

**AGENCY SERVICE AGREEMENT**  
**COMMUNITY DEVELOPMENT BLOCK GRANT**

**PROJECT NAME:** West Sound Treatment Center  
Ohana House

**PROJECT NUMBER:** KC-476-22-B

**AMENDMENT NUMBER:** 02

WHEREAS, Kitsap County, hereinafter referred to as “County”, and West Sound Treatment Center, hereinafter referred to as “Agency”, have previously entered into a Contract, numbered KC-476-22, dated October 10, 2022 and Amendment 01 dated November 27, 2023; by which the Agency agrees to carry out the County’s Community Development Block Grant Agreement.

WHEREAS, Amendment 02 to KC-476-22 between Kitsap County and West Sound Treatment Center modifies:

1. Article I Section 3. Schedule for Completion
2. Article I Section 5. Term of Agreement

WHEREAS, the County and Agency desire to modify such Contract:

NOW THEREFORE, in consideration of the mutual benefits and covenants contained herein, this contract is hereby modified as follows.

**ARTICLE I. PROJECT**

**SECTION 3. SCHEDULE FOR COMPLETION (specific milestones)**

Specific Tasks	Start Date	End Date
Submit 2022 Quarterly Performance Reports	1/1/2022	1/1/2023
Submit 2023 Quarterly Performance Reports (April 15, July 15, October 15, Jan 15.)	1/1/2023	1/15/2024
Submit 2024 Quarterly Performance Reports (April 15, July 15, October 15, Jan 15.)	1/1/2024	1/15/2025
Obtain Federal Prevailing Wage Rates (including updates prior to contracting) from Block Grant Office	7/1/2024	11/1/2024
Put Bid Packet together and submit to Block Grant Office for review	7/1/2023	11/1/2024
Sealed Bid Process (Formal Advertising) for contractor selection <i>see CDBG Guidebook Appendix E Procurement</i>	11/1/2023	11/1/2024

Provide Block Grant Office with copy of construction contract for review prior to finalizing <i>See CDBG Guidebook Section I Labor Standards and Construction</i>	1/1/2024	12/1/2024
Contractor selection and construction contract	8/15/2024	12/31/2024
Provide Block Grant Office with copy of construction contract	2/28/2024	11/05/2024
Verification of contractor eligibility – debar check (sam.gov)	9/1/2024	11/15/2024
Preconstruction Conference	9/1/2024	11/15/2024
CDBG initial inspection	Completed	
Renovation Work	9/15/2024	5/1/2025
CDBG progress inspections	9/15/2024	5/1/2025
Contractor submission of certified payrolls	9/15/2024	5/1/2025
Ensure work is complete and contract requirements have been met	8/1/2024	9/15/2024
Obtain contract completion documents and final lien waiver	8/1/2024	5/31/2025
Final reimbursement and close-out reports	8/1/2024	5/31/2025
CDBG contract close-out	9/1/2024	6/30/2025

## SECTION 5. TERM OF AGREEMENT

The term of this Agreement is **October 15, 2022** through **June 30, 2025**, but may be extended pursuant to an amendment to this Agreement as authorized in Article IV, Section 9 (Amendments to Agreement). Should additional time for auditing this project be required, in accordance with law, this Agreement shall be deemed automatically extended until such time as the said audit shall be completed. In any event, the term of this Agreement shall cover the period that the Agency has control over Community Development Block Grant funds, including program income, or shall cover the Restricted Use period, if applicable.

THIS AMENDMENT constitutes the entire amendment to the agreement between the County and the Agency. All other terms and conditions of this Contract remain in effect.

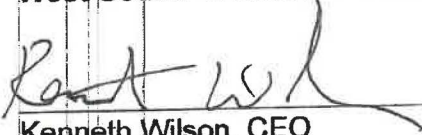
THIS AMENDMENT is effective when signed by all parties.

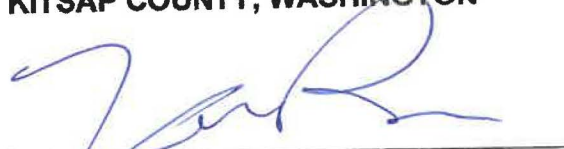
Dated this 4<sup>th</sup> day of Sept, 2024.

Dated this 5 day of September, 2024.

**AGENCY:**  
**West Sound Treatment Center**

**KITSAP COUNTY, WASHINGTON**

  
\_\_\_\_\_  
Kenneth Wilson, CEO

  
\_\_\_\_\_  
Victoria Brazitis, County Administrator



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/12/2023

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).**

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

**COVERAGES****CERTIFICATE NUMBER:** 23-24 GL, Auto, UMB**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		PHPK2592897	09/09/2023	09/09/2024	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 \$ 3,000,000 Employee Benefits \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		PHPK2592897	09/09/2023	09/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$	Y		PHUB878244	09/09/2023	09/09/2024	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	PHPK2592897	09/09/2023	09/09/2024	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER Employers Liability 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		PHPK2592897	09/09/2023	09/09/2024	Each Occurrence Limit \$1,000,000 Aggregate Limit \$3,000,000

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

Re: O'Hana House located at 4248 Forest Dr. NE, Port Orchard, WA 98310

Kitsap County, its officers, agents and employees are an Additional Insured with respects to the above project by Additional Insured coverage form CG2026

**CERTIFICATE HOLDER****CANCELLATION**

Kitsap County 614 Division St.  Port Orchard WA 98366	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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# WEST SOUND TREATMENT CENTER

Unique Entity ID <b>KARQDZJGDN43</b>	CAGE / NCAGE <b>88RV4</b>	Purpose of Registration <b>Federal Assistance Awards Only</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Jul 23, 2025</b>	
Physical Address <b>4060 Wheaton WAY STE F Bremerton, Washington 98310-3500 United States</b>	Mailing Address <b>4060 Wheaton WAY Suite F Bremerton, Washington 98310-3500 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>Washington 06</b>	State / Country of Incorporation <b>Washington / United States</b>	URL <b>westsoundtreatmentcenter.org</b>

## Registration Dates

Activation Date <b>Jul 25, 2024</b>	Submission Date <b>Jul 23, 2024</b>	Initial Registration Date <b>Feb 4, 2019</b>
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## Entity Dates

Entity Start Date <b>Nov 17, 1982</b>	Fiscal Year End Close Date <b>Dec 31</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

## Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

## Exclusion Summary

Active Exclusions Records?  
**No**

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:  
**Yes**

## Entity Types

### Business Types

Entity Structure <b>Corporate Entity (Tax Exempt)</b>	Entity Type <b>Business or Organization</b>	Organization Factors <b>(blank)</b>
Profit Structure <b>Non-Profit Organization</b>		

### Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

#### Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
<b>No</b>	<b>No</b>

EFT Indicator	CAGE Code
<b>0000</b>	<b>88RV4</b>

#### Points of Contact

##### Electronic Business

✎ Britania Ison, Chief Development Officer	4060 Wheaton WAY Suite F Bremerton, Washington 98310 United States
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##### Government Business

✎ Kenneth D Wilson, CEO	4060 Wheaton WAY Suite F Bremerton, Washington 98310 United States
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#### Service Classifications

##### NAICS Codes

Primary	NAICS Codes	NAICS Title
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#### Disaster Response

This entity does not appear in the disaster response registry.

## 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:

[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
There are no records that match your search criteria.									

Show  per page Showing 0 records