

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

Whatcom County Contract Number:  
202412006 – 1

Originating Department:		85 Health and Community Services	
Division/Program: (i.e. Dept. Division and Program)		8550 Human Services / 855040 Housing	
Contract or Grant Administrator:		Janie Oliphant	
Contractor's / Agency Name:		YWCA Bellingham	
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 #:		202412006
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):		202307017
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Method of Procurement:	RFP 24-42	Contract Cost Center:	18521002.6610
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):

\$ 425,012

This Amendment Amount:

\$ 910,503


Total Amended Amount:

\$ \$1,335,515

Council approval required for; all property leases, contracts or bid awards **exceeding \$40,000**, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, **except when:**

1. Exercising an option contained in a contract previously approved by the council.
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.
3. Bid or award is for supplies.
4. Equipment is included in Exhibit "B" of the Budget Ordinance
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>06/30/2026</b>		
Contract Routing:	1. Prepared by:	J. Thomson	Date: 03/03/2025
	2. Health Budget Approval	PL/CR	Date: 05/19/2025
	3. Attorney signoff:	Christopher Quinn	Date: 05/28/2025
	4. AS Finance reviewed:	bbennett	Date: 5/29/25
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:	JL	Date: 6/23/2025
	8. Council approved (if necessary):	AB2025-435	Date: 06/10/2025
	9. Executive signed:		Date: 6/23/2025
	10. Original to Council:		Date:



# Memorandum

**TO:** Satpal Sidhu, County Executive

**FROM:** Charlene Ramont, Interim Director

**RE:** YWCA Bellingham – Shelter and Housing Case Management Contract Amendment #1

**DATE:** JUNE 11, 2025

Attached is a contract amendment between Whatcom County and YWCA Bellingham for your review and signature. This amendment extends the contract for one year and updates the program outcomes, reporting requirements, and budget to reflect a one-year contract period.

- **Background and Purpose**

This contract provides funding for housing case management services and other operational support services for shelter and Permanent Supportive Housing (PSH) units. The YWCA currently provides 14 year-round shelter beds for single women, including five specifically for women ages 55+, 15 PSH housing units (6 for families with children and 9 for single women), and a 19-unit, year-round shelter for women and children. Approximately 57% of this funding will support the new (2025) shelter for families, 35% will support continuing shelter operations at the Larrabee location, and another 9% will support ongoing permanent supportive housing at the Larrabee location.

- **Funding Amount and Source**

Funding for this contract period (07/01/2025 – 06/30/2026) is not to exceed \$910,503. Funding is provided by the Washington State Department of Commerce's Consolidated Homeless Grant. These funds are included in the 2025-2026 budget. Council authorization is required per WCC 3.08.100 increases funding by more than 10% of the total amount of funding authorized by Council.

- **Differences from Previous Contracts**

Section	Differences
<b>General Terms – Section 10.2, Extension</b>	Extends contract through 06/30/2026
<b>Exhibit A – Scope of Work</b>	Adds minor language revisions and updates program outcomes, reporting requirements, and the budget for the one-year, extended contract period.
<b>Exhibit B – Compensation</b>	
<b>Exhibit D – Flex Fund Guidelines</b>	Replaces the guidelines with the current version.

Please contact Christopher D'Onofrio, Housing and Homeless Services Supervisor at 360-778-6049 ([CDonofrio@co.whatcom.wa.us](mailto:CDonofrio@co.whatcom.wa.us)) if you have any questions.

Encl.



Whatcom County Contract Number:

202412006 – 1

**WHATCOM COUNTY CONTRACT AMENDMENT  
SHELTER & HOUSING CASE MANAGEMENT**

**PARTIES:**

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

**AND CONTRACTOR:  
YWCA Bellingham  
1026 N Forest Street  
Bellingham, WA 98225**

**CONTRACT PERIODS:**

**Original: 01/01/2025 – 06/30/2025**

**Amendment #1: 07/01/2025 – 06/30/2026**

**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 12/31/2028.
2. Amend Exhibit A – Scope of Work and Exhibit B – Compensation, to update program outcome, reporting requirements, and the budget to reflect a one-year contract period.
3. Replace Exhibit D – Flex Fund Guidelines with the current version of the guidelines.
4. Funding for this contract period (07/01/2025 – 06/30/2026) is not to exceed \$910,503.
5. Funding for the total contract period (01/01/2025 – 06/30/2026) is not to exceed \$1,335,515.
6. All other terms and conditions remain unchanged.
7. The effective start date of the amendment is 07/01/2025.

