

**WHATCOM COUNTY**  
**CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202410006 – 2

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855040 Housing
Contract or Grant Administrator:	Ashley Geleynse
Contractor's / Agency Name:	Lydia Place

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:			202410006
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:		
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)		
Is this a grant agreement?	If yes, grantor agency contract number(s):		ALN#:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Method of Procurement:	RFP 24-07	Contract Cost Center:	18581004.6610	
Is this agreement excluded from E-Verify?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Goods and services provided due to an emergency.
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, all Interlocal agreements, contracts or bid awards <b>exceeding \$75,000</b> , and grants exceeding \$40,000 and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b>
\$ 1,155,524	1. Exercising an option contained in a contract previously approved by the council.
This Amendment Amount:	2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.
\$ 955,060	3. Bid or award is for supplies.
Total Amended Amount:	4. Equipment is included in Exhibit "B" of the Budget Ordinance
\$ 2,110,584	5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.

Summary of Scope: This amendment extends the contract for one year.

<b>Contract Term Ends:</b>	<b>12/31/2026</b>			
Contract Routing:	1. Prepared by:	J. Thomson	Date:	09/05/2025
	2. Health Approval:	CR	Date:	11/07/2025
	3. Attorney signoff:	Kimberly A. Thulin	Date:	11/14/2025
	4. AS Finance reviewed:	bbennett	Date:	11/13/2025
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Executive Contract Review:		Date:	
	8. Council approved (if necessary):	AB2025-831	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

**WHATCOM COUNTY CONTRACT AMENDMENT  
HEALTHY CHILDREN'S FUND HOUSING STRATEGY**

**PARTIES:**

**Whatcom County  
Whatcom County Health and Community Services  
509 Girard Street  
Bellingham, WA 98225**

**AND CONTRACTOR:  
Lydia Place  
PO Box 28487  
Bellingham, WA 98228**

**CONTRACT PERIODS:**

**Original: 10/09/2024 – 12/31/2025  
Amendment #1: 09/08/2025 – 12/31/2025  
Amendment #2: 01/01/2026 – 12/31/2026**

**THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO**

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**DESCRIPTION OF AMENDMENT:**

1. Extend the duration and other terms of this contract for one year, as per the original contract "General Terms, Section 10.2, Extension". The cumulative term of this contract may not extend beyond 10/08/2028.
2. Amend Exhibit A – Scope of Work, to:
  - a. Section I. Background – Provides minor edits for clarity about the intended population to be served.
  - b. Section II. Statement of Work –
    - i. Provides minor edits to update the agencies that the contractor receives referrals from and remove duplicate information;
    - ii. Updates the number of eligible families to be served annually (from 56 to 69 to 70 to 85) with short-term supportive services and rental assistance;
    - iii. Updates case management service expectations;
    - iv. Clarifies that direct housing payment assistance is payable for both rent and mortgage arrears and/or current rent or mortgage payments.
  - c. Section III. Program Requirements – Updates eligibility requirements and language for consistency with standards among similar contract types.
  - d. Section IV. Additional Requirements – Adds requirements for consistency with standards among similar contract types.
  - e. Section V. Annual Outputs and Outcomes – Updates outputs and outcomes to be consistent with standards for similar contract types.
  - f. Section VI. Reporting Requirements – Updates requirements to match standardized quarterly reporting for similar contract types.
3. Amend Exhibit B – Compensation, to reflect the budget for the extended contract period.

