

		CONTRACT AMENDMENT	HCA Contract No.: K6917 Amendment No.: 05 Kitsap County Contract Number: KC-372-23-E
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME County of Kitsap		CONTRACTOR DOING BUSINESS AS (DBA)	
CONTRACTOR ADDRESS 614 Division Street MS-7 Port Orchard, WA 98366		CONTRACTOR CONTRACT MANAGER Name: Jolene Kron Email: jkron@kitsap.gov	
AMENDMENT START DATE July 1, 2025	AMENDMENT END DATE June 30, 2026	CONTRACT END DATE June 30, 2026	
PRIOR MAXIMUM CONTRACT AMOUNT \$2,644,140	AMOUNT OF DECREASE \$10,000	TOTAL MAXIMUM COMPENSATION \$2,634,140	

WHEREAS, HCA and Contractor previously entered into Contract K6917 to provide Housing and Recovery through Peer Services (HARPS), and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.4, *Amendments*, to correct a scrivener’s error by reducing the Contract by \$10,000;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3, *Special Terms and Conditions*, Section 3.3, *Compensation*, subsection 3.3.1, is amended to decrease funding, and now reads as follows:
 - 3.3.1 The parties have determined the cost of accomplishing the work herein will not exceed **\$2,634,140**, inclusive of all fees, taxes, and expenses. Compensation for satisfactory performance of the work will not exceed this amount unless the parties agree to a higher amount through an amendment.

2. Attachment A-3, *Statement of Work – July 1, 2025-June 30, 2026*, Section 3, *Work Expectations*, Section 3.5, *Contractor Provided Services*, Subsection 3.5.5, Section 3.5.5.7, *Facilitate Housing Subsidies*, Subsection D, is amended to reduce the funding amount by \$10,000, and now reads as follows:
 - D. HCA will issue a one-time State General Fund payment of \$90,000.00 to the Contractor to utilize as short-term bridge subsidy for HARPS SUD only eligible individuals. HARPS SUD short-term bridge subsidy funds are a direct result of [2021 ESB 5476](#).

3. Attachment A-3, *Statement of Work – July 1, 2025-June 30, 2026*, Section 3, *Work Expectations*, Section 3.5, *Contractor Provided Services*, Subsection 3.5.5, Section 3.5.5.7, *Facilitate Housing Subsidies*, Subsection E, Subsection ii, Section b, *General Fund Subsidy*, is amended to reduce the funding amount by \$10,000, and now reads as follows:
 - b. SUD Subsidy

Subsidy	Direct Costs (Reimbursable to HCA if unused)	15% Indirect Costs (Kept by Contractor)	Total Subsidy
Total Subsidy	\$76,500	\$13,500	\$90,000

4. Attachment A-3, *Statement of Work – July 1, 2025-June 30, 2026*, Section 3, *Work Expectations*, Section 3.5, *Contractor Provided Services*, Subsection 3.5.5, Section 3.5.5.7, *Facilitate Housing Subsidies*, Subsection H, is amended to reduce the funding amount by \$10,000, and now reads as follows:

H. SUD. Contractor may provide up to \$90,000.00 in subsidies for individuals with SUD.

5. Attachment A-3, *Statement of Work – July 1, 2025-June 30, 2026*, Section 4, *Deliverables Table*, is amended to reduce the funding amount by \$10,000, and now reads as follows:

4. **Deliverables Table.** Invoices for deliverables included in this table will be approved and routed for payment upon approval of the HCA Contract Manager, contingent on receipt of the report or confirmation of completion referenced for each deliverable.

#	Description	Due Date	Rate	Amount
1	Quarterly Subsidy Payments	HCA will provide payments: <ul style="list-style-type: none"> • 1st - within 30 days of Contract execution • 2nd - by 10/31/2025 • 3rd - by 1/31/2026 • 4th - by 4/30/2026 	\$125,000 Per quarter x 4 quarters	\$500,000
2	One time Subsidy Payment SUD	HCA will provide within 30 days of Contract execution	\$90,000 x 1 payment	\$90,000
3	Training Report	6/30/2026	\$20,000 Per report x 1 reports	\$20,000
4	HARPS Presentation at State Psychiatric Hospital	6/30/2026	\$20,000 Per report x 1 report	\$20,000
5	Program Data Acquisition Management and Storage (PDAMS)	DOE – May 2026: Due the 15 th of the month following each month of service June 2026: With final invoice	\$16,500 Per month x 12 months	\$198,000
6	Quarterly HARPS Report	20 th of the month following the last month of each quarter	\$7,500 Per report x 4 reports	\$30,000
7	Fidelity Review	6/30/2026	\$13,380 Per report x 1 report	\$13,380
Total Maximum Compensation for deliverables completed by 6/30/2026				\$871,380

6. Attachment A-3, *Statement of Work – July 1, 2025-June 30, 2026*, Section 5, *Contract Funding Source Breakdown*, is amended to reduce the funding amount by \$10,000, and now reads as follows:

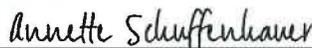
5. Contract Funding Source Breakdown

Description	Source	Amount
Grant Amount Mental Health Block Grant Assistance Listing Number (ALN) 93.958	Federal	\$281,380

Short Term Bridge Subsidy Grant	State	\$500,000
SUD Short Term Bridge Subsidy Amount (ESB 5476 + Maintenance budget)		\$90,000
Total Funding for Attachment A-3		\$871,380

7. This Amendment ratifies the parties' earlier agreement. Upon signature of both parties, the Amendment is effective retroactive to July 1, 2025 ("Effective Date").
8. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
9. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Oran Root, Chair	DATE SIGNED 2/23/26
HCA SIGNATURE Signed by: 	PRINTED NAME AND TITLE Annette Schuffenhauer Chief Legal Officer	DATE SIGNED 11/19/2025

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ATTACHMENT 6: FEDERAL SUBAWARD INFORMATION**K6917**

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM086035
3.	Federal Award Date	06/16/2022
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for HCA's Awarding Official	Keri Waterland, assistant director WA State Health Care Authority Division of Behavioral Health and Recovery keri.waterland@hca.wa.gov 360-725-5252
7.	Subrecipient name (as it appears in SAM.gov)	County of Kitsap
8.	Subrecipient's Unique Entity Identifier (UEI)	LD6 MNJ 62J QD1
9.	Subaward Project Description	Housing and Recovery through Peer Services (HARPS)
10.	Primary Place of Performance	98366-4676
11.	Subaward Period of Performance	July 1, 2023 – June 30, 2024
12.	Amount of Federal Funds Obligated by this Action	\$281,380
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$281,380
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)

This Contract is subject to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information. The authorized representative for the Subrecipient identified above must answer the questions below. If you have questions or need assistance, please contact subrecipientmonitoring@hca.wa.gov.

1. Did the Subrecipient receive (1) 80% or more of its annual gross revenue from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and** (2) \$25,000,000 or more in annual gross revenues from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements?

YES NO

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