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.

APPROVAL AS TO PROGRAM:	<div>DocuSigned by:</div> <div><i>Ann Beck</i></div> <div>2B365BB0422344A</div>	6/16/2025
	Ann Beck, Community Health & Human Services Manager	Date
DEPARTMENT HEAD APPROVAL:	<div>Signed by:</div> <div><i>Charlene Ramont</i></div> <div>C1DD9BF6CCAC4DC...</div>	6/23/2025
	Charlene Ramont, Interim Director Whatcom County Health and Community Services	Date
APPROVAL AS TO FORM:	<div>Signed by:</div> <div><i>Christopher Quinn</i></div> <div>EC466EF5C88B4FD...</div>	6/16/2025
	Christopher Quinn, Chief Civil Deputy Prosecutor	Date

FOR THE CONTRACTOR:

<div>Signed by:</div> <div><i>Alle Schene</i></div> <div>911D83BF19844EE...</div>	Alle Schene, CEO	6/16/2025
Contractor Signature	Printed Name and Title	Date

FOR WHATCOM COUNTY:

<div>DocuSigned by:</div> <div><i>Satpal Singh Sidhu</i></div> <div>1192C7C18B664E3...</div>	6/23/2025
Satpal Singh Sidhu, County Executive	Date

#### CONTRACTOR INFORMATION:

**YWCA Bellingham**  
 1026 N Forest Street  
 Bellingham, WA 98225  
 360-734-4820  
[Alle@YWCABellingham.org](mailto:Alle@YWCABellingham.org)



## **EXHIBIT "A" – Amendment #1** (SCOPE OF WORK)

### **I. Background**

Through this contract, YWCA Bellingham will provide both operations and case management support for shelters at the YWCA properties Larrabee Residence and new Lakeway shelter, as well as case management support for a portion of residents living in Permanent Supportive Housing (PSH) programs at Larrabee Residence and Garden street properties. The Larrabee Residence shelter includes 14 emergency shelter beds, including five that are reserved for seniors who are at least 55 years old. The Lakeway Shelter offers 19 additional units of emergency shelter for women and their young children.

This funding will support approximately 60% of operations wages across the Larrabee and Lakeway buildings, a portion of operations supplies and equipment, and 83% of the case management services and associated case management oversight costs for the shelter and PSH programs. The shelter services will support clients as they stabilize at the YWCA and then identify and move on and into permanent housing placements. It will decrease the amount of time it takes for clients to move into stable housing and increase their likelihood of success. By providing support and pathways to emergency shelter and permanent supportive housing, the funding for this contract will help to reduce the number of people experiencing homelessness in Whatcom County and reduce the negative health outcomes associated with homelessness.

According to the annual Point In Time Count of homeless persons conducted in January 2024, at least 671 households in Whatcom County were homeless (including 206 who were unsheltered). Of those households, there were 107 senior households and 76 families with children. Throughout the year, more may face the prospect of losing their homes. Whatcom County's Plan to End Homelessness provides a blueprint for how our community will work together to prevent and end homelessness. The provision of housing assistance in the form of emergency shelter and Permanent Supportive Housing (PSH) are key strategies of the Plan and promote housing stability.

Funding for this work comes from the Consolidated Homeless Grant passed through the Washington State Department of Commerce, which includes emergency shelter and Permanent Supportive Housing (PSH), amongst other strategies, as allowable interventions under this funding source.

