## 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 Agape Unlimited, 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-650-21, and executed on February 14, 2022, and amended on August 22, 2022, January 23, 2023, and July 24, 2023, shall be amended as follows:

- 1. **Page 1: Contract Term** shall be amended as follows: 10/1/2021 12/31/2024
- 2. **Page 1: Amount** shall be amended as follows: \$995,038
- 3. **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 January 1, 2024.

Dated this day of November 2023.

SALISH BEHAVIORAL HEALTH

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

Charlette The

Charlotte Garrido, Chair

Katherine T. Wolfer

Katherine T. Walters, Commissioner

Christine Rolfes, Commissioner

DATE 12/4/23

**ATTEST** 

Dana Daniels, Clerk of the Board

CONTRACTOR: Agape Unlimited

Name: Sara Marez-Fields Title: Executive Director

I attest that I have the authority to sign this contract on behalf of Agape Unlimited.

Name: Alison Fong
Title: Board President

11-16-2023

DATE



Budget Summary							
Contractor:	Agape Unlimited						
Contract No:	KC-650-21-D						
Contract Period:	10/1/2021 - 12/31/2024	. 1000 17 10					
Expenditure	Previous	Changes this Contract	Current				
Period 1 10/01/21 - 06/30/22							
REAL Program Operations	\$247,038.00	\$0.00	\$247,038.00				
Period 1 Budget Total	\$247,038.00	\$0.00	\$247,038.00				
Period 2 01/01/22 - 12/31/22							
Criminal Justice Treatment Account (CJTA)	\$80,000.00	\$0.00	\$80,000.00				
Childcare (SABG)	\$83,000.00	\$0.00	\$83,000.00				
PPW Housing Support (SABG)	\$50,000.00	\$0.00	\$50,000.00				
Period 2 Budget Total	\$213,000.00	\$0.00	\$213,000.00				
Period 3: 01/01/2023 - 12/31/2023	Previous	Changes this Contract	Current				
Criminal Justice Treatment Account (CJTA)	\$105,000.00	\$0.00	\$105,000.00				
Childcare (SABG)	\$100,000.00	\$0.00	\$100,000.00				
Childcare Program Enhancement (DMA)	\$25,000.00	\$0.00	\$25,000.00				
PPW Housing Support (DMA)	\$60,000.00	\$0.00	\$60,000.00				
Period 3 Budget Total	\$290,000.00	\$0.00	\$290,000.00				
Period 4: 01/01/2024 - 12/31/2024							
Criminal Justice Treatment Account (CJTA)	\$0.00	\$85,000.00	\$85,000.00				
Childcare (SABG)	\$0.00	\$100,000.00	\$100,000.00				
PPW Housing Support (DMA)	\$0.00	\$60,000.00	\$60,000.00				
Period 4 Total	\$0.00	\$245,000.00	\$245,000.00				
Contract Total	\$750,038.00	\$245,000.00	\$995,038.00				

## Client#: 79672

AGAPUNLI

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/27/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer any rights to the certificate holder in fied of such endorsement(s).					
PRODUCER	CONTACT Nicole Anderson				
Propel Insurance	PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866 5	77-1326			
1201 Pacific Avenue; Suite 1000	E-MAIL ADDRESS: nicole.anderson@propelinsurance.com				
COM Middle Market	INSURER(S) AFFORDING COVERAGE	NAIC#			
Tacoma, WA 98402-4321	INSURER A: Berkley Regional Insurance Company				
INSURED	INSURER B:				
Agape Unlimited	INSURER C:				
4841 Auto Center Way, Suite 101	INSURER D :				
Bremerton, WA 98312-4388	INSURER E:				
	INSURER F:				

OVERAGES	CERTIFICATE NUMBER:	REVI	SION 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.

	TYPE OF INSURANCE	ADDL SI	UBR WD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
X	COMMERCIAL GENERAL LIABILITY			HHS852558517	09/27/2023	09/27/2024	EACH OCCURRENCE	s1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
							MED EXP (Any one person)	s10,000
							PERSONAL & ADV INJURY	s1,000,000
GEN							GENERAL AGGREGATE	\$3,000,000
	POLICY PRO- JECT X LOC		İ				PRODUCTS - COMP/OP AGG	s 3,000,000
	OTHER:							\$
AUT	OMOBILE LIABILITY			HHS852558517	09/27/2023	09/27/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
_X	ANY AUTO		ı				BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	S
X	HIRED AUTOS ONLY		- 1				PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	CHOLOVEDOLLIADILITY			HHS852558517	09/27/2023	09/27/2024	PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA STOP GAP			E.L. EACH ACCIDENT	s1,000,000
(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	<b>\$1,000,000</b>
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s1,000,000
Pro	ofessional Liab			HHS852558517	09/27/2023	09/27/2024	\$1,000,000 Each Cla	im
			İ				\$3,000,000 Aggrega	te
	X X WOOLAND	CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCT X LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY  LIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X AUTOS	CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  COTHER:  AUTOMOBILE LIABILITY  AUTOS ONLY AUTOS ONLY AUTOS ONLY  AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE N  N/A  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROPRODICY X LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X NON-OWNED  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N  N/A  HHS852558517  09/27/2023  HHS852558517  09/27/2023  WA STOP GAP	TYPE OF INSURANCE INSIR WYD POLICY NUMBER (MM/DD/YYY) (MM/DD/YYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCY JECT X LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  NY PROPRIETOR/PARTNER/EXECUTIVE N  N/A  NY PORTIETOR/PARTNER/EXECUTIVE N  WA STOP GAP  HHS852558517  O9/27/2023  O9/27/2024	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CEN'L AGGREGATE LIMIT APPLIES PER:  POLICY JECT X LOC  OTHER:  AUTOMOBILE LIABILITY  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY X

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

CERTIF	CATE HO	OLDER

CANCELLATION

Salish Behavioral Health Administrative Services Organization 614 Division St MS-23 Port Orchard, WA 98366 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** 

Mitthel R. Su.

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Agape Unlimited

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation
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