



For Recording Stamp Only

DOCUMENT NO. 2025-643
AMENDING DESCHUTES COUNTY CONTRACT Nos. 2024-847, 2023-982, 2023-165, 2022-796

THAT CERTAIN AGREEMENT, Deschutes County Contract No. 2024-847 dated November 11, 2024, by and between DESCHUTES COUNTY, a political subdivision of the State of Oregon ("County") and Thrive Central Oregon ("Contractor"), is amended, effective upon signing of all parties, as set forth below. Except as provided herein, all other provisions of the contract remain the same and in full force.

County's performance hereunder is conditioned upon Contractor's compliance with provisions of ORS 279B.220, 279B.225, 279B.230, and 279B.235, which are hereby incorporated by reference. In addition, Standard Contract Provisions contained in Deschutes County Code Section 2.37.150 are hereby incorporated by reference. Contractor certifies that the representations, warranties and certifications contained in the original Contract are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

The above listed contract is amended as follows:

1. Project Period: The program effective dates change from November 1, 2022 to ~~December 31, 2024~~ June 30, 2025 to now conclude on ~~June~~ **September 30, 2025**.
2. Total Compensation: The not to exceed amount of \$247,647.50 increased by \$63,000.00 for a total not to exceed of \$310,647.50.

Funding Category	2024 Budget	2025 CJC approved budget adjustment	Extension CJC approved budget adjustment	New 2025 budget allocations
Case Management	\$220,560.00		\$25,056.00	\$245,616.00
Life Stabilization Funds	\$78,587.50	\$11,500.00	(\$25,056.00)	\$65,031.50
Victim/Offender Fund	\$11,500.00	(\$11,500.00)		\$0
Total	\$310,647.50			\$310,647.50

- a. Case Management Services: The not to exceed amount of **\$220,560** increased by **\$25,056** to **\$245,616** ~~\$170,560 increased by \$50,000 to \$220,560.~~
- b. Victim/Offender Funds: The not to exceed amount of \$11,500 decreased by \$11,500 to zero out that fund.
- c. Life Stabilization Funds: The not to exceed amount of **78,587.50** increased by **\$11,500** and then decreased by **\$25,056.00** to **\$65,031.50**. ~~\$65,587.50 increased by 13,000 to \$78,587.50.~~

d. Life Stabilization Fund Breakdown

- i. Participant support: The not to exceed amount of \$67,300 ultimately decreased by \$12,023.23 to \$55,276.77 ~~56252.00 increased by \$11,050 to \$67,300.~~
- ii. Administration fee: The not to exceed amount of 11,287.50 ultimately decreased by \$1,532.77 to \$9,754.73. ~~\$9,337.50 increased by \$1,950 to \$11287.50~~

Funding Category	2025 Full Category Budget	Participant Support	Administration Fee
Life Stabilization	\$65,031.50	\$55,276.78	\$9,754.73

3. Reporting deadlines: January 15, 2025, April 15, 2025, ~~and~~ July 15, 2025, and **October 15, 2025.**

4. Except as provided herein, and as applicable, the terms of Contract Nos. 2024-847, 2023-982, 2023-165, 2022-796 shall remain in full force.

CONTRACTOR: Thrive Central Oregon

Sarah Mahnke, Executive Director

Dated this _____ of _____, 20__.

COUNTY:

Dated this _____ of _____, 20__

BOARD OF COUNTY COMMISSIONERS

ANTHONY DeBONE, CHAIR

PATTI ADAIR, VICE CHAIR

ATTEST:

Recording Secretary

PHIL CHANG, COMMISSIONER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/31/2025

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

PRODUCER Inszone Insurance Services, LLC 2721 Citrus Road, Suite A Rancho Cordova, CA 95742	CONTACT NAME: Certificate Team	
	PHONE (A/C, No, Ext): 877-308-9663 FAX (A/C, No): 916-400-2625	
	E-MAIL ADDRESS: certs@inszoneins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United States Fire Ins Co	21113
	INSURER B: SAIF Corporation	36196
	INSURER C: ACE Fire Underwriters Insurance Company	20702
	INSURER D:	
	INSURER E:	
	INSURER F:	

License#: 0F82764
THRICE-01

INSURED
Thrive Central Oregon
Po Box 1815
Bend, OR 97709

COVERAGES

CERTIFICATE NUMBER: 888474160

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 INSD	SUBR WVD	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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		NPP1583158F	7/4/2024	7/4/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NPP1583158F	7/4/2024	7/4/2025	COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y		CUP1573164A	5/31/2024	5/31/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	881955	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A A C	Professional Liability Professional Liability Directors and Officers			NPP1583158F NPP1583158F NFPORF1390327A2-008	7/4/2024 7/4/2024 3/19/2025	7/4/2025 7/4/2025 3/19/2026	Aggregate \$3,000,000 Each Incident \$1,000,000 Aggregate/Occurrence \$1,000,000

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

Additional Insured on the General Liability. Waiver of Subrogation on the Workers Compensation. Umbrella follows form, subject to the terms and conditions of the policy.