### **II. Definitions**

Coordinated Entry	A coordinated entry system assesses households in need of housing services to determine each household's urgency of need as well as the intervention type that would be most appropriate. The coordinated entry system refers households from the Housing Interest Pool to fill project vacancies as they occur. The system links individual households with partner agencies who provide the direct services for those clients.
HMIS	HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness.
Housing Pool (HP)	Registry of clients who are eligible and waiting for housing services. This registry is drawn upon to issue referrals for housing programs based on client needs and available resources instead of a first come, first served basis.
Low-barrier program	This is a program model that seeks to reduce homelessness by eliminating as many barriers as possible for entry into a residence or shelter and to maintain housing. For example, program entry and tenancy is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, or participation in services. The few requirements that do exist focus on safety and harm reduction.
Overnight emergency shelter	Short-term, temporary housing for people experiencing homelessness (drop-in night-by-night or continuous stay). May serve general population of adults or a specific subpopulation(s).
Permanent Supportive Housing (PSH)	A long-term evidence-based best practice housing solution for vulnerable families and individuals with persistent challenges to stable housing. At least one member (adult or child) in the household must be living with a disability. This intervention pairs a rental

	subsidy with case management to support long-term stability and increase wellbeing of the household.
Whatcom Homeless Service Center (WHSC)	WHSC programs provide: (1) A centralized coordinated system of access; (2) Targeted prevention assistance to reduce the number of households that become homeless; (3) Re-housing for people who become homeless; (4) Supportive services promoting housing stability and self-sufficiency; and (5) Data management and tracking information for people receiving homeless housing services in Whatcom County and according to Washington State Department of Commerce HMIS data collection requirements.

### III. Statement of Work

This contract includes funding support for two programs within the YWCA: (1) Operations and case management for the emergency shelters at the Larrabee Residence and Lakeway shelter. The shelter at Larrabee Residence offers 9 emergency shelter beds, including 5 emergency beds for female-identifying seniors; the shelter at Lakeway is a new, 19-unit emergency shelter for women and young children. (2) Case management services for a subset of residents in YWCA's PSH programs at Larrabee Residence and Garden Street.

Activities will include:

#### A. Emergency Shelter Operations

Provide shelter services for up to 33 households residing at the shelters at Larrabee Residence (14 units of emergency shelter) and the Lakeway Shelter (16 units of continuous-stay emergency shelter beds and 3 night-by-night beds), including staffing the Larrabee building during business hours Monday through Thursday, and 24-hour support for the Lakeway Shelter. The Contractor will be responsible for fulfilling the following obligations to support the programs' objectives of providing basic needs and improving health and wellbeing for program participants while also ensuring positive community relations:

1. Maintain safety and security of all staff and participants by monitoring all general access areas and enforcing building rules, including street front and alleyways.
2. Maintain intake and eligibility documentation of all participants that utilize the shelter as required by the contract's funding source.
3. Clearly communicate and document participant signed intake agreements that describe program rules and regulations.
4. Provide private and confidential meeting spaces for program participants to have one on one check in's with internal and external case management supports.
5. Proactively establish positive relationships with neighborhood residents and businesses and respond to neighborhood complaints promptly and professionally. Establish and maintain a policy that outlines expectations of good neighbor behaviors.
6. Operate all functions in the lobby office, including managing policy and procedures, answering phones and monitoring the security system.
7. Provide a single phone number that is accessible to residents and neighboring businesses 24/7 where immediate concerns can be reported to a live person.
8. Use harm reduction and client centering practice in engagement with clients.
9. Provide ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking.
10. Support participants through creative, resourceful strategies that build trust and confidence.
11. Provide immediate assistance and support during times of crisis to prevent program exits, initiate action as required, including contact with emergency response systems.
12. Engagement with residents in on-site recreational and social activities to reduce isolation and promote integration.

13. Assistance for participants in making pro-social choices.
14. Providing oversight of staff, including hiring, management, and training.

B. Emergency Shelter Case Management

Provide case management for up to 33 individuals and families sheltering at the Larrabee Residence (14 units) and the Lakeway Shelter (19 units) to resolve barriers to housing stability and improve the health and wellbeing of those households. This will include maintenance of individualized service plans that focus on housing stability and the client's wellbeing. Plans and progress will be documented in participant files.

