CONTRACT AMENDMENT В

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 Saint Vincent De Paul, a community based non-profit organization having its principal offices at 1117 N. Callow Ave, Bremerton, WA 98312 (the Contractor).

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-043-22, and executed on January 24, 2022 and May 27, 2022 shall be amended as follows:

In consideration of the terms and conditions of this Contract, the parties agree as follows:

1. ATTACHMENT C: Budget Summary shall be amended as follows: The contract revenue will increase by \$10,000, from \$55,000 to a new contract total \$65,000. The total amount payable under the contract, by the County to the Contactor in no event will exceed \$65,000.

This amendment shall be effective as of August 1, 2022.

Dated this 23 day of Sept., 2022 Dated this 23 day of 5, 2022

KITSAP COUNTY, WASHINGTON

CONTRACTOR

St. Vincent de Paul

oe Crain, Executive Director

Doug Washburn, Human Services Director

ATTACHMENT C Budget Summary

Payment amount and schedule is set forth below.

Program/Funding Source	Total		August		September		October		November		December	
ARP (COVID MDD flexibility)	-	5,000.00	1				•	5 745 A7	ļ.		_	- 745.07
Food: Non-perishiable and perishables.	34	5,364.00	^	5,745.36	35	,745.37	\$	5,745.37	\$	5,745.37	3	5,745.37
Additional Purchases(ie. packing, space, items, Hygiene Kits containing pre-approved items. Approx cost per hygiene kit \$53.84)	\$:	7,636.00	\$	162.50	\$	162.50	\$	162.50	\$	162.50	y,	162.50
Staff Hours: Senior Nutrition program and assembly of food bags (up to 35 hours a week @ \$13.69 per hour, approx. \$479 a week)		2,000.00	\$	1,000	\$	1,000	\$	1,000	\$	1,000	\$	1,000
Match-NA	\$	-	\$	-	\$	-	\$	-	\$	-	\$	_
Total Project	\$	65,000	\$	6,908	\$	6,908	\$	6,908	\$	6,908	\$	6,908

Funding Source	CFDA#
	93.043,
ARP (COVID MDD Flex)	93.044,
ARP (COVID MIDD FIEX)	93.045,
	93.052



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/13/2022

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)

	his certificate does not confer rights t				•	•	-	equire an endorsement	. A ST	atement on		
PRODUCER					CONTACT Christian Brothers Services							
Artex Risk Solutions, Inc. (CB) 2850 Golf Road, 5th Floor			PHONE (A/C, No, Ext): 800-807-0300 FAX (A/C, No): 630-378-2508									
	olling Meadows IL 60008-4050				É-MAIL ADDRES							
							URER(S) AFFOR	DING COVERAGE		NAIC#		
					INSURE	24147						
INSURED CHRIBRO-14					INSURE	31143						
Brothers of the Christian Schools & Affiliates Loc #1134003 SOC STVDP CONF OUR LADY STAR OF SEA					INSURE							
1205 Windham Parkway					INSURE							
Ro	meoville IL 60446-1679				INSURE	RE:						
					INSURE	RF:						
				NUMBER: 1814636951	VE BEEF			REVISION NUMBER:	UE DOL	LOV DEDICE		
	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE											
С	ERTIFICATE MAY BE ISSUED OR MAY I	PERT	ΓΑΙΝ,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBED					
	XCLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN R		PAID CLAIMS. POLICY EXP					
INSR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)					
В	X COMMERCIAL GENERAL LIABILITY	Y	N	822200 1325596		6/15/2022	6/15/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ Includ			
								MED EXP (Any one person)	\$ 15,00			
								PERSONAL & ADV INJURY	\$ Includ	led		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ N/A	1.4		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ Includ	1ea		
A	OTHER: AUTOMOBILE LIABILITY	Y	N	MWTB 21543		6/15/2022	6/15/2023	COMBINED SINGLE LIMIT	\$1,000	1.000		
``	X ANY AUTO	·		111111111111111111111111111111111111111		0,10,2022	0,10,2020	(Ea accident) BODILY INJURY (Per person)	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	X HIRED ONLY X NON-OWNED		l					PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"' ^			İ			E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
					İ							
<u> </u>			ļ									
The Pri stri Se em	icription of operations / Locations / Vehici e certificate holder is added as an additionary Non-Contributory coverage is provictly, and specifically with regards to: nior Supplemental Food Grant. Kitsap Coployees, and agents, and State of Wash quired and agreed by insured.	onal i ded i ounty	nsure undei / Aain	ed under the General Liabil the Primary General Liabi a and Long Term Care and	lity and A ility per p d it's em	Auto Liability porior written confidences. Kits	oer attached ontract per th ap County. it	endorsements per prior was attached endorsement.	Cover officials	age is solely, officers.		
<u></u>						F1 1 4						
Kitsap County, ALTC State of WA. DSHS, its elected & appointed Officials, agents & employees					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	614 Division Street, MS- 5 Port Orchard WA 98366					AUTHORIZED REPRESENTATIVE						

