CONTRACT AMENDMENT D

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 Reflections Counseling Services Group, 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-489-20, and executed on December 7, 2020, amended January 10, 2022, September 27, 2022, and January 3, 2023, shall be amended as follows:

- 1. **Page 1: Amount** is amended as follows: \$384.677.86
- 2. Attachment C: Budget is deleted entirely and replaced as attached.
- 3. 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.

4. 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.

This amendment shall be effective July 1, 2023

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

Doug Washburn,

Human Services Director

DATE

Entity

8/17/23

CONTRACTOR:

Reflections Counseling Services Group

Shuoppin

Name: G'Nell Ashley Title: Administrator

I attest that I have the authority to sign this contract on behalf of Reflections Counseling Services Group.

9/17/23

DATE

Budget Sum	mary										
Contractor: Reflections Counseling Services Group											
Contract No:	KC-489-20										
Contract Period:	01/01/21 - 12/31/23										
Expenditure	Previous	Changes this Contract	Current								
Period 1: 01/01/21 - 12/31/21											
SUD Outpatient Services and Supports (SABG)	20,000.00	0.00	20,000.00								
SUD Youth Services and Supports (DMA)	6,300.00		6,300.00								
CJTA	35,061.00	0.00	35,061.00								
Period 1 Budget Total	61,361.00	0.00	61,361.00								
Period 2: 10/1/21-06/30/22											
REAL Program Operations (GFS)	247,038.00	0.00	247,038.00								
Period 2 Budget Total	247,038.00	0.00	247,038.00								
Period 3: 01/01/22- 12/31/22											
CJTA	39,061.20	0.00	39,061.20								
Period 3 Budget Total	39,061.20	0.00	39,061.20								
Period 4: 01/01/23 - 12/31/23											
CJTA	29,217.66	3,200.00	32,417.66								
CJTA Jail Program	20,800.00	(16,000.00)	4,800.00								
Period 4 Budget Total	50,017.66	(12,800.00)	37,217.66								
Contract Total	397,477.86	(12,800.00)	384,677.86								
CONTRACT TOTAL	397,477.86	(12,800.00)	304,077.80								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/9/2022

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.

t	he te		ns of the policy,	cert	ain p	olicies may require an e								
	DUCE		or such endors	Cilic	111(3)	•	CONTA	ст						
Van Wagner Agency							PHONE 000 725 4500 FAX				FAX 0			
		rossways Park Dr	ive				PHONE (A/C, No, Ext): 800-735-1588 FAX (A/C, No): 888-290-0302 E-MAIL ADDRESS: vanwagnerinsurance@sterlingrisk.com						J-U3U2	
		ox 9017 oury NY 11797												
"	Jour	outy NT 11797					INSURER(S) AFFORDING COVERAGE NAIC #					_		
<u> </u>						License#: BR-1418528						16691		
INSURED REFLCOU-01 Reflections Counseling Services Group							INSURER B: Great American Alliance Insurance Company 268					26832		
34	30 E	E. Highway 101, S	Ste. 3	,			INSURER C:							
Po	rt Ar	ngeles WÁ 98362	2-0072				INSURER D:							
							INSURER E :							
							INSURER F:							
CC	VER	RAGES	CER	TIFIC	CATE	NUMBER: 523118036				REVISION NUM	IBER:			
Т	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,													
						LIMITS SHOWN MAY HAVE					SJECT TO	ALL I	HE IERIVIS,	
INSF		TYPE OF INSU		ADDL	SUBR				POLICY EXP (MM/DD/YYYY)		LIMITS			
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į	X	POLICY PRO-	LOC							PRODUCTS - COMP	P/OP AGG	\$ 3,000,0	000	
		OTHER:									·	\$		
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	Х	HIRED AUTOS X	AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	SE .	\$		
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WORKERS COMPENSATION										PER STATUTE	OTH- ER	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE										E.L. EACH ACCIDENT \$		<u> </u>		
OFFICER/MEMBER EXCLUDED?			N/A						E.L. DISEASE - EA EMPLOYEE \$					
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below														
A Professional Liability			ONS below	Y	Y	PAC 429-73-67-08		8/1/2022	8/1/2023	E.L. DISEASE - POL Each Occurrence	ICY LIMIT	1,000,0	200	
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	<u> </u>													
						0 101, Additional Remarks Schedu anization is included as a a					ıt only with	resne	ects to	
Salish Behavioral Health Administrative Services Organization is included as a additional insured as required by written contract but only with respects to services provided by the named insured.														
CERTIFICATE HOLDER CANCELLATION														
										ESCRIBED POLIC				
Salish Behavioral Health Administrative Services										REOF, NOTICE	WILL B	E DEL	IVERED IN	
Organization							ACCORDANCE WITH THE POLICY PROVISIONS.							
Kitsap County Dept of Human Services						AUTHORIZED REPRESENTATIVE								
614 Division Street									AUTHORIZED REFRESENTATIVE					

Port Orchard WA 98366

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Reflections Counseling Services Group

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