

**KC-393-25-A
AMENDMENT TO
HOUSING AND HOMELESS DIVISION GRANT AGREEMENT**

This Amendment ("Amendment") to Contract for the Housing and Homeless Division Grant Agreement is between Kitsap County, a Washington state municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, and The Coffee Oasis, a Washington State nonprofit corporation, with its principal offices at 837 4th Street, Bremerton, WA 98337.

The parties executed Contract for Human Services KC-393-25 effective July 1, 2025, which the parties desire to amend subject to the terms and conditions of this Amendment.

In consideration of the mutual benefits and covenants contained herein, the parties agree as follows:

1. Section 1.2 Term. This Amendment extends the Contract expiration date from June 30, 2026 to June 30, 2027.
2. Section 2.1 Grant Amount. The total compensation is increased from \$38,248 to \$76,496 as identified in the attached Revised Exhibit B (Budget).
3. Exhibit B: Budget. The Budget shall be amended and replaced in its entirety with the Revised Exhibit B (Budget), which is incorporated herein by reference.
4. Effective Date. This Amendment shall be effective on July 1, 2026 ("Effective Date").
5. Ratification. To the extent that any services were provided or payments were made between July 1, 2026, and the date of full execution of this Amendment, the parties hereby ratify and approve such actions, intending them to be governed by the terms and conditions of the Contract as amended herein.
6. Insurance. The Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect from the Effective Date through the new Contract expiration date. The Contractor shall submit the certificate of insurance to: Kitsap County Housing and Homelessness Division, 345 6th Street, Suite 400, Bremerton, WA 98337. Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.
7. Precedence. In the event of any conflict or inconsistency between the provisions of this Amendment and the Contract, including any prior amendments, the provisions of this Amendment shall prevail.
8. Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the Contract, including any prior amendments, remain unchanged and in full force and effect.
9. Counterparts/Electronic Signature. This Amendment may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall

constitute one and the same agreement. Facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and duplicate originals.

10. Authorizations. The signatories to this Amendment represent that they have been appropriately authorized to enter into this Amendment on behalf of the party for whom they sign, and that no further action or approvals are necessary before execution of this Amendment.

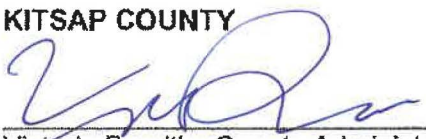
Dated this 7 day of oct, 2026.

THE COFFEE OASIS


Bryce Clark, Executive Director

Dated this 15th day of october, 2026.

KITSAP COUNTY


Victoria Brazilitis, County Administrator

REVISED ATTACHMENT C: BUDGET SUMMARY

Contractor: The Coffee Oasis for Oasis Youth Shelter

Contract Number: KC-393-25 (amended by KC-393-25-A)

Time Period: July 1, 2025 – June 30, 2027

Administration Expenses will be utilizing Indirect Rate based on de minimis.

This contract is based on a fixed number of shelter beds being provided for the entirety of the contract period. The contract amount is based on an annual bed rate of \$5,543 plus an additional 15% of one-time inflationary funding. **The program is expected to maintain 6 shelter beds and operate at full capacity (≥90% utilization rate).**

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Administration	Affordable Housing Grant Program (AHGP): 1131	\$ 4,988.00	\$ 4,988.00	\$9,976.00
Facility Support	Affordable Housing Grant Program (AHGP): 1131	\$ 10,000.00	\$ 8,000.00	\$18,000.00
Program Operations	Affordable Housing Grant Program (AHGP): 1131	\$ 23,260.00	\$ 25,260.00	\$48,520.00
<i>Budget Total</i>		<i>\$38,248.00</i>	<i>\$38,248.00</i>	<i>\$76,496.00</i>
CONTRACT TOTAL				\$76,496.00

Line-item changes must be requested in writing and require Kitsap County approval.

Please refer to the KCHHD Grant Guidelines for details on the amendment request deadline and process.

Reimbursement requests/invoices must be submitted through the Housing and Homelessness Division reimbursement request process. Any disbursement made by the County to the Recipient shall be without prejudice to the County's rights later to challenge the propriety of the Recipient's claimed costs or expenses.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/19/2026

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 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 360-692-5998 360-692-6431
A.G. Beck Insurance Inc.
PO Box 4052
Silverdale WA 98383

CONTACT NAME: A.G. Beck Insurance Inc.
PHONE (A/C, No, Ext): 360-692-5998 FAX (A/C, No): 360-692-6431
E-MAIL: aaron@agbeckinsurance.com
ADDRESS:
PRODUCER
CUSTOMER ID #:

INSURED
The Coffee Oasis
837 Fourth Street
Bremerton WA 98337

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Scottsdale Insurance Company	
INSURER B : Travelers	
INSURER C : Progressive Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	☒	CPS7826902	07/07/2026	07/07/2027	EACH OCCURRENCE \$ 1000000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	☐ CLAIMS-MADE ☒ OCCUR					MED EXP (Any one person) \$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1000000
C	☒ POLICY ☐ PRO-JECT ☐ LOC		00503328-0	01/17/2026	01/17/2027	GENERAL AGGREGATE \$ 2000000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2000000
	ANY AUTO					Stop Gap \$ 1000000
	ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	☒ SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	☒ HIRED AUTOS					BODILY INJURY (Per accident) \$
	☒ NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	☐ OCCUR ☐ CLAIMS-MADE				\$
	EXCESS LIAB					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	☐ Y/N ☐ N/A	CPS7826902	07/07/2026	07/07/2027	WC STATU-TORY LIMITS ☒ OTH-ER \$ 1000000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Sexual Abuse & Molestation		CPS7826902	07/07/2026	07/07/2027	\$1,000,000
B	Crime and Fidelity		107294914	07/28/2024	07/28/2027	\$315,000

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

Kitsap County, its elected and appointed officers, officials, employees and agents are additional insureds.

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

Aaron G Beck

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e.g. 1606N020Q02

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Simple Search

Search Editor

- ☐ Any Words 
- ☒ All Words 
- ☐ Exact Phrase 

e.g. 1606N020Q02

debarment 

Federal Organizations

The Coffee Oasis   

No results found 

- ☒ Active
- ☐ Inactive

As of 3/26/26



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:

WA UBI Number: RCW:

License Number: Penalty Due: Wage Due:

[Download all debarment data](#)

Show 25 per page	Showing 0 records										First	Previous	Next	Last
Company Name	UBI	License	Principals	Related Business	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										First	Previous	Next	Last

As of 3/26/26