4. Replace Exhibit D with the current Flex Fund Guidelines.
5. Funding for this contract period (01/01/2026 – 12/31/2026) may not exceed \$955,060.
6. Funding for the total contract period (10/09/2024 – 12/31/2025) may not exceed \$2,110,584.
7. All other terms and conditions remain unchanged.
8. The effective start date of the amendment is 01/01/2026.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

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APPROVAL AS TO PROGRAM: \_\_\_\_\_  
Ann Beck, Community Health and Human Services Manager Date

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Charlene Ramont, Assistant Director Date  
Whatcom County Health and Community Services

APPROVAL AS TO FORM: \_\_\_\_\_  
Kimberly A. Thulin, Senior Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

	Tiffini Ayala, Housing Program Director	
Contractor Signature	Printed Name and Title	Date

FOR WHATCOM COUNTY:

\_\_\_\_\_  
Satpal Singh Sidhu, County Executive Date

**CONTRACTOR INFORMATION:**

**Lydia Place**  
PO Box 28487  
Bellingham, WA 98228  
[tiffinia@lydiaplace.org](mailto:tiffinia@lydiaplace.org)

**EXHIBIT "A" – Amendment #2**  
**(SCOPE OF WORK)**

**I. Background and Purpose**

Funding for this contract will help eligible, low-income, at-risk households with young to stabilize their finances and provide healthier environments for children in their custody. Funds may be used to facilitate the transition of income-qualified families out of unaffordable, unsafe and/or crowded housing arrangements. Case management services will help to address the root cause of participants' housing instability and establish sustainable resources for participants to support themselves after financial subsidy and case management have ended.

This contract supports Strategy 8 of the Healthy Children's Fund (HCF) Implementation Plan, intended to support vulnerable children by increasing housing stability for families with (or expecting) children who are five years old or younger, in order to reduce homelessness among low-income Whatcom County families with young children. The strategy's purpose is to reduce negative health outcomes that result from the stress and trauma that is associated with housing stability and to increase the well-being of children in those households.

**II. Statement of Work**

The Contractor will provide case management and supportive services including improving a family's finances, increasing their social support networks, and addressing other family-identified goals. Recognizing that housing and case management are only one facet of support needed for families with complex traumas, case managers will establish a direct connection to clinical behavioral health and parenting support services to address behavioral health concerns and nurture whole-family healing in order to improve long-term parent and child outcomes, when deemed appropriate.

The Contractor will:

- a. Receive referrals from Whatcom County school districts, Unity Care, Whatcom Center for Early Learning, Head Start and the Early Childhood Education and Assistance Program (ECEAP), Lydia Place's Parenting Support and Mental Health Program, and other internal and external partners, as applicable, as a way to identify and engage eligible participants.
  1. The Contractor's Housing Director will:
    - a. Develop and evaluate referral sources in an effort to broaden outreach and increase equity.
    - b. Meet with County staff and networked partner agency staff to share feedback and support shared learning.
- b. Conduct an intake with each family participating to assess the strengths and barriers to achieving housing stability.
- c. Provide a combination of short-term supportive services and rental assistance for approximately 70 to 85 eligible families annually to promote housing stability. The Contractor's Housing Director will provide supervisory support for staff, as it relates to implementation of this program. Services may include providing:
  1. Case management: Assistance with establishing and working through goals related to housing and financial stability including:
    - a. In partnership with clients, developing an individualized service plan targeted at addressing immediate housing stabilization needs and root causes that lead to their housing crisis in order to prevent future episodes of housing instability.
    - b. Assisting clients in setting, reviewing and achieving related goals during case management sessions.
    - c. Assistance to families in enrolling in other social safety net programs such as: SSDI, TANF, Medicaid, SNAP, etc.
    - d. Referrals to external providers as appropriate, including warm hand-offs to behavioral health and parenting support programs operated by Lydia Place or other agencies.

2. Direct housing payment assistance:

- a. Up to 3 months per family of direct housing assistance towards rent or mortgage arrears, and/or current rent or mortgage payments. Payments may not exceed 150% of the federal government's applicable Fair Market Rent (FMR) or Small Area FMR (SAFMR). Arrears may not be paid after current rent or mortgage payment has been made.
  1. On a case-by-case basis, households may be approved for up to 3 additional months of housing assistance if they have documented progress toward housing stability and can provide a reasonable plan for achieving self-sufficiency following the additional assistance. The form used to document this information must be approved by Whatcom County Health and Community Services prior to implementation and retained in the client file.
- b. Other housing-related expenses, such as: security deposits, application fees, utility deposits and arrears, and other move-in related fees.

