

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

Whatcom County Contract Number:  
202412012 – 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:				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 #:				202412012	
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?							
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, grantor agency contract number(s):		ALN#:			
Is this contract grant funded?							
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		202307017			
Method of Procurement:		RFP 24-42	Contract Cost Center:		18521002 (\$163,299) / 18551000 (\$65,677) / 18521001 (\$30,000)		
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, contracts or bid awards <b>exceeding \$40,000</b> , 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. 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.			
\$	129,487						
This Amendment Amount:							
\$	258,976						
Total Amended Amount:							
\$	388,463						
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:	02/11/2025	
	2. Health Budget Approval	PL/CR			Date:	05/30/2025	
	3. Attorney signoff:	Christopher Quinn			Date:	05/30/2025	
	4. AS Finance reviewed:	bbennett			Date:	06/10/2025	
	5. IT reviewed (if IT related):				Date:		
	6. Contractor Program Manager Review:				Date:		
	7. Executive Contract Review:				Date:		
	8. Council approved (if necessary):	AB2025-454			Date:		
	9. Executive signed:				Date:		
	10. Original to Council:				Date:		

**WHATCOM COUNTY CONTRACT AMENDMENT  
PERMANENT SUPPORTIVE HOUSING AND SUPPORTIVE SERVICES**

**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: 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, to reorganize the scope of work and update the requirements, outcomes, and outputs for the extended, one-year contract period.
3. Amend Exhibit B – Compensation, to reflect the budget for the one-year extended contract period.
4. Replace Exhibit D – Flex Fund Guidelines with the current version of the guidelines.
5. Funding for this contract period (07/01/2025 – 06/30/2026) is not to exceed \$258,976.
6. Funding for the total contract period (01/01/2025 – 06/30/2026) is not to exceed \$388,463.
7. All other terms and conditions remain unchanged.
8. 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.

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

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

APPROVAL AS TO FORM: \_\_\_\_\_  
Christopher Quinn, Chief Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

	Ashley Thomasson, Executive Director	
Contractor Signature	Printed Name and Title	Date

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FOR WHATCOM COUNTY:

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

**CONTRACTOR INFORMATION:**

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

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

**I. Background**

This contract supports Lydia Place's permanent housing and supportive services program, an evidence-based housing first approach that offers a long-term rental subsidy, trauma informed property management, case management, and clinical behavioral health services to support housing stability. This funding will support approximately 7% of Lydia Place's permanent housing program.

According to the annual Point in Time Count of homeless persons conducted in January 2024, at least 671 households in Whatcom County were experiencing homelessness (including 243 that were unsheltered). Of those households, 11% were families with children. 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 permanently affordable housing with supportive services are key components of the plan.

Funding for this work comes from the Consolidated Homeless Grant, local affordable and supportive housing sales and use tax (HB 1406), and local document recording fees. The budget includes personnel and other program-specific costs essential to housing case management and supportive services for families. Permanent housing and supportive services' program operations are eligible uses of the Consolidated Homeless Grant and local document recording fees, and operations and maintenance of newly developed housing units is an eligible use of 1406 funds.

**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 Pool to fill project vacancies as they occur. The system links individual households with partner agencies who provide direct services for those clients.
Housing First	Housing First is a homelessness assistance approach that prioritizes housing homeless people first, without prerequisites. The approach suggests that housing people first will allow them to stabilize and work on other goals such as gaining income, achieving better mental health, or seeking treatment for various ailments. The Housing First approach has been heavily researched and is considered an international best practice approach for homelessness services.
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.
Homeless Management Information System (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.
Permanent Housing with Services	A long-term evidenced-based best practice housing solution for vulnerable families and individuals with persistent challenges to stable housing. 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 to support operations and maintenance of 20 Lydia Place-owned permanent housing units and supportive services for households residing in those units.

