CONTRACT NO. KC-517-23-A CONTRACT AMENDMENT

This Contract Amendment ("Amendment") is between Kitsap County, a Washington state political subdivision, having its principal offices at 614 Division Street, Port Orchard, Washington 98366 ("County") and Boys & Girls Club of Snohomish County dba Boys & Girls Club of North Kitsap, a Washington Non-Profit Corporation having its principal offices at 26159 NE Dulay Rd, Kingston, Washington 98346 ("Contractor").

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-517-23 ("Contract") executed on November 20, 2023, is amended as follows:

- 1. <u>Section X: Duration</u>. Extending the contract end date from June 30, 2024 to June 30, 2025 for new term November 1, 2023 to June 30, 2025.
- 2. Attachment B: Budget.
 The budget is being increased by \$3,546.00 from \$2,230.00 for a new contract total of \$5.776.00.

<u>Terms Unchanged</u>. Except as expressly provided in this Amendment, all other terms and conditions of the original Agreement, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

<u>Authorizations</u>. 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.

<u>Counterparts/Electronic Signature</u>. The Contract may be executed in several counterparts, each of which will be deemed an original, but all of which together will constitute one and the same agreement. A facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and deemed to constitute duplicate originals.

Signature on next page

Dated this 6 day of January, 2025.

BOYS & GIRLS CLUB OF SNOHOMISH COUNTY DBA BOYS GIRLS CLUB OF NORTH KITSAP

Kiarra Tate, Director

Dated this 6 day of January, 2025.

KITSAP COUNTY, WASHINGTON

Doug Washburn, Director,

This Contract Amendment shall be effective upon execution by the parties.

e, Director Doug Washburn, Director,
Department of Human Services

ATTACHMENT B: BUDGET

ATTACHMENT B: BUDGET SUMMARY

Boys & Girls Club of Snohomish County KC-517-23-A

11/1/23-6/30/25

11/1/20 0/00/20						
Expenditure Cost	Fund Source	Period of Performance	Previous Budget	Current Budget	Total	
Positive Action Program Staff Hours and Materials	WA State Dedicated Marijuana Funds	11/1/23 – 6/30/24	\$2,230.00	\$0.00	\$2,230.00	
Positive Action Program Staff Hours and Materials WA State Dedicated Marijuana Funds		11/1/24 - 6/30/25	\$0.00	\$3,546.00	\$3,546.00	
					\$5,776.00	

Client#: 326528 **BOYSGIR1**

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/12/2024

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 any rights to the certificate holder in lieu of such endorsement(s)

this certificate does not comer any rights to the certificate notice	in hea of such endorsement(s).				
PRODUCER	CONTACT Heidi Palmer				
USI Insurance Services NW CL			610-362-8530		
601 Union Street, Suite 1000	E-MAIL ADDRESS: Heidi.Palmer@usi.com				
Seattle, WA 98101	INSURER(S) AFFORDIN	NAIC#			
	INSURER A : Massachusetts Bay Insuran	22306			
INSURED	INSURER B : Hanover Insurance Compan	22292			
Boys & Girls Clubs of Snohomish County	INSURER C : Allmerica Financial Benefit I	41840			
8223 Broadway, Suite 100	INSURER D:				
Everett, WA 98203-6874	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.

ISR TR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ZD2H66706603	07/06/2024	07/06/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000,000
	X WA Stop Gap/EL					MED EXP (Any one person)	\$20,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000
	POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:					WA Stop Gap	\$1,000,000
С	AUTOMOBILE LIABILITY		AW2H66705403	07/06/2024	07/06/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
-	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		UH2H66706803	07/06/2024	07/06/2025	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE		XS of GL, Auto &			AGGREGATE	\$10,000,000
	DED RETENTION \$		Employers Liab.				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A		N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					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) Insured Location at 26159 Dulay RD NE, Kingston, WA 98346. Evidence of Insurance for grant.

CERTIFICATE HOLDER	CANCELLATION

Kitsap County 614 Division St MS-23 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

Gary D. Patterson

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