### III. Program Requirements

The Contractor will:

- a. Use the Washington State Department of Commerce's income eligibility worksheet to calculate participants' income upon program entry: <https://deptofcommerce.app.box.com/s/grvjrobru7ve6dlxyz3uuInd93uyr1f4>
- b. Ensure that a housing unit meets housing habitability standards using the Washington State Department of Commerce's Housing Habitability Standards Form when financially supporting a participant to move into a new unit.
- c. Maintain contact with participants for up to 12 months (as permitted by the contract end date) from the point of initial assessment, to provide the services outlined above and to track participant outcomes.
- d. Complete an exit summary detailing the client's progress towards housing stability for each household, upon program exit.
- e. Maintain client files and case notes for program participants. Client files will be securely stored and available for review by County staff.
- f. Comply with state and federal confidentiality laws and regulations.
- g. Train staff in the below skills and frameworks within 6 months of hire or execution of the contract:
  1. Trauma Informed Care
  2. Cultural competency
  3. Motivational Interviewing
  4. Mental Health First Aid
  5. Basic First Aid and CPR
  6. Behavioral Health and Substance Use Disorders
  7. De-escalation and crisis intervention
  8. Racial equity
  9. LGBTQIA+ Inclusion
- h. Abide by the following set of program requirements for participant eligibility. An eligible household must meet eligibility criteria for either Groups 1, 2 or 3 and also meet all criteria described in section d., below:
  1. **Group 1: Severely cost-burdened families with children:**
    - a. Family has legal tenancy in a housing unit (either renting or through home ownership), has a gross income that is at or below 60% of the Area Median Income, and is paying 50% or more of

gross income towards housing costs. Documentation must include copy of lease or statement of account with landlord and income certification form.

**2. Group 2: Precariously housed families with children:**

- a. Family is not on a lease and does not own their own home, has a gross income that is at or below 60% of the Area Median Income, and cannot otherwise receive housing services through the Whatcom County Coordinated Entry system due to ineligibility or unsuccessful attempts to access support. Such families might include, for example, a family “doubled up” or “couch surfing” with another family.

**3. Group 3: Overcrowded family:**

- a. Family may be on a lease or own their home, but have more than two occupants per bedroom (for example, a family of three living in a 1-bedroom unit, or a family of five living in a 2-bedroom unit), and has a gross income that is at or below 60% of the Area Median Income.

**4. For all groups, participants must:**

- a. Reside in Whatcom County.
- b. Have at least one child in the household between the ages of 0 and 5 years old or be a pregnant person upon program entry.
- c. Agree to only participate in a Healthy Children’s Fund supported program, and not to be a recipient of similar services delivered simultaneously through Opportunity Council’s eviction prevention program, or be enrolled in housing programs referred through the coordinated entry system. This agreement must be documented using a Whatcom County-approved form.

**IV. Additional Requirements**

a. Grievances:

Ensure that staff, program participants, and applicants understand their rights to file grievances with Whatcom County Health and Community Services and Lydia Place and are provided full access to a grievance filing process. Grievance policies must be submitted to Whatcom County Health and Community Services Department at program onset and whenever updated.

b. Program monitoring:

The Contractor should anticipate being monitored by Whatcom County to ensure that services and funds are being offered as described in the statement of work and program requirements. Monitoring will typically include but is not limited to a self-assessment; a review of the program’s policy/procedures manual, job descriptions, conflict of interest policies, fiscal control policies and procedures, and staff list; and an on-site file review. Programs that are out of compliance will be required to complete activities in a corrective action plan. Whatcom County reserves the right to additional monitoring as described in section 33.1.

