Revision 2000-09-02 KC-491-20-C CFDA#: 93.959

## CONTRACT AMENDMENT

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 Kitsap Recovery Center, 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-491-20, and executed on January 11, 2021, and amended on January 10, 2022 and January 23, 2023, shall be amended as follows:

1. Page 1: Contract Term is amended as follows:

January 1, 2021 – December 31, 2024.

- 2. **Page 1: Amount** is amended as follows: \$263,350
- 3. Attachment C: Budget is deleted entirely and replaced as attached.
- 4. 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.

5. 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.

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This amendment shall be effective January 1, 2024.

Dated this <u>4</u> day of <u>December</u>, 2023.

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

Cherlite Lan

Charlotte Garrido, Chair

Kathuine T. Wolker

Katherine T. Walters, Commissioner

Christine Doys

Christine Rolfes, Commissioner

DATE 12,

ATTEST

Dana Daniels, Clerk of the Board



CONTRACTOR: Kitsap Recovery Center

Name: Eric Baker Title: Acting County Administrator

I attest that I have the authority to sign this contract on behalf of Kitsap Recovery Center.

23 DATE

## ATTACHMENT C: Budget/Rate Sheet

Budget Summary Contractor: Kitsap Recovery Center			
Contract Period:	01/01/22 - 12/31/24		
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/21 - 12/31/21			
SUD Outpatient Services and Supports	\$10,000.00	\$0.00	\$10,000.00
CITA	\$80,000.00	\$0.00	\$80,000.00
SUD Residential (Jefferson CJTA)	\$11,000.00	\$0.00	\$11,000.00
Period 1 Budget Total	\$101,000.00	\$0.00	\$101,000.00
Period 2: 01/01/22 - 12/31/22			
CJTA	\$80,000.00	\$0.00	\$80,000.00
SUD Residential- \$275 per day (Enhanced SABG)	\$14,475.00	\$0.00	\$14,475.00
SUD Withdrawal Management - \$250 per day (Enhanced SABG)	\$4,000.00	\$0.00	\$4,000.00
Period 2 Budget Total	\$98,475.00	\$0.00	\$98,475.00
Period 3: 01/01/23 - 12/31/23			
CJTA	\$20,000.00	\$0.00	\$20,000.00
SUD Residential- \$295 per day (Enhanced SABG)	\$10,000.00	\$0.00	\$10,000.00
SUD Withdrawal Management - \$250 per day (Enhanced SABG)	\$4,000.00	\$0.00	\$4,000.00
Period 3 Budget Total	\$34,000.00	\$0.00	\$34,000.00
Period 4: 01/01/24 - 12/31/24			
CITA	\$0.00	\$15,000.00	\$15,000.00
SUD Residential- \$425 per day per authorized individual (SABG)	\$0.00	\$12,750.00	\$12,750.00
SUD Withdrawal Management - \$425 per day per authorized individual (SABG)	\$0.00	\$2,125.00	\$2,125.00
Period 4 Budget Total	\$0.00	\$29,875.00	\$29,875.00
Contract Total	\$233,475.00	\$29,875.00	\$263,350.00

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## • Kitsap Recovery Center

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