- A. The Contractor will provide trauma informed property management, case management, and clinical behavioral health services for up to 20 families with children at a time residing at Lydia Place owned and operated properties (Baker Place, A Place for Dads, Heart House, and Gladstone House) to remove barriers to housing stability and improve health and wellbeing for those households. This will include maintenance of individualized service plans that focus on housing stability and the household's wellbeing.
- B. By operating 20 units of permanent housing, the Contractor will be responsible for the following, as well as any other activities identified by the Contractor as being necessary to meet the program objectives of maintaining building occupancy and increased housing stability for all occupants:
  - 1. Developing leases and program agreements with all participating clients, including master leases where applicable;
  - 2. Determining and documenting client eligibility, including criminal background checks, documentation of living with a disability, and income eligibility;
  - 3. Documenting plans and progress in participant files;
  - 4. Coordinating both internal and external inspections of occupied units in compliance with occupants' rent subsidy sources;
  - 5. Responding in a timely manner to resident reports of maintenance issues;
  - 6. Maintaining safety and security of all staff, residents, and visitors by enforcing building rules, including street front;
  - 7. Proactively establishing positive relationships with neighborhood residents and businesses, responding to neighborhood complaints promptly and professionally, and establishing and maintaining a policy that outlines expectations of good neighbor behaviors;
  - 8. Responding to complaints and grievances in a timely manner; and
  - 9. Accepting referrals from the Whatcom Homeless Service Center to consider for placement in Lydia Place-owned properties.
- C. 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; and
  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.
- D. Further, the contractor will provide supportive services that facilitate and encourage connections to internal and external community resources including, but not limited to:
1. Mental and behavioral health services;
  2. Substance use treatment;
  3. Health care;
  4. Payee services;
  5. Training and education;
  6. Employment;
  7. Parenting classes;
  8. Childcare;
  9. Social networks;
  10. Family/community reconciliation; and
  11. Other social safety net programs including SSDI, ABD, SNAP, Medicaid, etc.
- E. Onsite behavioral health services will be provided to residents by a licensed Behavioral Health Professional. These positions will also provide behavioral health consultation services for staff. Behavioral health services to be provided by this position may include:
1. Conducting assessments for residents with behavioral health issues, including mental health and substance use history for residents who are not engaged with a mental health or substance use disorder treatment provider;
  2. Charting all provider contacts with residents engaged in formal behavioral health services;
  3. Completing an Individualized Treatment Plan conjointly with each resident engaged in behavioral health treatment with behavioral health staff;
  4. Providing treatment and case management activities; and
  5. Coordinating ongoing care with other professionals.

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

##### **A. Eligibility criteria and population served:**

The Contractor will serve families with children experiencing homelessness that are at or below 60% of the area median income.

B. CE and HMIS participation:

1. The Contractor 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>
2. The Contractor will enroll all program participants in HMIS.
3. The Contractor will comply with Washington State Department of Commerce's Homeless Management Information System (HMIS) "Agency Partner Agreement," data collection, and recording requirements.
4. The Contractor will coordinate activation and changes to their HMIS programs with the Whatcom County HMIS Lead.

C. Consolidated Homeless Grant compliance:

1. The Contractor will comply with all State of Washington Department of Commerce Special Terms and Conditions of Commerce Grants, herein incorporated as Exhibit G.
2. The Contractor will 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. Program framework and training:

Staff should employ the housing first model and best practices for affordable housing property management, housing case management, and clinical behavioral health services in their work with program participants. Staff should be trained in the below skills and frameworks within 6 months of hire or execution of the contract:

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. LGBTQ+ Competency
10. Supporting Survivors of Domestic Violence
11. Fair Housing
12. Landlord-Tenant Law
13. Housing First
14. Harm Reduction
15. CE Policies and Procedures

## **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 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, 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 may 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. 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.