c. Incident reporting:

The Contractor will submit incident reports to Whatcom County Health and Community Services within three business days of occurrence. Incidents include: property damage over \$3,000, unauthorized access or use of personally identifying information (including HIPAA violations), significant agency spam attacks, data breaches, or fraud, participant fatality, participant or staff serious injury, and when imminent threats of harm occur. A template is available in Exhibit E, but an agency Incident Report maybe be submitted alternatively.

d. Recapturing unspent funds:

The Contract Administrator will review the program’s spenddown at the halfway mark and three quarters of the way through the contract to ensure that the funds are being spent down at an appropriate rate. If the program is significantly underspending, the Contract Administrator may recommend recapturing funds that are not expected to be spent so they may be reallocated to other programs. Additionally, should the contractor identify

that they will be unable to spend down their full amount, they should reach out to Whatcom County at their earliest convenience to amend the contract.

e. Interpretation services:

Where a staff member is not available to provide information to a head of household in a language known to the participant, the contractor will make interpretation services available to the participant for meetings and discussions on program eligibility and program services, as applicable.

f. Participation in meetings:

The Contractor is expected to regularly participate in meetings hosted by Whatcom County Health and Community Services' Housing and Homeless Services program, including but not limited to the Quarterly Provider Meeting.

**V. Annual Outputs and Outcomes**

- a. Outputs – At least 40 program slots will be continuously supported by the program.
- b. Outcomes – 50% or more of households exiting the program no longer qualify as “housing unstable”.

**VI. Reporting Requirements**

Quarterly reports are due 15 days following the quarter end: April 15<sup>th</sup>, July 15<sup>th</sup>, October 15<sup>th</sup>, and January 15<sup>th</sup>, in a format approved by the county. The report will include:

a. Program participation data during the reporting period including:

- 1. Number of households enrolled on the last day of the reporting period
- 2. Number of new households enrolled
- 3. Number of new households enrolled by group type
- 4. Referral source for all new participants enrolled
- 5. Number of households served year to date
- 6. Number of children served year to date
- 7. Number of total households on the last day of the reporting period who are actively receiving case management services (where “actively” is operationalized by one or more meetings in the last month)
- 8. Average income of households at program entry who enrolled
- 9. Race and ethnicity of newly enrolled heads of households
- 10. Primary language spoken at home for newly enrolled households
- 11. Zip code upon entry for newly enrolled households

b. Outcome data for families who have exited the program during the reporting period including:

- 1. Number of households who exited program by group type
- 2. By program type: Number of households who would still qualify for program entry (i.e., if a person entered in group 1, they would no longer qualify because their housing costs have gone down, or their income has gone up)
- 3. Number of households who received rental assistance for 3 months or less and average amount per family
- 4. Number of households who received rental assistance for more than 3 months and average amount per family
- 5. Number of households who receive mortgage assistance for 3 months or less and average amount per family



6. Number of households who receive mortgage assistance for more than 3 months and average amount per family
7. Number of households who ever received flexible funds:
  - a. Average amount of assistance
  - b. Top five categories of how flexible funds were used
8. Percent of heads of households who reported an increase in their financial stability
9. Percent of heads of households who reported feeling satisfied or very satisfied with their program outcome
10. Narrative report: Brief (1- to 2-paragraph) narrative discussion of a family who participated in the program with a positive outcome, and one family that had a negative outcome, if applicable. Please include a brief description of the strengths and weakness of the program model overall and experiences with implementation of the contract.
11. Self-report: For case management services, rate 1-5 the degree to which enrolled households have engaged in services, where:
  - a. 1 is none or few people have accessed resource or service (less than 25% of resource or service capacity used)
  - b. 2 is some people are using resources or services (25-50% of resource or service capacity used)
  - c. 3 is resources and services are used consistently but more people could be served (50-75% of resource or service capacity used)
  - d. 4 is resources and services are well utilized and sometimes full (75 to 100% of resource or service capacity used)
  - e. 5 is resources and services consistently full and people are frequently wait-listed or turned away (demand for services/resources is beyond capacity)
  - f. Where the rating is 3 or less, offer a brief explanation.