Activities will include:

1. Conducting an assessment and developing a housing case management plan (including a crisis support plan as needed);
2. Assistance with obtaining financial, food and transportation resources;
3. Referrals and transportation to medical and behavioral health providers, as needed;
4. Assistance with developing and following a budget;
5. Education and skill-building in "rental skills" and tenancy;
6. Locating and providing referrals for child-related services such as medical, dental, and behavioral health services, in coordination with the legal guardian;
7. Coordination with children's school districts for transportation services;
8. Providing oversight of staff, including hiring, management, and training.

C. PSH case management:

Provide case management for up to six (6) households at a time at the Garden Street PSH program and up to 9 at Larrabee Residence to resolve barriers to housing stability and improve the health and wellbeing of those households. This will include maintenance of individualized service plans that focus on housing stability and the client's wellbeing. Plans and progress will be documented in participant files. Case management services will include:

1. Working with participants to complete an assessment and make a plan to maintain their tenancy and improve their health and wellbeing;
2. Helping participants to make progress on their goals through regular check-ins, including redirecting participants when needed and celebrating progress;
3. Guidance for participants in remaining compliant with all components of their lease;
4. Guidance and advocacy for participants in meeting the requirements of their rent subsidy such as assisting with paperwork requirements;
5. Development of participant-driven plans surrounding how to support the participant in a crisis offered at move-in and maintained annually;
6. Development of housing retention plans in response to lease enforcement;
7. For participants with Substance Use Disorder, development and maintenance of participant-driven, harm reduction or recovery-focused goals;
8. Transportation to important appointments that support housing stability;
9. Connection to resources to increase monthly income;
10. Advising participants on safety and hygiene standards in their units during in-unit visits that occur at least quarterly;
11. Assistance with making reasonable accommodation requests for the participants' home to make it safe and accessible, such as requesting the installation of grab bars in a bathroom;

12. Using harm reduction strategies that aim to minimize the negative consequences of behaviors rather than insisting on abstinence, and meeting individuals where they are in their journey.
  13. Immediate assistance and support during times of crisis to address urgent needs and prevent loss of housing;
  14. Engagement with participants in on-site recreational and social activities to reduce isolation and promote integration where applicable;
  15. Providing ongoing risk assessment and safety planning for participants who have been recent victims of domestic violence, dating violence, sexual assault, and stalking;
  16. Regular evaluation of the effectiveness of services and interventions to ensure they are meeting the goals of housing stability and improving the quality of life for the participant.
  17. Providing oversight of staff, including hiring, management, and training.
  18. Individuals referred from Coordinated Entry to the Larrabee Residence and Garden Street will start receiving case management support to assist with completing required documents for entry and facilitating move-ins. Case management services will end if a referral is denied or if a tenant is exited from the program.
- D. Further, the contractor will provide supportive services that facilitate and encourage connections to external community resources including, but not limited to:
1. Mental and behavioral health services;
  2. Substance abuse treatment;
  3. Health care;
  4. Payee services;
  5. Training and education;
  6. Employment;
  7. Social networks;
  8. Family/community reconciliation; and
  9. Other social safety net programs including SSDI, ABD, SNAP, Medicaid, etc.

#### **IV. Program Requirements**

- A. Eligibility criteria and population served:
1. Larrabee Residence shelter will accept female-identifying individuals experiencing homelessness with five shelter units set aside specially for people over 55. People residing at the shelter for 90 days or longer will have an Area Median Income (AMI) at or below 30%.
  2. The Lakeway shelter will serve female-identifying people with their accompanying children, or pregnant people. People residing at the shelter for 90 days or longer will have an Area Median Income (AMI) at or below 50%.
  3. The Garden Street PSH program will serve individual female-identifying people OR individuals and their accompanying children: (a) experiencing homelessness, (b) living with a disability, and (c) with an AMI at or below 30%.
  4. The Larrabee Residence PSH program will accept individual female-identifying people: (a) experiencing homelessness, (b) living with a disability, and (c) with an AMI at or below 30%.



