### AGENCY SERVICE AGREEMENT COMMUNITY DEVELOPMENT BLOCK GRANT

| PROJECT NAME: | West Sound Treatment Cente |  |  |  |  |
|---------------|----------------------------|--|--|--|--|
|               | Ohana House                |  |  |  |  |

## PROJECT NUMBER: KC-476-22

# CONTRACT AMENDMENT

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; by which the Agency agrees to carry out the County's Community Development Block Grant Agreement.

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

- 1. Article | Section 3. Schedule for Completion
- 2. Article | 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 Quarterly Performance Reports   | 1/1/2022   | 9/30/24                            |
| Obtain Federal Prevailing Wage Rates from Block Grant<br>Office  | 7/1/2024   | 10 days<br>prior to bid<br>opening |
| Put Bid Packet together and submit to Block Grant Office for review  | 7/1/2023   | 11/2/2023                          |
| Sealed Bid Process (Formal Advertising) for contractor selection see CDBG Guidebook Appendix E Procurement | 11/15/2023 | 2/1/2024                           |
| Provide Block Grant Office with copy of construction contract for review prior to finalizing               | 11/2/2023  | 2/1/2024                           |

| See CDBG Guidebook Section I Labor Standards and Construction     |            |           |
|---|------------|-----------|
| Contractor selection and construction contract                    | 12/15/2023 | 3/1/2024  |
| Verification of contractor eligibility – debar check<br>(sam.gov) | 12/15/2024 | 3/31/2024 |
| Preconstruction Conference  | 1/15/2024  | 3/1/2024  |
| CDBG initial inspection   | Completed  |           |
| Renovation Work   | 3/1/2024   | 8/15/2024 |
| CDBG progress inspections   | 4/1/2024   | 8/15/2024 |
| Contractor submission of certified payrolls                       | 4/1/2024   | 8/31/2024 |
| 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   | 9/15/2024 |
| Final reimbursement and close-out reports                         | 8/1/2024   | 9/15/2024 |
| CDBG contract close-out   | 9/1/2024   | 9/30/2024 |

# SECTION 5. TERM OF AGREEMENT

The term of this Agreement is **October 15, 2022** through **September 30, 2024**, 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  $21^{\text{sc}}$  day of NOV, 2023. Dated this  $27^{\text{day}}$  day of  $N^{\text{d}}$ , 2023.