## **VII. Flex Funding**

Flex funds must follow the Guidelines established by the County and be reported on the spreadsheet provided by the County (Exhibit D) and signed by an authorized signatory. In addition, all flex fund reimbursement requests must be accompanied by receipts.

- a. The Contractor's Housing Director will provide oversight of flex fund use prior to request of flex fund reimbursement.

**EXHIBIT “B” – Amendment #2**  
(COMPENSATION)

**Budget and Source of Funding:** The source of funding for this contract period (01/01/2026 – 12/31/2026), in an amount not to exceed \$955,060, is the Healthy Children’s Fund. The budget for this contract is as follows:

Cost Description	Documents Required with Each Invoice	Budget
*Personnel ( <i>salary, taxes, benefits</i> ): Housing Case Manager (2 FTE) Prevention Program Manager (1 FTE) Housing Director (.1 FTE) MSW Intern (.3 FTE)	GL Detail	\$296,300
**Occupancy or office rental space	GL Detail and copies of paid invoices or receipts; cost allocation plan where applicable	\$6,650
**Communications (internet, phone services, etc.)		\$2,700
**Office supplies		\$1,000
**/**Equipment (technology, furniture, etc.)		\$7,200
**Other agency costs (utilities, insurance, etc.)		\$7,000
Staff travel/mileage at GSA rate	See Exhibit B 1. (6.c and 6.d)	\$5,900
Staff training	See Exhibit B 1. (6.d)	\$5,000
Flex funds	Flex Fund Spreadsheet and copies of receipts	\$43,900
Direct Housing Assistance	Expanded GL report for the period plus documentation including client ID, payee, and amount of payment	\$492,587
<b>Direct Costs SUBTOTAL</b>		<b>\$868,237</b>
HCF Indirect @ 10%		\$86,823
<b>TOTAL</b>		<b>\$955,060</b>

- \* The Contractor must maintain time sheets accounting for all time and identifying direct hours for the activities described in Exhibit A.
- \*\* All direct costs must be related solely to this program or based on approved cost allocation plan.
- \*\*\* Equipment expenses exceeding \$500 must be pre-approved in writing by the County’s Contract Administrator.

Contractor’s Invoicing Contact Information:	
Name	Tim O’Donnell
Phone	360-671-7663
Email	<a href="mailto:TimO@lydiaplace.org">TimO@lydiaplace.org</a>

