

**KC-561-25-A
AMENDMENT TO
CONTRACT FOR HUMAN SERVICES**

This Amendment ("Amendment") to Contract for Human Services is between Kitsap County, a Washington state municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, and The Salvation Army, a California Nonprofit Corporation, with its principal offices at 30840 Hawthorne Blvd, Rancho Palos Verdes, CA 90275-5301.

The parties executed Contract for Human Services KC-561-25 effective July 1, 2025 ("Contract"), which the parties desire to amend subject to the terms and conditions of the Amendment.

In consideration of the mutual benefits and covenants contained herein, the parties agree as follows:

1. Section 1. Effective Date of Contract. This Amendment extends the Contract expiration date from June 30, 2026 to June 30, 2027.
2. Section 3. Contract Representatives. This Amendment updates the Contractor's Contract Representative to Major John Tumey, Executive Director, The Salvation Army, 832 6th Street, Bremerton, WA 98337, Office (360) 373-5550 x20 & Cell (503) 812-9212, john.tumey@usw.salvationarmy.org
3. Section 4. Compensation. The total compensation is increased from \$150,000 to \$306,000 as identified in the attached Revised Attachment C (Budget Summary).
4. Attachment C: Budget Summary. The Budget Summary shall be amended and replaced in its entirety with the Revised Attachment C (Budget Summary), which is incorporated herein by reference.
5. Effective Date. This Amendment shall be effective on July 1, 2026 ("Effective Date").
6. Ratification. To the extent that any services were provided or payments were made between June 30, 2026, and the date of full execution of this Amendment, the parties hereby ratify and approve such actions, intending them to be governed by the terms and conditions of the Contract as amended herein.
7. Insurance. If this Amendment extends the expiration date of the Contract, the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect from the Effective Date through the new Contract expiration date. The Contractor shall submit the certificate of insurance to: Kitsap County Housing and Homelessness Division, 345 6th Street, Suite 400, Bremerton, WA 98337. Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.
8. Precedence. In the event of any conflict or inconsistency between the provisions of this Amendment and the Contract, including any prior amendments, the provisions of this Amendment shall prevail.
9. Terms Unchanged. Except as expressly provided in this Amendment, all other terms and

conditions of the Contract, including any prior amendments, remain unchanged and in full force and effect.

10. Counterparts/Electronic Signature. This Amendment may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement. Facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and duplicate originals.
11. Authorizations. 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.

Dated or Adopted this 12 day of oct., 2026.

Dated this 17th day of September, 2026.
THE SALVATION ARMY

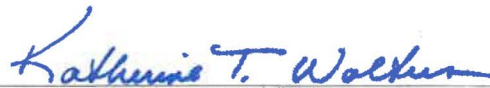

Signature

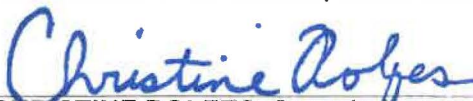
DEREK STRICKLAND
Print Name

TREASURER
Title

**BOARD OF COUNTY COMMISSIONERS KITSAP
COUNTY, WASHINGTON**


ORAN ROOT, Chair


KATHERINE T. WALTERS, Commissioner


CHRISTINE ROLFES, Commissioner

ATTEST:


Tabatha Hoesch, Clerk of the Board



REVISED ATTACHMENT C: BUDGET SUMMARY

Contractor: The Salvation Army for Hotel/Motel Voucher Program

Contract Number: KC-561-25 (amended by KC-561-25-A)

Time Period: July 1, 2025 – June 30, 2027

Administration Expenses will be an Indirect Rate based on the organizations NICRA.