AGENCY: West Sound Treatment Center

Kenneth Wilson, CEO

KITSAP COUNTY, WASHINGTON

Eric Baker, County Administrator

KC-476-22-A West Sound Treatment Center Ohana Renovation 3



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

|  |  |  |       |         |  |                             |  |  |  | 09                   | /07/2022 |
|--|--|--|-------|---------|--|-----------------------------|--|--|--|----------------------|----------|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |  |  |       |         |  |                             |  |  |  |                      |          |
|  |  | T: If the certificate holder is a  |       |         |  |                             |  |  |  |                      |          |
|  |  | ATION IS WAIVED, subject to  |       |         | •  | •                           | -  | may require                            | an endorsement. A state                      | ement                | on       |
|  |  | ate does not confer rights to  | the c | ertifi  | cate noider in lieu of such                          | CONTAC                      |  |  |  |                      |          |
|  | une Insura   | 2200   |       |         |  | NAME:                       | Cory Cory  |  | FAX  | (052)                | 200,6626 |
|  | S. 9th St.   |  |       |         |  | PHONE<br>(A/C, No<br>E-MAIL |  |  | (A/C, No):                                   | (253) 2              | 200-6626 |
| 705  | 5. 901 50.   | #302   |       |         |  | ADDRES                      |  |  |  |                      |          |
| Таа  |  |  |       |         | WA 98405   |                             | Dhiladala  |  | DING COVERAGE                                |                      | NAIC #   |
| Taco   |  |  | _     |         | VVA 96405  |                             | INSURER A : Philadelphia Indemnity Insurance Company |  |  |                      |          |
| 11150  | RED  | West Sound Treatment Center  |       |         |  | INSURE                      |  | ······································ |  |                      |          |
|  |  | 4060 Wheaton Way, #F   |       |         |  | INSURE                      |  |  | ·····  |                      |          |
|  |  | 4000 Vincaton Viay, m  |       |         |  | INSURE                      |  |  |  |                      |          |
|  |  | Bremerton  |       |         | WA 98310   | INSURE                      |  |  |  |                      |          |
|  | /ERAGES  |  | TIEIC | ATE     | NUMBER: 22-23 GL, Auto                               |                             | <u>RF:</u>   |  | REVISION NUMBER:                             |                      | L        |
|  |  | ERTIFY THAT THE POLICIES OF I  |       |         |  |                             | TO THE INSUF   |  |  | IOD                  |          |
| IN<br>Cl   | DICATED.<br>ERTIFICAT  | NOTWITHSTANDING ANY REQUI<br>E MAY BE ISSUED OR MAY PERTA<br>S AND CONDITIONS OF SUCH PO | REME  | INT, TE | ERM OR CONDITION OF ANY (<br>SURANCE AFFORDED BY THE | CONTRA<br>POLICI            | ACT OR OTHER   | DOCUMENT N<br>DHEREIN IS S             | WITH RESPECT TO WHICH T                      | HIS                  |          |
| INSR<br>LTR  |  | TYPE OF INSURANCE  |       | SUBR    | POLICY NUMBER  |                             | POLICY EFF<br>(MM/DD/YYYY)                           | POLICY EXP<br>(MM/DD/YYYY)             | LIMIT  | S                    |          |
|  | Ксом   | MERCIAL GENERAL LIABILITY  |       |         |  |                             |  |  | EACH OCCURRENCE                              | <mark>\$</mark> 1,00 | 00,000   |
|  |  | CLAIMS-MADE 🗙 OCCUR  |       |         |  |                             |  |  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | <mark>\$</mark> 100, | ,000     |
|  |  |  |       |         |  |                             |  |  | MED EXP (Any one person)                     | \$ 5,00              | 0        |
| А  |  |  | Y     |         | PHPK2462129  |                             | 09/09/2022   | 09/09/2023                             | PERSONAL & ADV INJURY                        | <mark>\$</mark> 1,00 | 00,000   |
|  | GEN'L AGO  | REGATE LIMIT APPLIES PER:  |       |         |  |                             |  |  | GENERALAGGREGATE                             | \$ 3,00              | 0,000    |
|  | POLIC  | CY PRO-<br>JECT LOC  |       |         | 1  |                             |  |  | PRODUCTS - COMP/OP AGG                       | \$ 3,00              | 0,000    |
|  | OTHE   | R:   |       |         |  |                             |  |  | Employee Benefits                            | \$ 1,00              | 0,000    |
|  | AUTOMOB  | ILE LIABILITY  |       |         |  |                             |  |  | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$ 1,00              | 0,000    |
|  | ANY A  |  |       |         |  |                             |  |  | BODILY INJURY (Per person)                   | 1) \$                |          |
| А  |  | S ONLY AUTOS   | Y     |         | PHPK2462129  |                             | 09/09/2022   | 09/09/2023                             | BODILY INJURY (Per accident)                 | \$                   |          |
|  |  | D NON-OWNED AUTOS ONLY   |       |         |  |                             |  |  | PROPERTY DAMAGE<br>(Per accident)            | \$                   |          |
|  | ×  |  |       |         |  |                             |  |  | Uninsured motorist                           | \$ 1,00              | ,        |
|  |  | CCUR   |       |         |  |                             |  |  | EACH OCCURRENCE                              | ф ,                  | 00,000   |
| Α  | EXCE   | CLAIMS-MADE  | Y     |         | PHUB831739   |                             | 09/09/2022   | 09/09/2023                             | AGGREGATE                                    | \$ 1,00              | 00,000   |
|  | DED  | RETENTION \$   |       |         |  |                             |  |  |  | \$                   |          |
|  |  | COMPENSATION<br>OYERS' LIABILITY   |       |         |  |                             |  |  | PER<br>STATUTE X OTH-<br>ER                  |                      | op Gap   |
| A  |  | OPRIETOR/PARTNER/EXECUTIVE   |       |         | PHPK2462129  |                             | 09/09/2022   | 09/09/2023                             | E.L. EACH ACCIDENT                           | \$ 1,00              | 00,000   |
|  | (Mandatory   | in NH)   |       |         |  |                             |  |  | E.L. DISEASE - EA EMPLOYEE                   | Ψ                    | 00,000   |
|  | DESCRIPTI  | ON OF OPERATIONS below   |       |         | 4  |                             |  |  | E.L. DISEASE - POLICY LIMIT                  | <mark>\$</mark> 1,00 |          |
| -  | Professio  | onal Liability   |       |         |  |                             |  |  | Each Incident Limit                          | -                    | 000,000  |
| А  |  |  | Y     |         | PHPK2462129  |                             | 09/09/2022   | 09/09/2023                             | Aggregate Limit                              | \$3,0                | 000,000  |
|  | L  |  |       |         |  |                             |  |  |  |                      |          |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   |  |  |       |         |  |                             |  |  |  |                      |          |
| Re:  | Re: O'Hana House located at 4248 Forest Dr. NE, Port Orchard, WA 98310   |  |       |         |  |                             |  |  |  |                      |          |
| Kits   | Kitsap County, its officers, agents and emloyees are an Additional Insured with respects to the above project by Additional Insured coverage form CG2026                           |  |       |         |  |                             |  |  |  |                      |          |
|  |  |  |       |         |  |                             |  |  |  |                      |          |
|  |  |  |       |         |  |                             |  |  |  |                      |          |
|  |  |  |       |         |  |                             |  |  |  |                      |          |
|  |  |  |       |         |  |                             |  |  |  |                      |          |
| CERTIFICATE HOLDER CANCELLATION  |  |  |       |         |  |                             |  |  |  |                      |          |
|  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE   THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN   Kitsap County   ACCORDANCE WITH THE POLICY PROVISIONS. |  |       |         |  |                             |  |  |  |                      |          |
|  |  | 614 Division St  |       |         |  | AUTHOR                      | RIZED REPRESEN                                       | ITATIVE                                |  |                      |          |
|  |  | 614 Division St.   |       |         | M/A 09200  |                             |  |  | Aught  |                      |          |
|  |  | Port Orchard   |       |         | WA 98366   |                             |  | Će.                                    | ing angell                                   |                      |          |