**Refer to Exhibits B.1 and B.2 for additional invoicing requirements and information.**

## EXHIBIT "B.1" – Invoicing – General Requirements

1. When applicable, the contractor may transfer funds among budget line items in an amount not to exceed 10% of the total budget. Line item changes that exceed 10% must be pre-approved by the County Contract Administrator, prior to invoicing.
2. When applicable, indirect costs and fringe benefit cost rates may not exceed the amount indicated in Exhibit B or the Contractor's federally approved indirect cost rate.
3. The Contractor shall submit invoices indicating the County-assigned contract number to:  
[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [ageleyns@co.whatcom.wa.us](mailto:ageleyns@co.whatcom.wa.us).
4. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County and by the 15<sup>th</sup> of the month, following the month of service, except for January and July where the same is due by the 10<sup>th</sup> of the month.
5. When applicable, the Contractor will utilize grant funding sources in the order of their expiration date as indicated by the County, prior to spending local funding sources, when no funding restrictions prevent doing so.
6. The contractor shall submit the required invoice documentation identified in Exhibit B.
  - a. The County reserves the right to request additional documentation in order to determine eligible costs. Additional documentation must be received within 10 business days of the County's request.
  - b. When applicable, if GL reports for personnel reimbursement do not specify position titles, additional documentation must be provided that includes staff name and position title.
  - c. When applicable, mileage will be reimbursed at the current GSA rate ([www.gsa.gov](http://www.gsa.gov)). Reimbursement requests for mileage must include:
    1. Name of staff member
    2. Date of travel
    3. Starting address (including zip code) and ending address (including zip code)
    4. Number of miles traveled
  - d. When applicable, travel and/or training expenses will be reimbursed as follows:
    1. Lodging and meal costs for training are not to exceed the current GSA rate ([www.gsa.gov](http://www.gsa.gov)), specific to location.
    2. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts.
    3. Reimbursement requests for allowable travel and/or training must include:
      - a. Name of staff member
      - b. Dates of travel
      - c. Starting point and destination
      - d. Brief description of purpose
      - e. Receipts for registration fees or other documentation of professional training expenses.
      - f. Receipts for meals are not required.
7. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Contractor.
8. The County may withhold payment of an invoice if the Contractor submits it or the required invoice documentation, more than 30 days after the month of services performed and/or the expiration of this contract.
9. Invoices must include the following statement, with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
10. Duplication of billed costs or payments for service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.

11. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract. Submitted invoices must include a cover sheet with the following information, dated and signed:

- The statement, "I certify that the materials have been furnished, the services rendered, or the labor performed as described in this invoice."
- Monthly spenddown report showing:

		Amt invoiced by contract month													
Item	Amt awarded	1	2	3	4	5	6	7	8	9	10	11	12	Percent spent	Total remaining
Item1															
Item2															
Item3															
Total															

## EXHIBIT "B.2" – Invoice Preparation Checklist for Vendors

The County intends to pay you promptly. Below is a checklist to ensure your payment will be processed quickly. Provide this to the best person in your company for ensuring invoice quality control.

- ☐ Send the invoices to the correct address:  
[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [ageleyns@co.whatcom.wa.us](mailto:ageleyns@co.whatcom.wa.us)
- ☐ Submit invoices monthly, or as otherwise indicated in your contract.

### Verify that:

- ☐ the time period for services performed is clearly stated and within the contract term beginning and end dates. Also verify any other dates identified in the contract, such as annual funding allocations;
- ☐ invoice items have not been previously billed or paid, given the time period for which services were performed;
- ☐ enough money remains on the contract and any amendments to pay the invoice;
- ☐ the invoice is organized by task and budget line item as shown in Exhibit B;
- ☐ the Overhead or Indirect Rate costs match the most current approved rate sheet;
- ☐ the direct charges on the invoice are allowable by contract. Eliminate unallowable costs.
- ☐ personnel named are explicitly allowed for within the contract and the Labor Rates match the most current approved rate sheet;
- ☐ back-up documentation matches what is required as stated in Exhibit B and B.1;
- ☐ contract number is referenced on the invoice;
- ☐ any pre-authorizations or relevant communication with the County Contract Administrator is included; and
- ☐ Check the math.

### Whatcom County will not reimburse for:

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 10% except as approved in an indirect or overhead rate agreement.

## Exhibit D

### WHATCOM COUNTY FLEX FUNDS GUIDELINES

"Flex funds" are funds that may be used at the discretion of the Contractor, following the policies described below, when no other funding source is available. Flex fund assistance must be tied to housing stability and documented in the client's file.