The aforementioned coverage is provided to the extent in the attached forms for: Deschutes County

CERTIFICATE HOLDER

CANCELLATION

Deschutes County
411 SW 9th St.
1300 NW Wall St.
Bend, OR 97703

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2025

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

PRODUCER CC/ALLISON BROCK 775 SW BONNETT WY 200, BEND, OR 97702		CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Artisan and Truckers Casualty Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 283649697301213905D062425T160240	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	992460659	01/30/2025	01/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 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 PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	992460659	01/30/2025	01/30/2026	\$

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

CERTIFICATE HOLDERThrive Central Oregon
PO Box 1815
Bend, OR 97709**CANCELLATION**

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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CC/ALLISON BROCK		NAMED INSURED Thrive Central Oregon PO Box 1815 Bend, OR 97709	
POLICY NUMBER 992460659		EFFECTIVE DATE: 01/30/2025	
CARRIER Artisan and Truckers Casualty Company	NAIC CODE 10194		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	\$2,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items
Scheduled autos only

2023 SUBARU CROSSTREK JF2GTAPCXP248670	
Comprehensive	\$500 Ded
Uninsured Motorist Property Damage	\$20,000 w/\$200 Ded (\$300 if Hit & Run)
Collision	\$500 Ded
Rental Reimbursement	\$50 Per Day (\$1,500 Max)
Personal Injury Protection	\$15,000 each person
Roadside Assistance	Selected w/\$0 Ded
2024 SUBARU CROSSTREK JF2GUADC5RH343318	
Comprehensive	\$500 Ded
Uninsured Motorist Property Damage	\$20,000 w/\$200 Ded (\$300 if Hit & Run)
Collision	\$500 Ded
Rental Reimbursement	\$50 Per Day (\$1,500 Max)
Personal Injury Protection	\$15,000 each person
Roadside Assistance	Selected w/\$0 Ded

DESCHUTES COUNTY DOCUMENT SUMMARY

This form is required to be submitted with all contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If this form is not included with the document, the document will be returned to the Department.

Please complete all sections above the Official Review line.

Date: 06/23/2025 **Department:** DA's Office **Document Number:** 2025-643

Type of Document: Service Agreement Extension (e.g., grant*, IGA, services agreement)

If an amendment, which Document No. is being amended? 2022-796, 2023-165, 2023-982, 2024-847

Starting Date: July 1, 2025 **Ending Date:** September 30, 2025

Contractor/Supplier/Consultant Name: Thrive Central Oregon

Annual Value or Total Payment: Remaining Emerging Adult Program funds that are already under management by Thrive approximately \$30,000

Purpose of Document: Contract for services related to providing case management for the Emerging Adult Program

☒ Insurance certificate received (check box and add certificate to document or note N/A)

Insurance expiration date: 7/4/2025 Risk Mgmt review/date: N/A

Contract initiation method:

- ☐ RFP, solicitation or bid process
☐ Informal quotes (<\$250K)
☐ Exempt from RFP, solicitation or bid process (specify below – see DCC §2.37)

Does this contract or agreement require payment to a vendor? ☐ Yes ☒ No

If **Yes**, is the vendor registered in Munis? ☒ Yes ☐ No

Funding Source: Included in current budget? ☒ Yes ☐ No

Cost Center/Project String: 0011150 / 334012 / DAEAP22

If **No**, is a budget amendment required? ☐ Yes ☐ No

Departmental Contact and Title: Kathlene Meehan Coop, Management Analyst
Phone #: 541-317-3175

Department Director Approval:  6/30/25
Signature Date

Distribution of Document: Who gets the document after it has been signed?

*if a grant, see signature authority section on next page

Kathleen Meehan Coop

Official Review:

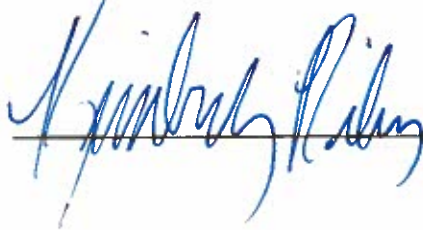
County signature required (check one):

- ☐ BOCC (more than \$250,000) – BOARD AGENDA Item
- ☐ County Administrator (up to \$250,000)
- ☐ Department Head/Director (up to \$50,000)

For grants, signature required (check one):

- ☒ BOCC (more than \$50,000) – BOARD AGENDA Item
- ☐ County Administrator (up to \$50,000 if no match required and no new staff hired)
- ☐ Department Director (up to \$10,000 if no match required and no new staff hired)

Legal Review



Date

7/7/25