B. Participation in Housing First, CE and HMIS:

1. All programs will operate as Housing First programs, meaning that entry into the facilities and continued sheltering and tenancy is not dependent on sobriety, criminal record, or participation in supportive services. Funding is contingent upon continued operations as low-barrier programs.
2. Additionally, all facilities will receive program participants through the Whatcom County Homeless Service Center (WCHSC) CE system, with the exception of 2 beds set aside for people needing emergency shelter at the Lakeway Shelter, which will operate as night-by-night shelter beds.
3. YWCA will comply with the Housing Pool (HP) referral procedures as described in the Whatcom County Coordinated Entry Partnership Roles and Responsibilities Memorandum of Agreement: <https://www.whatcomcounty.us/DocumentCenter/View/88148/MOA-for-CE-Partners-5724>
4. Additionally, YWCA will track emergency shelter and PSH Households in HMIS:
  - a. The contractor will enroll all program participants in HMIS.
  - b. The Contractor will comply with Washington State Department of Commerce's Homeless Management Information System (HMIS) "Agency Partner Agreement", data collection, and recording requirements.
  - c. The Contractor will coordinate activation and changes to their HMIS programs with the Whatcom County HMIS Lead.

C. Compliance with Washington State Department of Commerce Funding:

1. Comply with all State of Washington Department of Commerce Special Terms and Conditions of Commerce Grants, herein incorporated as Exhibit G.
2. Comply with all State of Washington Department of Commerce Consolidated Homeless Grant (CHG) requirements, policies and procedures in the CHG Guidelines, including periodic updates to the Guidelines which can be accessed at the following link: <https://www.commerce.wa.gov/serving-communities/homelessness/consolidated-homeless-grant/>
  - a. The County will notify subgrantees via email when updated guidelines are published.
  - b. COMMERCE and the State of Washington are not liable for claims or damages arising from Subcontractor's performance of this contract.

D. Service model framework and training expectations

Staff should employ harm reduction, trauma informed care, and motivational interviewing approaches in their work with program participants. Staff should be trained in the below skills and frameworks within six months of hire or execution of the contract:

All staff:

1. Trauma Informed Care
2. Cultural competency (touch on specifics of population served in program)
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

10. Supporting survivors of domestic violence and sexual assault
11. Fair Housing
12. Housing First
13. Rapid rehousing
14. Progressive engagement and problem solving (diversion)
15. Harm Reduction
16. CE Policy and Procedures

PSH staff:

1. Landlord-Tenant Law
2. Housing First and PHS
3. HMIS

E. Expected participation in meetings/coalitions:

1. Staff will attend the Whatcom County Coalition to End Homelessness activities and sponsored activities.
2. Staff will participate in meetings and events coordinated by the WCHCS department.

**V. Additional Requirements**

- A. Grievances: Ensure that program participants and applicants understand their rights to file grievances with Whatcom County Health and Community Services and the YWCA 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, overdoses, 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. Severe Weather and Smoke Planning: Within one month of contract execution and following with annual updates, the contractor shall submit to Whatcom County a severe weather and smoke plan. A simple template is available in Exhibit [F], but a more thorough version may be submitted as an alternative.
- F. Translation 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 translation services available to the participant for meetings and discussions on program eligibility and program services, as applicable.

## **VI. Program Outcomes**

- A. Shelter programs: During the contract period, the emergency shelters operated by YWCA will deliver the following outcomes and outputs for the contract term:
  1. Expected outputs:
    - a. At least 33 beds will be supported by the contract.
    - b. The shelters will maintain an occupancy of at least 80%.
    - c. At least 70% of occupants will engage in case management services (as defined by at least two meetings per month).
    - d. At least 90% of referrals made by Coordinated Entry will be accepted.
  2. Expected outcomes:
    - a. 50% or more of household exits will be to permanent housing.
- B. PSH programs: During the contract period, the PSH programs operated by YWCA will deliver the following outcomes and outputs for the contract term:
  1. Expected outputs:
    - a. At least 19 units will be available for occupancy or occupied.
    - b. At least 19 households will be served.
    - c. At least 70% of residents will engage in active case management services (as defined by meeting at two times per month).
    - d. At least 90% of referrals made by Coordinated Entry will be accepted.
  2. Expected outcomes:
    - a. 95% or more of households either remain in place or exit to a permanent housing destination.
    - b. Program will maintain an occupancy rate of at least 90%.

## **VII. Reporting**

Quarterly reports will be submitted separately for the two shelter programs (Larrabee Residence and Lakeway Shelter) and the PSH programs at Larrabee and Garden Street. 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>. The shelter report template is available here: <https://www.surveymonkey.com/r/JKWC27G>. The PSH report template is available here: <https://www.surveymonkey.com/r/YVDLFS9>. Reporting templates may be updated from time to time with advanced notice to the contractor.

- A. Shelter programs during quarter and year to date:
  1. Bednight occupancy.
  2. On the last day of the reporting period, the percent of households who have engaged in case management services within the previous month.
  3. Median length of stay for individuals or households that exited during reporting period.
  4. Percent exiting to permanent housing among people who exited over reporting period.
    - i. Disaggregated by race and ethnicity
  5. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.

B. PSH programs during quarter and year to date:

1. Number of unique households served.
2. On the last day of the reporting period, the percent of households who have engaged in case management services within the previous month.
3. Percent of households who either maintained housing or had a positive exit.
4. Number of units occupied or available for occupancy (not offline units) last day of reporting period.
5. Bednight occupancy.
6. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.

C. Additionally, the County is required to report HMIS project expenditures to the Washington State Department of Commerce for their annual report submitted to the Washington State Legislature. When requested, the Contractor shall provide the County with the necessary expenditure information in a timely manner.

**VIII. 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 funds must be accompanied by receipts.



**EXHIBIT “B” – Amendment #1**  
(COMPENSATION)

**Source of Funding and Budget:** The source of funding for this contract, in an amount not to exceed \$910,503, is provided by the Consolidated Homeless Grant (CHG) from Washington State Department of Commerce. The budget for this contract period (07/01/2025 – 06/30/2026) is as follows:

*Item Description:	Documents Required with Invoices	Budget
<b>Personnel</b> ( <i>salary, taxes, benefits</i> ): Chief Executive Officer (.25 FT) Admin lead/Office manager (.15 FT) Property management lead (.25 FT) Housing Program Lead (1 FT) Senior Case Manager (1 FT) Emergency Case Manager (1 FT) Family Services Case Manager (2 FT) Program assistant/reception 1 (1 FT) Program assistant/reception 2 (1 FT) Maintenance manager (.5 FT) Custodian/program supplies person (1 FT) Weekend program support (.65 FT) Night support (1.65 FT starting Feb)	Composite hourly billing rate worksheets and signed timesheets	\$711,392
<b>Staff travel/mileage @GSA rate</b>	See Exhibit B.1 (6.c)	\$2,500
<b>Communications (internet/phone service, etc.)</b>		\$8,376
<b>Program supplies</b>	<ul style="list-style-type: none"> <li>• GL Detail</li> <li>• Copies of paid invoices or receipts</li> <li>• Cost allocation plan, where applicable</li> </ul>	\$38,449
<b>Office supplies</b>		\$6,000
<b>**Equipment</b>		\$1,500
<b>Other agency costs</b>		\$57,013
<b>Training and travel</b>	See Exhibit B.1 (6.c and 6.d)	\$1,000
<b>Flex Funds</b>	Flex fund spreadsheet and copies of receipts	\$1,500
<b>SUBTOTAL</b>		<b>\$827,730</b>
Indirect costs @ 10%		\$82,773
<b>TOTAL</b>		<b>\$910,503</b>

- \* All costs must be direct costs attributable to this program.
- Time Records must be available that support time worked on this program.
  - Occupancy compensation is limited to dedicated program space.
  - Utilities, rent, and depreciation may be charged proportionately based on square footage.
  - Copier costs may be charged based on actual program usage.
  - If the insurance premium identifies a cost attributable to the contracted program, it may be charged as a direct expense.
- \*\* All equipment expenses exceeding \$500 must be pre-approved by the contract administrator and solely used for this program.

Contractor's Invoicing Contact Information:	
<b>Name</b>	Melissa Elliott
<b>Phone</b>	360.734.4820
<b>Email</b>	<a href="mailto:finance@ywcabellingham.org">finance@ywcabellingham.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 [JOliphant@co.whatcom.wa.us](mailto:JOliphant@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 [JOLiphan@co.whatcom.wa.us](mailto:JOLiphan@co.whatcom.wa.us)

☐ Submit invoices monthly, or as otherwise indicated in your contract.