**Allowable Costs:** Expenses that directly support a household's housing stability, including:

- Transportation, including gas, bus passes, taxi fare, ride share, vehicle registration or insurance, vehicle repairs.
- Educational or vocational training or certification program fees, equipment, and supplies
- Legal fees related to housing issues (attorney fees should not be paid until the judge has determined that tenant is liable).
- Payment of past debts with previous landlords to pass housing screenings.
- Installation of safety measures, (e.g., new door locks for individuals fleeing violence or trafficking).
- Work-required equipment necessary for employment (e.g., work boots or clothing).
- Essential veterinary services for pets of households accessing emergency shelter, or ESAs or service animals for households who are accessing permanent housing.
- Utilities that are not included in rent.
- Non-recurring or short-term moving costs, including application fees, storage unit rental, and professional movers.
- Critical documents, including driver's permits and licenses, ID cards, birth certificates, passports, student records.
- Essential household needs, including personal hygiene products, cleaning supplies, essential furniture, and other personal necessities.
- Non-recurring or short-term health care, including co-pays, prescriptions, medical equipment, eyeglasses, and wheelchairs.
- Deposit assistance (**not allowable with CHG flex funds as deposits are considered a rent expense**)
- Other, as approved by Whatcom County.

**Limitations:** Flex funds distributed to any one client cannot exceed \$1,000 per year, except with written authorization from the County. No flex fund disbursements are to be made directly to the client but rather will be made on behalf of a client. Flex funds do not include current rent payments or other fees and costs required by a household's lease (i.e. pet fees, parking, garbage, etc.). Deposits are an allowable expense with non-CHG flex funds.

Flex funds may be used to purchase retailer or merchant gift cards, vouchers, or certificates for the above allowable expenses, where applicable. If gift cards or cash equivalent cards are provided to program participants, strong internal controls must be in place. These controls include:

- Established written procedures of purchasing, storing (in secure area) and distributing.
- Maintaining an itemized inventory of all gift cards, including dollar amounts.
- Keeping a monthly tracking log of all distributed cards.
- Recording the following details for each card distributed:
  - Client's name and ID number
  - Purpose of the card
  - Date of distribution
- Obtaining the client's signature and a signed attestation confirming the card will be used for activities outlined in their housing stability plan.

**Required Invoice Documentation (see attached form for example):** Requests for reimbursement of flex funds must include the following:

- |   |   |
|---|---|
| a. Unique ID of the client for whom the goods and/or services were purchased. | f. List of the goods and/or services purchased.   |
| b. The person or organization funds were paid to.                             | g. Service need addressed by the purchase.        |
| c. Date of transaction.   | h. Evidence of administrative review of purchase. |
| d. Cost of the goods and/or services purchased.                               | i. Accompanying invoices and/or receipts.         |
| e. Total amount of flex funds distributed to the client during the year.      |   |

Contractor:			Contract:			Period:	
<b>Whatcom County Health and Community Services Flex Fund Documentation</b>							
<b>Client ID</b>	<b>* Paid to</b>	<b>Date</b>	<b>Cost</b>	<b>Total \$ To Client this Year</b>	<b>Goods/Services Purchased</b>	<b>Service Need</b>	<b>Administrative Review (initials)</b>
<b>* ATTACH RECEIPTS FOR EACH PURCHASE</b>							

## Exhibit E

**WHATCOM COUNTY**  
Health and Community Services



Champ Thomaskutty, MPH, Director  
Amy Harley, MD, MPH, Co-Health Officer  
Meghan Lelonek, MD, Co-Health Officer

### PARTNER INCIDENT REPORT

*Agencies can supplement any questions asked here with the corresponding agency Incident Report attached. Please return 3 business days after incident and redact any program participant names from the report.*

#### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM or PM

Type of Incident: ☐ Imminent threat of harm ☐ Property Damage over \$3000 ☐ Serious injury ☐ Fatality

Was 911 called? \_\_\_\_\_ If not why? \_\_\_\_\_

If applicable was medical treatment offered, recommended, accepted, or rejected? \_\_\_\_\_

Incident description, including any events leading to, immediately following the incident, and contributing factors (do not use client identifying information like unit numbers or names):

Additional Employee Comments:

#### PERSON FILING REPORT

Reporter: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Location of Event: \_\_\_\_\_

#### COUNTY STAFF

Recipient: \_\_\_\_\_ Date: \_\_\_\_\_ Others Notified: \_\_\_\_\_

Notes: