

**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 **WEST SOUND TREATMENT CENTER**, 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-206-24, executed on 03/04/2024, shall be amended as follows:

1. Exhibit A: Statement of Work and Project Timeline shall be replaced in its entirety.

- Program Name and Address is updated.
 - "O'Hana House" name is updated to "Lighthouse"
 - Program name is updated from "O'Hana House and Fuller House" to "Lighthouse and Fuller House"
 - The physical address of the Lighthouse Men's Home is changed to 3029 Wheaton Way, Bremerton, WA 98310.
 - The physical address of the Fuller Women's House remains unchanged.

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

- Building O&M – Salaries & Benefits is *decreased* by \$13,548 from \$13,548 to \$0.
- Building O&M – Building Operations Expenses is *increased* by \$13,548 from \$13,568 to \$27,116.

Contract total remains unchanged.

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 17 day September, 2024. DATED this 18 day September, 2024.

**WEST SOUND TREATMENT
CENTER**



Ken Wilson, CEO

KITSAP COUNTY, WASHINGTON



Doug Washburn, Director of Human Services

Approved as to form by the Prosecuting Attorney's Office

EXHIBIT A: STATEMENT OF WORK AND PROJECT TIMELINE

I. STATEMENT OF WORK

Grant funds to West Sound Treatment Center allowable Operations & Maintenance (O & M), case management salaries and benefits, and allowable client direct items for Lighthouse House and Fuller House, transitional housing programs, located in Bremerton, WA at 3029 Wheaton Way and 4248 Forest Dr. NE, for the contract period as detailed in the 2024-2025 Kitsap Coordinated Grant NOFA, grant application, and the 2024 Housing and corresponding Homelessness Program Grant Contract Info Sheet.

Recipient must comply with the Housing and Homelessness Grant Program Guidelines and all updates to the Guidelines during the grant period.

Recipient must be a Partner Agency with the Housing Solutions Center of Kitsap County (Kitsap's coordinated entry program), and coordinate waiting list and provision of housing and services through the Housing Solutions Center, as appropriate for the housing intervention. Recipient must abide by the Housing Solutions Center Partner Agency Guiding Principles pertaining to standards of services for clients.

Lighthouse and Fuller House funded by this grant to be operated as **Transitional Housing Programs**, meeting the following criteria as defined in the NOFA:

- **Transitional Housing**
 - Households come directly from unsheltered or sheltered homelessness
 - Provide Housing Stability Case Management, using the Kitsap County Housing Stability Planning and Progress Reports (HSPPR)
 - Stays are limited to no longer than 24 months, with exceptions possible
 - For O&M funding, building must have received in the past, or be currently eligible to receive, Washington State Housing Trust funds, and require supplemental rental income to cover ongoing operating expenses

The following are additional requirements of the contractor:

- **Coordinated Entry Referrals:** Work with the Housing Solutions Center to ensure that they have updated information about the program and can make appropriate referrals.
- **Data Collection and Entry:** Enter all client information into HMIS, following Department of Commerce and HUD data standards that are applicable to the program. Data must be entered within 6 business days of a household's enrollment into the program or changes in the household's program status or household information.
- **Coordination with other Agencies:** Participate in the monthly meetings of the Kitsap Housing and Homelessness Coalition. Actively coordinate additional meetings as needed with other agencies that provide social services to provide the most comprehensive and seamless provision of care for clients as possible.
- **Reporting:** Submit all applicable reports to Kitsap County and the Department of Commerce by the published deadlines and respond in a timely way to County information requests and countywide reports.
- **Non-Discrimination:** Ensure equal access for people experiencing homelessness regardless of race, national origin, gender identity, sexual orientation, marital status, age, veteran or military status, disability, or the use of an assistance animal.

- **Religious Activities:** No funding provided through this grant may be used to support or engage in any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, nor may the provision of services provided be conditioned upon a program participant’s engaging in any such explicitly religious activities.
- **Complaint Process:** Have a written complaint/grievance policy approved by the agency’s Board of Directors, provide information about the complaint/grievance process to clients upon their enrollment in the program, and ensure that complaint forms are readily available to clients in the program.
- **Staff Training:** Staff working with clients should be, at a minimum, trained in ACES/Resiliency, trauma-informed care, progressive engagement, racial equity, gender identity, and mental health first aid.
- **Housing Stability Case Management:** Programs that provide case management must use the Kitsap County Housing Stability Planning and Progress Report (HSPPR) to assist clients with setting housing stability goals and tracking progress. HSPPRs are part of the client record-keeping requirements.
- **Performance Measurement:** Work towards achieving the countywide performance measures, including the specific performance measures indicated below.

