

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 Catholic Community Services of Western Washington, 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-456-23, executed on 10/23/2023 shall be amended as follows:

1. ATTACHMENT C: BUDGET SUMMARY shall be replaced in its entirety.

Year 1 – 07/01/2023 – 06/30/2024

- Housing & Essential Needs: HEN Administration SFY 2024 is *increased* by \$15,777 from \$35,000 to \$50,777.
- Housing & Essential Needs: Rent and Housing Costs SFY 2024 is *decreased* by \$19,172 from \$1,100,000 to \$1,080,828.
- Housing & Essential Needs: HEN Operations SFY 2024 is *increased* by \$3,395 from \$433,069 to \$436,464.

Year 2-07/01/2024 – 6/30/2025

- Unchanged

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.

Signature on next page

Dated this 12th day of JUNE, 2024.

**CATHOLIC COMMUNITY SERVICES OF
WESTERN WASHINGTON**



Signature

MICHAEL CURRY

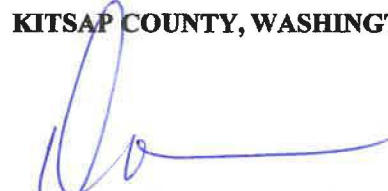
Print Name

AGENCY DIRECTOR

Title

Dated this 13 day of June, 2024.

KITSAP COUNTY, WASHINGTON



DOUG WASHBURN,
Director, Department of Human Services

Approved as to form by the Prosecuting Attorney's Office

ATTACHMENT C: BUDGET SUMMARY**Contractor:** Catholic Community Services – Housing and Essential Needs Program (HEN)**Contract Number:** KC-456-23**Time Period:** July 1, 2023 – June 30, 2025

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
Year 1: 7/1/23 - 6/30/24				
HEN SFY 2024 - Admin	Consolidated Homeless Grant-HEN: 1132	\$ 35,000.00	\$ 15,777.00	\$50,777.00
INF SFY24 - Admin Indirect	CHG Inflation: 1132 - SFY24	\$ 5,256.00	\$ -	\$5,256.00
HEN SFY 2024 - Rent and Housing Costs	Consolidated Homeless Grant-HEN: 1132	\$ 1,100,000.00	\$ (19,172.00)	\$1,080,828.00
HEN SFY 2024 - Operations	Consolidated Homeless Grant-HEN: 1132	\$ 433,069.00	\$ 3,395.00	\$436,464.00
INF SFY24 - Program Operations	CHG Inflation: 1132 - SFY24	\$ 47,319.00	\$ -	\$47,319.00
Budget Total Year 1		\$1,620,644.00	\$0.00	\$1,620,644.00
Year 2: 7/1/24 - 6/30/25				
HEN SFY 2025 - Admin	Consolidated Homeless Grant-HEN: 1132	\$ 35,000.00	\$ -	\$35,000.00
INF SFY25 - Admin Indirect	CHG Inflation: 1132 - SFY25	\$ 5,256.00	\$ -	\$5,256.00
HEN SFY 2025 - Rent and Housing Costs	Consolidated Homeless Grant-HEN: 1132	\$ 1,100,000.00	\$ -	\$1,100,000.00
HEN SFY 2025 - Operations	Consolidated Homeless Grant-HEN: 1132	\$ 433,069.00	\$ -	\$433,069.00
INF SFY25 - Program Operations	CHG Inflation: 1132 - SFY25	\$ 47,319.00	\$ -	\$47,319.00
Budget Total Year 2		\$1,620,644.00	\$0.00	\$1,620,644.00
CONTRACT TOTAL				\$3,241,288.00

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

Reimbursement requests/invoices for Consolidated Homeless Grant funds must be submitted through the CHG reimbursement process.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2023

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).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 777 108th Ave NE #200 Bellevue WA 98004		CONTACT NAME: Ahlai Narcisse PHONE (A/C, No, Ext): E-MAIL ADDRESS: Ahlai.Narcisse@ajg.com FAX (A/C, No): 425-586-1028															
INSURED Corporation of the Catholic Archbishop of Seattle Catholic Community Services of Western Washington 1323 S. Yakima Ave. Tacoma WA 98405		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Underwriters at Lloyd's London</td> <td>15792</td> </tr> <tr> <td>INSURER B : Old Republic Union Insurance Company</td> <td>31143</td> </tr> <tr> <td>INSURER C : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A : Underwriters at Lloyd's London	15792	INSURER B : Old Republic Union Insurance Company	31143	INSURER C : Zurich American Insurance Company	16535	INSURER D :		INSURER E :		INSURER F :	
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INSURER E :																	
INSURER F :																	

