

**CONTRACT AMENDMENT
A**

This CONTRACT AMENDMENT is made and entered into between KITSAP COUNTY, a municipal corporation, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "COUNTY", and Northwest Justice Project, having its principal office at 401 Second Ave. S., Suite 407, Seattle, WA 98104 (the Contractor).

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-067-24, and executed on November 27, 2023 shall be amended as follows:

In consideration of the terms and conditions of this Contract, the parties agree as follows:

ATTACHMENT A: SPECIAL TERMS AND CONDITIONS

1. Reporting Requirements shall be amended to remove "birth date" as follows:

INSPECTION, MAINTENANCE OF RECORDS

- a) The Contractor shall provide County financial, program, and other reports at the intervals and in the formats required by County. The Contractor's failure to submit required reports in a timely manner may result in County's withholding payment of Reimbursement Requests submitted for reimbursement of funds related to the delinquent report(s).

County requires the Contractor to comply with the requirements of the computerized client tracking system used by County. As may be required by County, client demographic data, service history and/or reports shall be submitted to County in any or all of the following formats:

- i. Hard copy
- ii. Electronic media as may be specified by County
- iii. Encrypted Email

If a computerized report format is required, the Contractor will be provided the necessary software and training on its use. Units of service for each client must be reported monthly, with each client identified by name or County assigned client number. County will provide technical assistance as necessitated by the reporting requirements. Data required or procedures for client tracking may change periodically.

This amendment shall be effective as of January 1, 2024.

Dated this 4th day of January, 2024

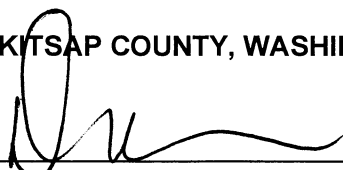
Dated this 4 day of January, 2024

**CONTRACTOR
NORTHWEST JUSTICE PROJECT**



Cesar Torres, Executive Director

KITSAP COUNTY, WASHINGTON



Doug Washburn, Director
Human Services Department



Office of Inspector General
U.S. Department of Health & Human Services

Report # Topic Keyword Search

- About OIG
- Reports & Publications
- Fraud
- Compliance
- Exclusions
- Newsroom
- Careers

Home » Exclusions

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Entities

No Results were found for

> Northwest Justice Project

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

[Search Again](#)

Search conducted 12/22/2023 5:48:23 PM EST on OIG LEIE Exclusions database.
Source data updated on 12/8/2023 8:00:00 AM EST

[Return to Search](#)



- About OIG
- Reports & Publications
- Fraud
- Compliance
- Recovery Act Oversight
- Exclusions
- Newsroom

[Home](#) | [FACE](#) | [FOIA](#) | [Contact](#) | [HEAT](#) | [Download Reader](#) | [Site](#)
[Privacy Policy](#) | [Terms of Use](#) | [Accessibility](#) | [Feedback](#) | [Help](#) | [Glossary](#) | [Sitemap](#)



CERTIFICATE OF LIABILITY INSURANCE

OP ID: SR

DATE (MM/DD/YYYY)

10/24/2023

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 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).

PRODUCER Sprague Israel Giles 1501 Fourth Avenue, Suite 730 Seattle, WA 98101-3225 John M. Policar	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: NWJUS-1	
	INSURER(S) AFFORDING COVERAGE	
INSURED Northwest Justice Project 401 2nd Ave S. #407 Seattle, WA 98104	INSURER A : Chubb National	
	INSURER B : Great Northern Insurance Co.	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		D02038936	10/27/2023	10/27/2024	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
B	AUTOMOBILE LIABILITY			73637007	10/27/2023	10/27/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS						\$	
<input checked="" type="checkbox"/> NON-OWNED AUTOS	\$							
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE \$
	DEDUCTIBLE						\$	
	RETENTION \$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	D02038936 WA STOP GAP	10/27/2023	10/27/2024	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

The County, its officers, officials, employees and agents are additional insured if required by written contract or agreement, subject to the General Liability blanket additional insured provision endorsement attached. Insurance is Primary

CERTIFICATE HOLDER**CANCELLATION**

Kitsap County Division of Aging & Long Term Care Attn: Stacey Smith, Admin. 614 Division Street, MS-5 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 

© 1988-2009 ACORD CORPORATION. All rights reserved.