

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 Gather Together Grow Together (G2), 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-483-25, and executed on October 28, 2025, shall be amended as follows:

1. **Contract Amount** is increased by \$35,000, increasing the contract total from \$35,000 to \$70,000.
2. **Contract End Date** is extended to June 30, 2027.
3. **Attachment B Budget** is deleted entirely and replaced as attached.
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.

KC-483-25-A

UEI: LD6MNJ62JQD1

FAIN:B08TI088142

ALN:93.959

This amendment shall be effective July 1, 2026.

Dated this ____ day of _____, 2026.

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



Victoria Brazitis, County Administrator
9-9-2026

**CONTRACTOR: Gather Together
Grow Together (G2)**

x 

Name: Marwan Cameron
Title: Executive Director

I attest that I have the authority to sign
this contract on behalf of Gather
Together Grow Together

8/19/2026

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:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

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):

Attachment B: Budget Summary				
Contractor:		Gather Together Grow Together		
Contract Number:		KC-483-25-A		
Contract Period:		7/1/2025 - 6/30/2027		
Expenditure	Fund Source	Previous Period	Changes this Contract	Current
Period:		7/1/2025 - 6/30/2026	7/1/2026 - 6/30/2027	
Transportation for R.E.A.L program participants	GFS/SUPTRS	\$35,000.00	\$35,000.00	\$70,000.00
Period 1 Budget Total		\$35,000.00	\$35,000.00	\$70,000.00
Contract Total		\$35,000.00	\$35,000.00	\$70,000.00

ALN: 93.959

FAIN: B08TI088142

UEI: K49TLT3MXL74

07/27/2026

Salish BHASO

Updated G2 rates for R.E.A.L. Participants

Effective July 1, 2026

Charge	Details	Amount
Mileage	Mileage starts from the point of pick up and stops at the point of drop off Return ride is free Minimum roundtrip rate is \$20	\$4.50 per mile
2 nd G2 Driver**	**Participant care/management per R.E.A.L. **Trips longer than 5 hours (roundtrip)	\$20 per hour
2 nd Participant	Additional mileage for shared ride with 2 R.E.A.L. participants	Additional \$2.00 per mile for the miles driven when 2 R.E.A.L. participants are in the vehicle
Cancellation Fee	On pick up	\$20 for Port Orchard, Bremerton, Silverdale, Poulsbo areas \$30 for Bainbridge Island and Kingston areas
Ferry Fee	Any fees associated with the trip in either direction	As billed Receipts/statements required
Toll Fee	Any fees associated with the trip in either direction	As billed Receipts/statements required
Hazardous Weather Charge	Prepped for the passes, clean blankets, emergency supplies	\$20
Wait Time	Long Distance Rides Only Pickup or drop off location outside of Port Orchard, Bremerton, Silverdale, Poulsbo areas	\$20 per hour after 30 minutes
Meals	Trips longer than 5 hours Driver(s) or participant(s)	As billed per the GSA rate Varies per location, itemized receipts required
Cleaning Fee - Basic		\$20
Cleaning Fee - Bodily Fluid		\$40
Detailing Fee - Deep Clean*	*Apex1- deep stain removal - \$99 Just carpet deep stain removal *National Detail Pros - \$275.99-\$413.99 Complete Detail including carpet	As billed Receipts required

07/27/2026

	shampoo, interior steam cleaning for heavy bodily fluids, rate depends on extent of damages *TNT detailers - \$249 Carpet/Interior shampoo	
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/02/2026

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 Chamabers Bay Insurance Expanded Insurance Solutions 2000 Water Street Port Townsend WA 98368		CONTACT NAME: Tracy King-Krech PHONE (A/C, No, Ext): 360-385-0501 FAX (A/C, No): 360-639-3312 E-MAIL ADDRESS:		
INSURED Gather Together Grow Together 1300 Sylvan Way Bremerton WA 98337		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Philadelphia Insurance Company		18058
		INSURER B:		98368
		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
☒	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	X		PHPK2667372	05/03/2026	05/03/2027	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
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY 98337						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 \$			PHUB904660	05/03/2026	05/03/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000
	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				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Salish Behavioral Health Administrative Services Organization 614 Division Street, MS-23 Port Orchard WA 98366-4676	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 <i>William R Hubbard</i>

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Gather Together Grow Together

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