Cost Category	Fund Source	Previous Budget	Amendment Changes this Contract	Current Budget
1st Term of Contract: 07/01/2025 - 06/30/2026				
Administration	Consolidated Homeless Grant-EHF SFY26: 1132	\$ 17,815.00	\$ -	\$17,815.00
Facility Support	Consolidated Homeless Grant-EHF SFY26: 1132	\$ 118,769.00	\$ -	\$118,769.00
Administration	Consolidated Homeless Grant-INF SFY26: 1132	\$ 1,749.00	\$ -	\$1,749.00
Facility Support	Consolidated Homeless Grant-INF SFY26: 1132	\$ 5,518.00	\$ -	\$5,518.00
Operations	Consolidated Homeless Grant-INF SFY26: 1132	\$ 6,149.00	\$ -	\$6,149.00
<i>1st Term of Contract Budget Total</i>		<i>\$ 150,000.00</i>	<i>\$0.00</i>	<i>\$150,000.00</i>
2nd Term of Contract: 07/01/2026 - 06/30/2027				
Administration	Consolidated Homeless Grant-EHF SFY27: 1132	\$ -	\$ 17,214.00	\$17,214.00
Facility Support	Consolidated Homeless Grant-EHF SFY27: 1132	\$ -	\$ 114,766.00	\$114,766.00
Administration	Consolidated Homeless Grant-INF SFY27: 1132	\$ -	\$ 3,133.00	\$3,133.00
Operations	Consolidated Homeless Grant-INF SFY27: 1132	\$ -	\$ 20,887.00	\$20,887.00
<i>2nd Term of Contract Budget Total</i>		<i>\$0.00</i>	<i>\$ 156,000.00</i>	<i>\$156,000.00</i>
CONTRACT TOTAL				\$306,000.00

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

Please refer to the KCHHD Grant Guidelines for details on the amendment request deadline and process.

Reimbursement requests/invoices must be submitted through the Housing and Homelessness Division reimbursement request process. Any disbursement made by the County to the Recipient shall be without prejudice to the County's rights later to challenge the propriety of the Recipient's claimed costs or expenses.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
10/04/2025

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 Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
INSURED The Salvation Army - Division 9 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER B: XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER C:</td><td></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></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Greenwich Insurance Company	22322	INSURER B: XL Specialty Insurance Company	37885	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W40937076**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Self Insured Retention: ☒ \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:	Y	RGZ3001798-02	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000	
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$	
	DED ☐ RETENTION \$ ☐					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Workers Compensation & Employers Liability - AK WC - Per Statute	Y/N No	N/A	RWD5000217-15	10/01/2025	10/01/2026	☒ PER STATUTE ☐ 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 E.L. Each Accident \$1,000,000 E.L. Disease Pol Lim \$1,000,000 E.L. Disease - Ea Em \$1,000,000
B	WORKERS COMPENSATION & EMPLOYERS' LIABILITY Workers Compensation & Employers Liability - AK WC - Per Statute			RWR5000944-10	10/01/2025	10/01/2026	E.L. Each Accident \$1,000,000 E.L. Disease Pol Lim \$1,000,000 E.L. Disease - Ea Em \$1,000,000

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

Division #09-020

Workers Compensation Policy No. RWD5000217-15 provides coverage in the states of FL, GA, HI, ID, LA, MT, NM, NV, TN, UT.

SEE ATTACHED

CERTIFICATE HOLDERKitsap County Department of Human Services
Care of Housing and Homelessness Division
614 Division Street MS-23
Port Orchard, WA 98366-4676**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

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ACORD 25 (2016/03)

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SR ID: 28618752

BATCH: 4150956

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED The Salvation Army - Division 9 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Policy No. RWR3000944-10 provides coverage in the state of AK.

Kitsap County Department of Human Services Care of Housing and Homelessness Division is included as an Additional Insured as respects to General Liability where required by written contract.

INSURER AFFORDING COVERAGE: XL Specialty Insurance Company

NAIC#: 37885

POLICY NUMBER: RWE5000216-15 EFF DATE: 10/01/2025 EXP DATE: 10/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Work Comp-	EL Each Accident	\$1,000,000
AZ/CO/OR	EL Each Disease	\$1,000,000
	Retention	\$750,000

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:

License Number: Penalty Due: Wage Due:

[Download all debarment data](#)

Show 25 per page	Showing 0 records										First	Previous	Next	Last
Company Name	UBI	License	Principals	Related Business	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due				
There are no records that match your search criteria.														
Show 25 per page	Showing 0 records										First	Previous	Next	Last

As of 08/21/2026

Search

All Words ▼

e.g. 1606N020Q02

Filter By

Keyword Search

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

Simple Search

Search Editor

☐ Any Words 

☒ All Words 

☐ Exact Phrase 

e.g. 1606N020Q02

debarment

×

Federal Organizations

The Salvation Army

×

▲

...

No results found

^

☒ Active

☐ Inactive

As of 08/21/2026