

**INTERLOCAL AGREEMENT
BETWEEN
KITSAP COUNTY
AND
PORT GAMBLE S'KLALLAM TRIBE
KC-044-22-B**

**AGREEMENT AMENDMENT
B**

This Interlocal Agreement between Kitsap County and the Port Gamble S'Klallam Tribe for Senior Nutrition Services (this "Agreement") is entered into by Kitsap County (the "County"), a municipal corporation and political subdivision of the State of Washington, and the Port Gamble S'Klallam Tribe (the "Tribe"), a federally recognized Indian Tribe, effective January 1, 2022.

In Consideration of the mutual benefits and covenants contained herein, the parties agree that their Interlocal Agreement, numbered as Kitsap County Contract No. KC-044-22, and executed on March 14, 2022, amended on December 5, 2022 shall be amended as follows:

1. **Agreement, Item 5. Term** shall be amended as follows: The Agreement will be effective on January 1, 2022 and the termination date is extended from December 31, 2023 to August 31, 2024. In no event will the Agreement become effective unless and until it is approved and executed.
2. **Exhibit C: Budget Table** shall be amended in the entirety. The contract revenue will increase by \$20,000 from \$20,000 to a new contract total \$40,000. The total amount payable under the contract, by the County to the Contactor in no event will exceed \$40,000.
3. **Exhibit D: Certificate of Insurance** shall be amended in the entirety.

This amendment shall be effective as of October 1, 2023.

IN WITNESS WHEREOF, THE PARTIES HAVE SUBSCRIBED THEIR NAMES HERETO ON THE DATES SET FORTH BELOW.

Dated this 11 day of DEC, 2023

Dated this ___ day of _____, 2023

KITSAP COUNTY BOARD OF COMMISSIONERS

Charlotte Garrido

Charlotte Garrido, Chair

Katherine T. Walters

Katherine T. Walters, Commissioner

Christine Rolfes

Christine Rolfes, Commissioner

**TRIBE:
PORT GAMBLE S'KLALLAM TRIBE**

Amber Caldera

Amber Caldera, Tribal Council Chairwoman

ATTEST:

Dana Daniels

Dana Daniels, Clerk

DATED: 12/11/23



EXHIBIT C: BUDGET TABLE

**PORT GAMBLE S'KLALLAM TRIBE
January 1, 2022 – August 31, 2024**

Program/Funding Source American Rescue Plan Act (ARP)	Total	Oct - Dec 2023	Jan - Mar 2024	Apr - Jun 2024	Jun - Aug 2024
Congregate/Emergency Meals	40,000	10,900	10,900	10,900	7,300
ARP (COVID MDD flexibility)	40,000	10,900	10,900	10,900	7,300
NSIP	0	0	0	0	0
Total	40,000	10,900	10,900	10,900	7,300
Match	0	0	0	0	0
ARP (No match required for service or administrative expenditures.)	0	0	0	0	0
Total Project	40,000	10,900	10,900	10,900	7,300

**Funding amount per quarter is flexible within the total budget amount.*

Funding Source	CFDA #	Amount
ARP IIIC-1	93.045	40,000
NSIP	93.053	0

EXHIBIT D: CERTIFICATE OF INSURANCE

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 8/14/2022		
<p>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.</p>						
<p>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).</p>						
PRODUCER Broen & Broen of Washington, Inc. 800 5th Ave Suite 2400 Seattle WA 98104		CONTACT Leah Shaw CIGR, CIC PHONE (206) 956-1641 FAX (206) 956-9604 E-MAIL lshaw@bbseattle.com ADDRESS (INSURER(S) AFFORDED COVERAGE) NAIC # INSURER A: Hudson Insurance Company 25054 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
INSURED Port Gamble S'Klallam Tribe 31912 Little Boston Rd NE Kingston WA 98346						
COVERAGES CERTIFICATE NUMBER: 21-24 GL & AL REVISION NUMBER:						
<p>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.</p>						
PER LTR	TYPE OF INSURANCE	ADDITIONAL RISK	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	NA000267-14	01/01/2021	01/01/2024	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Per occ per person) \$ UNLIM'D PERSONAL & ADY INJURY \$ 10,000,000 GEN'L AGGREGATE \$ 12,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/>		NA000267-14	01/01/2021	01/01/2024	COMBINED SINGLE LIMIT (Per accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPOSED PARTIAL EXCLUSIVE OF BENEFITS SHOULD BE EXCLUDED (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> B.L. EACH ACCIDENT \$ B.L. DISEASE - CA EMPLOYEE \$ B.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedules, may be attached if more space is required) RE: Division of Aging & Long Term Care Nutrition Program. Kitsap County and its officers, officers, employees, and agents are additional insured as required by written contract and/or agreement with the named insured.						
CERTIFICATE HOLDER				CANCELLATION		
Kitsap County Dept of Personnel & Human Services 614 Division Street, M3 23 Port Orchard WA 98366467				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		

ACORD 25 (201603)

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