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

SCHEDULE

Name of Person(s) or Organization(s):

All persons or organizations as required by contract or agreement

With respect to COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured is changed with the addition of the following:

Each person or organization shown in the Schedule for whom you are doing work is an "insured". But only for "bodily injury" or "property damage" that results from the ownership, maintenance or use of a covered "auto" by:

- **1.** You;
- 2. an "employee" of yours; or
- anyone who drives a covered "auto" with your permission or with the permission of one of your "employees".

However, the insurance afforded to the person or organization shown in the Schedule shall not exceed the scope of coverage and/or limits of this policy. Not withstanding the foregoing sentence, in no event shall the insurance provided by this policy exceed the scope of coverage and/or limits required by the contract or agreement.

PCA 001 10 13

OLD REPUBLIC UNION INSURANCE COMPANY

Attaching to and forming part of Policy No. 822200 1325596

Named Insured: THE RELIGIOUS AND CHARITABLE RISK POOLING TRUST OF THE BROTHERS OF THE

CHRISTIAN SCHOOLS AND AFFILIATES

Effective date of this endorsement is June 15, 2022

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under SECTION II INSURING AGREEMENT C, GENERAL LIABILITY COVERAGE defined within the Coverage Agreement

SECTION 1: Schedule

Name of Additional Insured Persons(s) or Organization(s):	Designated Location(s) Of Covered Operations:
ANY PERSON OR ORGANIZATION WHEN YOU HAVE AGREED IN A WRITTEN CONTRACT FOR THAT PERSON OR ORGANIZATION TO BE ADDED AS AN ADDITIONAL INSURED ON YOUR POLICY.	

If no entry appears above, information required to complete this endorsement will be shown in the Certificate of Coverage as applicable to this endorsement.

Section II Insuring Agreement C -Name of Insured Amended

- A. Who Is An Insured defined in the General Insurance Agreement is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability in the performance of the Named Insured's ongoing operations for the Additional Insured(s) at the Location(s) designated in the Schedule above for "bodily injury" or "property damage", caused in whole or in part, by the Named Insured's acts or omissions which takes place after the execution of a written agreement with the Additional Insured(s).
- B. For the coverage provided by this endorsement: the following paragraph is added to Section V —General Conditions, Section II, Insuring Agreement C-General Liability.
 - This insurance is primary insurance as respects to this coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and noncontributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
- C. Who Is An Insured is also amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by the "Named Insured's work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

The most we will pay is the amount of insurance required by the written contract or the amount of applicable limits of insurance under this policy; whichever is less.

This Insurance does not apply to any claims or suits seeking damages, including defense, arising out of, directly or indirectly, from any actual or alleged participation in any act of sexual misconduct, sexual harassment, sexual molestation, sexual abuse or any claim sexual in nature, physical or mental, of any person.

Except as amended in this endorsement, this insurance is subject to all coverage terms, clauses and conditions in the policy to w hich this endorsement is attached and only applies to the extent permitted by law.





Contract Information							
Contract Number Contract Number Amendment Approved		Amount of Original Contract Amendment	Total Amount of Amended Contract				
KC-043-22	January 24, 2022	\$55,000					
KC-043-22-A	May 27, 2022	\$0	\$55,000				
KC-043-22-B	Pending	\$10,000	\$65,000				