## **VI. Program Outputs and Outcomes**

### **A. Outputs**

1. At least 20 HHs will be served.
2. At least 70% of HHs will engage in case management services (defined by meeting at least two times over the course of the last month).
3. At least 20 units will be available for occupancy or occupied.
4. At least 50% of HHs will engage in behavioral health services (defined as meeting at least two times per month).
5. At least 90% of referrals made by Coordinated Entry will be accepted.

### **B. Outcomes**

1. 95% of HHs will maintain housing or exit into permanent housing.



2. Program will maintain an occupancy rate of at least 90%.
3. Outcomes across racial and ethnic demographics should not be significantly less than the overall rate.

**VII. Reporting Requirements**

- A. 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>. Reporting templates will be provided via email and may be updated from time to time with advanced notice.
- B. Reporting requirements during last quarter, and year to date:
  1. Number of HHs unique served.
  2. Percent of households engaged in case management services on the last day of reporting period.
  3. Bed night occupancy.
  4. On the last day of the reporting period, the percent of households who have engaged in behavioral health services within the previous month.
  5. Percent of households who either maintained housing or had a positive exit.
  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 agency signatory. In addition, all flex funds must be accompanied by receipts.

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

**Budget and Source of Funding:** The source of funding for this contract period (07/01/2025 – 06/30/2026), in an amount not to exceed \$258,976, is provided by the Washington State Department of Commerce Consolidated Homeless Grant, local affordable and supportive housing sales and use tax (HB 1406), and local document recording fees. The budget for this contract is as follows:

<sup>1</sup> Cost Description	Documents Required Each Invoice	Budget
<b>Consolidated Homeless Grant</b>		
Personnel ( <i>salary, taxes, benefits</i> ): Person 1 – Coordinator (<.1FTE) Person 2-3 – Case Managers (.9 FTE) Person 4 – Program Manager (.5 FTE) Person 5 – Program Director (.1 FTE)	Expanded GL report for the period	\$145,454
Flex Funds	Flex Fund Spreadsheet and copies of receipts	\$3,000
<b>CHG Subtotal</b>		<b>\$148,454</b>
Indirect @ 10%		\$14,845
<b>CHG Total</b>		<b>\$163,299</b>
<b><sup>1</sup>Affordable and Supportive Housing Fund (1406)</b>		
Personnel ( <i>salary, taxes, benefits</i> ): Person 6 – Property Manager (.2 FTE) Person 7 – Facilities Manager (.1 FTE)	Expanded GL report for the period	\$35,507
Office Supplies and Postage	• GL Detail	\$1,000
Communications (Internet, Phone)	• Copies of paid invoices or receipts	\$1,200
Other Program Costs (Utilities, Insurance)	• Cost allocation plan, where applicable	\$11,000
Repairs and Maintenance	• GL Detail • Copies of receipts or paid invoices	\$10,000
Translation/Interpretation Services	Copies of paid invoices	\$1,000
<b>1406 Subtotal</b>		<b>\$59,707</b>
Indirect @ 10%		\$5,970
<b>1406 Total</b>		<b>\$65,677</b>
<b><sup>1</sup>Document Recording Fees</b>		
Personnel ( <i>salary, taxes, benefits</i> ): .1 FTE total Person 8-9 – Clinicians Person 10 – Clinical Supervisor Person 11 – Clinical Director	Expanded GL report for the period	\$27,273
Indirect @ 10%		\$2,727
<b>DRF Total</b>		<b>\$30,000</b>
<b>TOTAL OVERALL BUDGET</b>		<b>\$258,976</b>

<sup>1</sup> 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 to attributable to the contracted program it may be charged as a direct expense.

Contractor's Invoicing Contact Information:	
<b>Name</b>	Tim O'Donnell
<b>Phone</b>	360-671-7663
<b>Email</b>	<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 [AGelevns@co.whatcom.wa.us](mailto:AGelevns@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. 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 [AGeelyns@co.whatcom.wa.us](mailto:AGeelyns@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>								