Required Program Performance Measures and Targets:

The Washington State Dept. of Commerce establishes statewide performance targets, which are included below.

Performance Measure	State Performance Target	Contract Performance Target
Number of Households Served		30
Percentage of Households Exiting to Permanent Housing destination or Remaining in Permanent Housing	80%	80%
Data Quality – Project Start Timeliness	100% of data entered within 14 days	90% of data entered within 6 days
Data Quality – Project Exit Timeliness	100% of data entered within 14 days	90% of data entered within 6 days
Data Quality – Prior Living Situation	85% of client data entered with valid responses*	85% of client data entered with valid responses*
Data Quality – Destination at Program Exit	60% of client data entered with valid responses*	60% of client data entered with valid responses*

*A valid response is something other than “Client doesn’t know,” “Client prefers not to answer,” and “Data not collected.”

Additional performance measures may be added, or the above performance measures may be modified, with agreement between the County and the provider.

II. PROJECT TIMELINE

<u>Item</u>	<u>Completion Date</u>
1. Program Operations	12/31/2024

EXHIBIT B: BUDGET

Contractor: West Sound Treatment Center – Lighthouse and Fuller House

Contract Number: KC-206-24-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				
Case Management - Salaries & Benefits	Homeless Housing Grant Program - 1131	\$35,349.00	\$0.00	\$35,349.00
Client Direct Items	Homeless Housing Grant Program - 1131	\$3,535.00	\$0.00	\$3,535.00
Building O&M - Salaries & Benefits	Affordable Housing Grant Program - 1131	\$13,548.00	-\$13,548.00	\$0.00
Building O&M - Building Operations Expenses	Affordable Housing Grant Program - 1131	\$13,568.00	\$13,548.00	\$27,116.00
Year 1 Budget Total		\$66,000.00	\$0.00	\$66,000.00

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)

09/17/2024

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 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).

PRODUCER Fortune Insurance 705 S. 9th St. #302 Tacoma WA 98405	CONTACT NAME: Cory Coryell PHONE (A/C, No, Ext): (253) 200-6633 E-MAIL ADDRESS: cory@fmgins.com	FAX (A/C, No): (253) 200-6626
	INSURER(S) AFFORDING COVERAGE	
INSURED West Sound Treatment Center 4060 Wheaton Way, #F Bremerton WA 98310	INSURER A: Underwriters at Lloyds, London	
	INSURER B: Columbia Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 24-25 GL, Auto **REVISION NUMBER:**

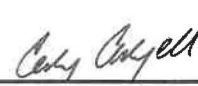
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	W380FD240101	09/09/2024	09/09/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			71APR429429	09/09/2024	09/09/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		Y				EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	W380FD240101	09/09/2024	09/09/2025	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		Y	W380FD240101	09/09/2024	09/09/2025	Each Occurrence \$1,000,000 General Aggregate \$3,000,000

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

Proof of Insurance regarding locations:

4060 Wheaton Way, #F, Bremerton, WA 98310
 2475 Bethel Rd. SE., Port Orchard, WA 98366
 19045 State Hwy 305, #190, Poulsbo, WA 98370
 4248 Forest Dr. NE, Bremerton, WA 98310 Fuller House Formally Ohana
 3029 Wheaton Way, Bremerton, WA 98310 Lighthouse

CERTIFICATE HOLDER Kitsap County Department of Human Services Care of Housing and Homelessness Division 614 Division Street MS-23 Port Orchard, WA 98366-4676	CANCELLATION 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 
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

Search

All Words

e.g. 1606N020Q02

Select Domain
All Domains

Filter By

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

Simple Search Search Editor

Any Words
 All Words
 Exact Phrase

e.g. 1606N020Q02
debarment

Federal Organizations
West Sound Treatment Center
No results found

Active
 Inactive

Reset

As of 02/06/2024



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:

[Download all debarment data](#)

Show per page Showing 0 records First Previous Next Last

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 per page Showing 0 records First Previous Next Last

As of 02/06/2024