - 1131	\$72,000.00	N/A	\$72,000.00	
Program Operations	Homeless Housing Grant Program - 1131	\$13,000.00	N/A	\$13,000.00	
Rental Assistance / Subsidy	Homeless Housing Grant Program - 1131	\$20,000.00	N/A	\$20,000.00	
Building O&M - Salaries & Benefits	Affordable Housing Grant Program - 1131	\$22,000.00	-\$22,000.00	\$0.00	
Building O&M - Building Operations Expenses	Affordable Housing Grant Program - 1131	N/A	\$22,000.00	\$22,000.00	
Year 1 Budg	et Total	\$165,000.00	\$0.00	\$165,000.00	

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.



CERTIFICATE OF LIABILITY INSURANCE

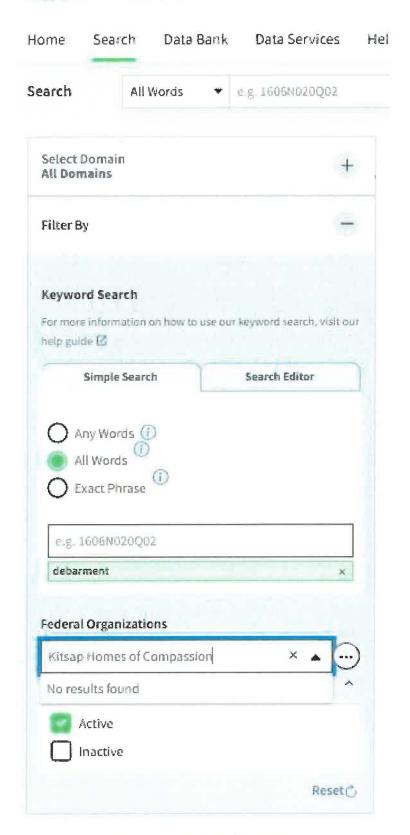
DATE (MM/DD/YYYY) 10/04/23

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.

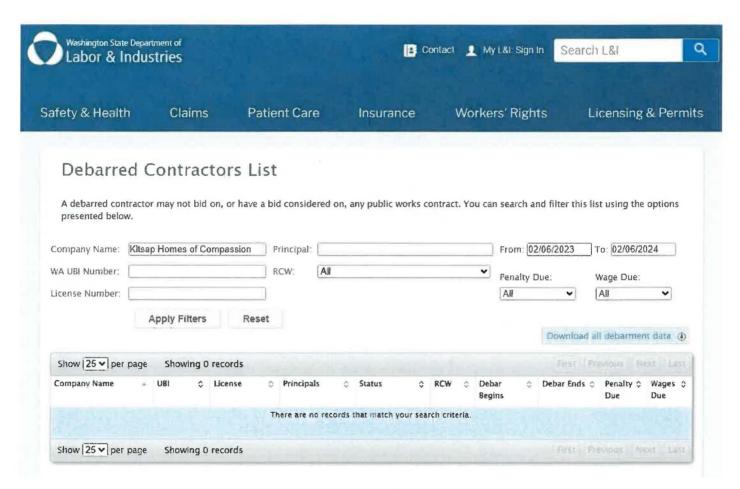
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights	to the cer	rtificate holder in lieu of s		sement(s)						
PRODUCER	CONTACT Hercules Hubbell									
RON OHNHAUS INSURANCE				PHONE (A/C, No, Ext): (360)377-2515 FAX (A/C, No):						
5203 1st St			E-MAIL ADDRESS:			bellagency.com				
Bremerton, WA 98312		INSURER(S) AFFORDING COVERAGE					NAIC#			
		INSURER A: Nautilus Insurance Company								
INSURED		INSURER B:								
Kitsap Homes of Comp		INSURER C:								
247 4th Street	INSURER D :				1					
247 441 041001	INSURER E :					T				
Bremerton	WA 98337	INSURER F:								
					REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN	IENT, TERM OR CONDITION I, THE INSURANCE AFFORD	OF ANY C	CONTRACT E POLICIE	THE INSUR OR OTHER S DESCRIBE	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	O WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL SUB		PC	M/DD/YYYY)	POLICY EXP	LIMIT	s			
COMMERCIAL GENERAL LIABILITY	INSU WY	O TOLIOT NOMBER	1000	moon in	Iman Doi 1111	EACH OCCURRENCE	\$	1,000,000		
CLAIMS-MADE X OCCUR	All and a second					DAMAGE TO RENTED	\$	100,000		
CEANIS-WADE 174, OCCOR						PREMISES (Ea occurrence) MED EXP (Any one person)	S	5.000		
A		NN1468841		9/06/23	09/06/24	PERSONAL & ADV INJURY	S	1,000,000		
		1444140041		3/00/23	09/00/24	GENERAL AGGREGATE	S	2.000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:								2,000,000		
POLICY JECT LOC	1					PRODUCTS - COMP/OP AGG	\$	2,000,000		
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$			
ANY AUTO				and the same of th		(Ea accident) BODILY INJURY (Per person)	\$			
OWNED SCHEDULED						BODILY INJURY (Per accident)				
AUTOS ONLY AUTOS HIRED NON-OWNED	-					PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY						(Per accident)	-			
			1				\$			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE	4		A part of the part			AGGREGATE	\$			
DED RETENTION \$						PER LOTH	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH-				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		and the second s			E.L. EACH ACCIDENT	\$			
(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
			and the second s							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	RD 101, Additional Remarks Schedu	ule, may be att	ached if mor	e space is requir	ed)	-			
CERTIFICATE HOLDER			CANCEL	LATION						
Kitsap County Department of Human Services Care of Housing and Homelessness Division				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 MS-	AUTHORIZED REPRESENTATE									





As of 02/06/2024



As of 02/06/2024

1