

**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 **The Salvation Army**, a California non-profit corporation, with its principal office at 30840 Hawthorne Blvd., Bldg. D, Rancho Palos Verdes, CA 90275, 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-202-24, executed on 04/08/2024, shall be amended as follows:

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

- Building O&M – Salaries & Benefits is *decreased* by \$24,395 from \$24,395 to \$0.
- Program Operations is *increased* by \$24,395 from \$6,720 to \$31,115.

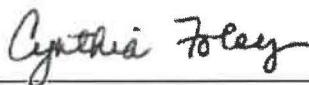
Contract total remains unchanged.

**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 20 day September, 2024. DATED this 24 day September, 2024.

**THE SALVATION ARMY**



Cynthia Foley,  
Divisional Commander, NW Division

**KITSAP COUNTY**



Victoria Brazitis, County Administrator

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

## EXHIBIT B: BUDGET

**Contractor:** The Salvation Army – Homeless Support Services

**Contract Number:** KC-202-24-A

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

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
<b>Year 1: 01/01/2024 - 12/31/2024</b>				
Building O & M - Salaries & Benefits	Homeless Housing Grant Program - 1131	\$24,395.00	-\$24,395.00	\$0.00
Client Direct Items	Homeless Housing Grant Program - 1131	\$51,385.00	\$0.00	\$51,385.00
Program Operations	Homeless Housing Grant Program - 1131	\$6,720.00	\$24,395.00	\$31,115.00
<b>Year 1 Budget Total</b>		<b>\$82,500.00</b>	<b>\$0.00</b>	<b>\$82,500.00</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)  
10/04/2023

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

<b>PRODUCER</b> Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C No. Extn):</b> 1-877-945-7378 <b>FAX (A/C No.):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> The Salvation Army - Division 9 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275	<b>INSURER A:</b> Greenwich Insurance Company	<b>NAIC #</b> 22322
	<b>INSURER B:</b> XL Specialty Insurance Company	<b>NAIC #</b> 37885
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** W30552140                      **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	ADD'L SUBR INSR 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 <input checked="" type="checkbox"/> Self Insured Retention: <input checked="" type="checkbox"/> \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	RGE3001798	10/01/2023	10/01/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No N/A	RWD500021713	10/01/2023	10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<b>Workers Compensation &amp; Employers Liability</b> WC - Per Statute		RWR300094408	10/01/2023	10/01/2024	E.L. Each Accident \$1,000,000 E.L. Disease Pol Lim \$1,000,000 E.L. Disease - Ea Emp \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Division #09-020

Workers Compensation Policy No. RWD500021713 provides coverage in the states of FL GA HI ID LA MT NM NV TN UT

Workers Compensation Policy No. RWR300094408 provides coverage in the state of AK  
 SEE ATTACHED

<b>CERTIFICATE HOLDER</b>  Kitsap County Department of Human Services Care of Housing and Homelessness Division 614 Division Street MS-23 Port Orchard, WA 98366-4676	<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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

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<b>AGENCY</b> Willis Towers Watson Insurance Services West, Inc.		<b>NAMED INSURED</b> The Salvation Army - Division 9 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275	
<b>POLICY NUMBER</b> See Page 1			
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1	<b>EFFECTIVE DATE:</b> See Page 1	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Kitsap County Department of Human Services Care of Housing and Homelessness Division is included as an Additional Insured as respects to General Liability where required by written contract.

**INSURER AFFORDING COVERAGE:** XL Specialty Insurance Company

**NAIC#:** 37885


**POLICY NUMBER:** RWE500021613 **EFF DATE:** 10/01/2023 **EXP DATE:** 10/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Work Comp-	EL Each Accident	\$1,000,000
AZ/CO/OR	EL Each Disease	\$1,000,000
	Retention	\$750,000



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For more information on how to use our keyword search, visit our [help guide](#) 


Simple Search Search Editor

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 All Words   
 Exact Phrase 

e.g. 1606N020Q02  
debarment x

**Federal Organizations**  
The Salvation Army x ▲   
No results found ^

Active  
 Inactive

Reset 

As of 08/07/2024



## 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:  Penalty Due:  Wage Due:   
License Number:

[Download all debarment data](#)

Show 25 per page Showing 0 records

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

Show 25 per page Showing 0 records

As of 08/07/2024