Kitsap County
CONTRACT REVIEW SHEET
(Chapter 3.56 KCC)

A. CONTRACT INFORMATION *(for Contract Signing Authority, see KCC 3.56.075)*

1. Contractor: Mark Celletti DBA Marcopolo Marketing
2. Purpose: To increase funding and extend contract period to provide professional website design and maintenance services for two (2) SBHASO websites, as required by the HCA revenue contract, to ensure individuals and families across the region have reliable access to behavioral health resources and information.
3. Contract Amount: $15,000 Disburse [X] Receive [ ]
4. Contract Term: July 1, 2025 – June 30, 2027
5. Contract Administrator: Jolene Kron Phone 337-4832
6. Contract Control No.: KC-446-25-A
7. Fund Name: FD00197 SBHASO Non-Medicaid Fund
8. Grant Funded: Yes [X] Agreement No.: [ ] No [ ]
9. Accounting Worktag / Revenue, Spend Category, or Grant: 1971.5419 G000727

Approved: Doug Washburn **Date** 07/15/2026
Department Director/Elected Official

B. AUDITOR – Funding Review

1. [X] Approved [ ] Not Approved
Reviewer Christopher Ferranti **Date** 7/16/2026
2. Comments:

C. ADMINISTRATIVE SERVICES DEPARTMENT – Risk Manager Review

1. [X] Approved [ ] Not Approved
Reviewer Anastasia Johnson **Date** 7/24/2026
2. Comments: Amendment Only

D. ADMINISTRATIVE SERVICES DEPARTMENT – Budget Manager Review

1. [X] Approved [ ] Not Approved
Reviewer Melissa Melloy **Date** 7/20/2026
2. Comments:

E. HUMAN RESOURCES – Human Resources Director Review
HR Director approval is required for any contract that may require labor negotiations (such as contracts for services performed by a bargaining unit) or employment contracts

F. INFORMATION SERVICES – Information Services Director Review
Signature only required if technology contract

G. PROSECUTING ATTORNEY

1. [X] Approved as to Form [ ] Not Approved as to Form
Reviewer Sara R. Cassidy **Date** 07/17/2026
2. Comments:

Contract Administrator: Jolene Kron **Date**
Date Approved by Authorized Contract Signer:

RETURN SIGNED ORIGINALS TO: Holly Manning @ MS-23 X 4833

CONTRACT AMENDMENT
A

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Mark Celletti dba Marcopolo Marketing, 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-446-25, and executed on October 21, 2025, shall be amended as follows:

1. **Contract Amount** is increased by $15,000, increasing the contract total from $20,000 to $35,000.

2. **Exhibit B: Compensation** is deleted entirely and replaced as attached.

3. **Contract End Date** is extended to June 30, 2027.

4. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

   Program Lead, Salish Behavioral Health Administrative Services Organization
   Kitsap County Department of Human Services
   614 Division Street, MS-23
   Port Orchard, WA 98366

   Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

5. 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 July 1, 2026.

Dated this _31st day of _July___ , 2026.

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, By KITSAP COUNTY BOARD OF COMMISSIONERS, Its Administrative Entity

Doug Washburn, Human Services Director

CONTRACTOR: Mark Celletti dba Marcopolo Marketing

Mark Celletti

Name: Mark Celletti

I attest that I have the authority to sign this contract on behalf of Marcopolo Marketing.

7/31/2026
DATE

Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:

(Fill in)

Subrecipient's unique entity identifier: N/A

Federal Award Identification Number (FAIN): N/A

Federal Revenue Award Date: N/A

Subaward Period of Performance Start and End Date: N/A

Check to verify the information is in contract:

☐ Subrecipient's name (must match the name associated with its unique entity identifier):

☐ Federal award identification:

☐ Subaward Budget Period Start and End Date:

☐ Amount of Federal Funds Obligated in the subaward:

☐ Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:

☐ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:

☐ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):

☐ Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:

☐ Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:

☐ Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

Exhibit B: Compensation

Budget Summary				
Contractor: Marcopolo Marketing				
Contract No:	**KC-446-25-A**			
Contract Period:	**July 1, 2025 - June 30, 2027**			
Expenditure	**Fund Source**	**Previous Contract Period**	**Changes this Contract**	**Current**
Period		**7/1/2025 - 6/30/2026**	**7/1/2026 - 6/30/2027**	
Professional Services as defined in Exhibit A FYSPRT: Medium Support- Design, build, maintence, and basic hosting	GFS - FYSPRT	$10,000.00	$7,500.00	$17,500.00
Professional Services as defined in Exhibit A SYNC: Medium Support- Design, build, maintence, and basic hosting	GFS - SYNC	$10,000.00	$7,500.00	$17,500.00
Budget Total		**$20,000.00**	**$15,000.00**	**$35,000.00**
Contract Total		**$20,000.00**	**$15,000.00**	**$35,000.00**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/28/2026

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 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	CONTACT NAME:	
Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hiscox Insurance Company Inc	10200
INSURED Mark Celletti 558 Desert Lakes Rd Alamogordo, NM 88310	INSURER B :	
	INSURER C :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y		P107.012.625.1	07/28/2026	07/28/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ S/T Gen. Agg.
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Cyber and Data Risk	Y		P107.012.626.1	07/28/2026	07/28/2027	Each Claim: $ 1,000,000 Aggregate: $ 1,000,000	

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

Salish Behavioral Health Administrative Services Organization, Its officers directors, agents, board members, affiliates , subsidiaries, officials, trustees , employe es and volunteers are additionally insured on this policy per its terms and conditions.

CERTIFICATE HOLDER

Salish Behavioral Health Administrative Services Organization
614 Division Street, MS-23
Port Orchard, WA 98366

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

Mary J Boyd

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Entities

No Results were found for

Marcopolo Marketing

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Search Again

Search conducted 7/13/2026 5:12:29 PM EST on OIG LEIE Exclusions database.
Source data updated on 7/10/2026 9:01:00 AM EST

Return to Search