COVERAGES

CERTIFICATE NUMBER: 1645630873

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 INSD 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 <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	BP1023023	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Nil PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		BP1023023	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		8223000785428	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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 N/A	EWS8741411-02	7/1/2023	7/1/2024	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Limits shown are inclusive of defense and insured retention. Coverage for Additional Insureds is restricted to the amount of insurance required by contract or permit. Retention under policy #BP1023023 (A XV, Non-Admitted) is \$500,000 for Liability. The applicable location maintenance deductible that applies to this Certificate is \$0 for Liability.
 Coverage only extends for claims arising out of Catholic Community Services SW fulfillment of its obligations as outlined in various housing grant agreements/contracts between Kitsap County and CCS for term of certificate. Includes Errors and Omissions.

CERTIFICATE HOLDER**CANCELLATION**

Kitsap County
 345 6th Street, Suite 400
 Bremerton WA 98337

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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED ASSURED: Corporation of Catholic Archbishop of Seattle

Policy Number: **BP1023023**

Effective Date: **July, 01 2023**

Endorsement No. 14

CERTIFICATES OF INSURANCE ENDORSEMENT

CERTIFICATES OF INSURANCE:

It is hereby understood and agreed that holders of Certificates of Insurance issued against this Policy that are shown as Additional **ASSUREDS** are added to this Policy pursuant to the terms of this Policy as described in **GENERAL POLICY DEFINITION 1**.

Where Certificates of Insurance are requested for Additional **ASSUREDS** who do not fall within **GENERAL POLICY DEFINITION 1**, prior agreement of Underwriters and subsequent endorsement of this Policy is required

GENERAL POLICY DEFINITION 1. ASSURED is stated as follows -

1. **ASSURED** means not only the **NAMED ASSURED** as stated on the Declaration Page, but also includes any past, present or future: agencies, subsidiaries, affiliates, institutions and societies owned by or operated by the **NAMED ASSURED**, officials, members of boards or commissions, trustees, directors, officers, partners, volunteers, student teachers, or employees of the **NAMED ASSURED** while acting within the scope of their duties as such, and any person, organization, trustee or estate to whom the **NAMED ASSURED** is obligated by virtue of a written contract or agreement to provide insurance such as is offered by this policy, but only in respect of operations by or on behalf of the **NAMED ASSURED**.

GENERAL POLICY CONDITION 20. WAIVER OF SUBROGATION is stated as follows –

20. **WAIVER OF SUBROGATION:** This policy shall not be invalidated if the **ASSURED**, by written agreement, has waived or shall waive its right of recovery from any party for loss or damage covered hereunder; provided that any such waiver is made prior to the occurrence of said loss or damage.

MORTGAGORS, LOSS PAYEES & LENDER LOSS PAYEES:

It is understood and agreed that **GENERAL POLICY CONDITION 12**. of this policy is deleted and replaced with the following:

12. **MORTGAGORS, CREDITORS & LOSS PAYEES:** Where required by written contract, the interest of any mortgagor, creditor or loss payee on property covered by this policy is included as if a separate endorsement were attached hereto to the extent of the amount Except as amended in this Endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this Endorsement is attached.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED ASSURED: Corporation of Catholic Archbishop of Seattle

Policy Number: **BP1023023**

Effective Date: **July 01, 2023**

of mortgage, loan or interest in property held by the **ASSURED** as of the date of loss subject to the limits of liability set forth in this policy.

PRIMARY NON-CONTRIBUTORY:

It is also agreed that, only where required by written contract between the **NAMED ASSURED** and the Certificate holder, this insurance shall be considered primary to any insurance held by the Certificate holder and theirs shall be excess.

MUNICIPALITY PERMITS:

Further, where required by written contract or evidenced in the insurance requirements of a permit issued by a municipality at the request of the **NAMED ASSURED**, that municipality shall be added to this policy as an Additional **ASSURED** but only as respects liabilities arising out of the subject matter of the written contract or issued permit and then only for liabilities arising from actions by or on behalf of the **NAMED ASSURED**.

Except as amended in this Endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to which this Endorsement is attached.

Search All Words ▼ e.g. 1606N020Q02

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All Domains

Filter By —

Keyword Search

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

- Any Words i
- All Words i
- Exact Phrase i

e.g. 1606N020Q02

Federal Organizations

Catholic Community Services × ▲ ⋮

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Safety & Health

Claims

Patient Care

Insurance

Workers' Rights

Licensing & Permits

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:

Apply Filters | Reset

Download all debarment data

Show per page Showing 0 records

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

Show per page Showing 0 records

AS OF 06/05/2023