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# **WEST SOUND TREATMENT CENTER**

| Unique Entity ID                 | CAGE / NCAGE                     | Purpose of Registration        |
|----------------------------------|----------------------------------|--------------------------------|
| KARQDZJGDN43                     | 88RV4                            | Federal Assistance Awards Only |
| Registration Status              | Expiration Date                  |                                |
| Active Registration              | Aug 3, 2024                      |                                |
| Physical Address                 | Mailing Address                  |                                |
| 4060 Wheaton WAY                 | 4060 Wheaton WAY Suite F         |                                |
| Bremerton, Washington 98310-3500 | Bremerton, Washington 98310-3500 |                                |
| United States                    | United States                    |                                |
|                                  |                                  |                                |
| Doing Business as                | Division Name                    | Division Number                |
| (blank)                          | (blank)                          | (blank)                        |
| Congressional District           | State / Country of Incorporation | URL                            |
| Washington 06                    | Washington / United States       | westsoundtreatmentcenter.org   |
| Registration Dates               |                                  |                                |
| Activation Date                  | Submission Date                  | Initial Registration Date      |
| Aug 8, 2023                      | Aug 4, 2023                      | Feb 4, 2019                    |
| Entity Dates                     |                                  |                                |
| Entity Start Date                | Fiscal Year End Close Date       |                                |
| Nov 17, 1982                     | Dec 31                           |                                |
| Immediate Owner                  |                                  |                                |
| CAGE                             | Legal Business Name              |                                |
| (blank)                          | (blank)                          |                                |
| Highest Level Owner              |                                  |                                |
| CAGE                             | Legal Business Name              |                                |
| (blank)                          | (blank)                          |                                |

### **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.

#### Active Exclusions Records?

No

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

Yes

### **Business Types**

Entity Structure Corporate Entity (Tax Exempt) Entity Type Business or Organization Organization Factors (blank)

Profit Structure Non-Profit Organization

### 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.

| Accepts Credit C<br>No                        | ard Payments | Debt Subject To Offset<br>No   |
|---|--------------|--|
| EFT Indicator<br>0000                         |              | CAGE Code<br>88RV4   |
| Electronic Bu                                 | siness       |  |
| 있<br>Britania Ison, Chief Development Officer |              | 4060 Wheaton WAY Suite F<br>Bremerton, Washington 98310<br>United States |
| Government E                                  | Business     |  |
| Ջ<br>Kenneth D Wilson, CEO                    |              | 4060 Wheaton WAY Suite F<br>Bremerton, Washington 98310<br>United States |
|   |              |  |
| NAICS Codes                                   |              |  |
| Primary                                       | NAICS Codes  | NAICS Title  |

This entity does not appear in the disaster response registry.