Verify that:

- ☐ invoices 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.**
- ☐ 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” – Amendment 1**  
**WHATCOM COUNTY FLEX FUNDS GUIDELINES**

“Flex funds” are funds that may be used at the discretion of the Contractor, following the policies described below, to purchase goods or services directly related to the service needs of the Contractor’s clients, when no other funding source is available. Such goods or services must be reasonable and necessary to meet a client’s emergent service needs or contribute to the stabilization or self-sufficiency of the client and must be documented in the client’s file.

**Allowable Costs:**

- Clothing
- Food/pet food
- Housing/rental assistance, including utilities
- Non-recurring or short-term moving costs, including but not limited to application fees, background checks, security deposits, storage unit rental, and professional movers
- Transportation, including bus passes, taxi fare, ride share, registration, insurance, tires, repairs/maintenance
- Critical documents, including driver’s permits, testing fees, and licenses, ID cards, birth certificates, student records, etc.
- Educational or vocational training program fees, equipment, and supplies
- Household supplies and essential furniture
- Non-recurring or short-term health care, including co-pays, prescriptions, medical equipment, eyeglasses, and wheelchairs
- Other, as approved by Whatcom County

**Limitations:** Flex fund expenditures must be within the allowable criteria of the funding source in addition to the criteria established by the County, as identified above, and must have no other funding available from any other source. Use of flex funds must be documented in the client’s file.

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 may not be used to purchase retailer or merchant gift cards, vouchers, or certificates that can be exchanged for cash or that allow the recipient to purchase alcohol, tobacco, or cannabis products.

**Documentation:** Requests for reimbursement of flex funds must include the attached form including the following:

- A. The person or organization funds were paid to.
- B. Date of transaction.
- C. A list of the goods and/or services purchased.
- D. The cost of the goods and/or services purchased.
- E. The initials of the client and/or unique identifying number of the client for whom the goods and/or services were purchased.
- F. The total amount of flex funds distributed to the client during the year.
- G. The service need addressed by the expenditure.
- H. Accompanying invoices and/or receipts.
- I. Evidence of administrative review of expenditures

**See Attached Form**

Contractor:			Contract:			Period:		
<b>Whatcom County Health and Community Services Flex Fund Documentation</b>								
<b>Paid To *</b>	<b>Date</b>	<b>Cost</b>	<b>Goods/Services Purchased</b>	<b>Client ID</b>	<b>Total \$ To Client this Year</b>	<b>Service Need</b>	<b>No Other Funding Available</b>	<b>Administrative Review</b>
<b>* ATTACH RECEIPTS FOR EACH PURCHASE</b>								



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2025

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).

<b>PRODUCER</b> Trucordia 2200 Rimland Dr Ste 305  Bellingham WA 98226	<b>CONTACT NAME:</b> Emma Doornbos <b>PHONE (A/C, No, Ext):</b> (360) 734-1161 <b>FAX (A/C, No):</b> (360) 734-1173 <b>E-MAIL ADDRESS:</b> EmmaD@riceinsurance.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> AmTrust North America, Inc	
<b>INSURER B:</b> Security National Insurance Co	
<b>INSURER C:</b> Anzen Insurance Solutions LLC	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL256437019 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Y	WPP2044812	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
							Abuse & Molestation \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			SMB111366803	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		WPP2044812	06/01/2025	06/01/2026	PER STATUTE OTH-ER
	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
C	Directors and Officers			LIO110004912200	06/01/2025	06/01/2026	Directors and Officers \$1,000,000
							Employment Practices \$1,000,000

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

See page two for Additional Insureds and Project Information, if applicable. Additional Insured per attached form GL990252 0717. Waiver of subrogation applies from GL990252 0717. All endorsements apply when required by written contract or agreement.

## CERTIFICATE HOLDER

## CANCELLATION

Whatcom County  
509 Girard Street

Bellingham

WA 98225

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