WHATCOM COUNTY
CONTRACT INFORMATION SHEET

Whatcom County Contract Number: 202507032 – 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:	Michaela Mandala
Contractor's / Agency Name:	Catholic Community Services

Is this a New Contract?		If not, is this an Amendment or Renewal to an Existing Contract?		Yes ☒	No ☐
Yes ☐	No ☒	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		202507032	
Does contract require Council Approval?	Yes ☒	No ☐	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 ☐	No ☒	If yes, grantor agency contract number(s):		ALN#:	
Is this contract grant funded?		If yes, Whatcom County			
Yes ☐	No ☒	grant contract number(s):			
Method of Procurement:		Sole Source	Contract Cost Center:	18561001.6610 ($305,446) / 18538504.6610 ($250,000)	
Is this agreement excluded from E-Verify?		No ☒	Yes ☐		

If YES, indicate exclusion(s) below:

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

Contract Amount:(sum of original contract amount and any prior amendments):

$ 277,723

This Amendment Amount:

$ 555,446

Total Amended Amount:

$ 833,169

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.

Contract Term Ends: 12/31/2026

Contract Routing:				
	1. Prepared by:	J. Thomson	Date:	07/10/2025
	2. Health Budget Approval	CR	Date:	10/06/2025
	3. Attorney signoff:	G. Greenan	Date:	09/25/25
	4. AS Finance reviewed:	M Caldwell	Date:	10/15/25
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Executive Contract Review:		Date:	
	8. Council approved (if necessary):	AB2025-762	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

Whatcom County Contract Number:

202507032 – 1

WHATCOM COUNTY CONTRACT AMENDMENT
FRANCIS PLACE

PARTIES:

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

AND CONTRACTOR:
Catholic Community Services
1133 Railroad Avenue
Bellingham, WA 98225

CONTRACT PERIODS:

Original:	**07/01/2025 – 12/31/2025**
Amendment #1:	**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

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:
    a. Update the number of households served with temporary (from 12 to 8) and permanent (from 30 to 34) housing subsidies;
    b. Update the annual Point In Time (PIT) Count outcomes with 2025 results;
    c. Shift program requirements from Section II. Statement of Work to its own Section III. Program Requirements;
    d. Update program outputs and outcomes and reporting requirements to reflect expectations for a 12-month contract period; and
    e. Add the provision of interpreter services and an expectation that the Contractor will regularly participate in housing related meetings hosted by the County.

3. Amend Exhibit B – Compensation, to update the budget and funding sources for the extended contract period.

4. Replace Exhibit D – Flex Fund Guidelines with the current guidelines.

5. Funding for this contract period (01/01/2026 – 12/31/2026) is not to exceed $555,446.

6. Funding for the total contract period (07/01/2025 – 12/31/2026) is not to exceed $833,169.

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.

APPROVAL AS TO PROGRAM: _____

Ann Beck, Community Health & Human Service Manager Date

DEPARTMENT HEAD APPROVAL: _____

Charlene Ramont, Assistant Director Date
Whatcom County Health and Community Services

APPROVAL AS TO FORM: _____

Greg Greenan, Senior Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

Rita Case, Housing Director

Contractor Signature	Printed Name and Title	Date

FOR WHATCOM COUNTY:

_____

Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

Catholic Community Services
1133 Railroad Avenue
Bellingham, WA 98225

EXHIBIT "A" – Amendment #1

(SCOPE OF WORK)

I. Background and Purpose

Francis Place is a 42-unit apartment building owned and operated by Catholic Community Services (CCS). This contract provides partial funding to provide 24/7/365 facility-based on-site supportive services and to provide affordable, permanent supportive housing to survivors of homelessness who require these services to remain stably housed. This program is also supported by rental subsidies provided by outside sources.

Francis Place hosts and supports a mixture of eight (8) formerly homeless households with temporary rental subsidies and 34 formerly homeless households with permanent housing subsidies. All tenants are individuals living with a behavioral health disability. Many tenants are veterans and survivors of chronic homelessness.

Staff funded under this contract include case managers, 24-hour residential counselors, and their supervisors. This team approach creates a platform to support recovery from homelessness and reduce harms related to previously unmet healthcare needs.

Permanent Supportive Housing (PSH) is permanent housing in which housing rental assistance and supportive services are provided for households with at least one member (adult or child) with a disability in achieving housing stability (HUD 2024). This approach aims to achieve and maintain housing stability for PSH enrolled tenants. As a key intervention within the broader "housing continuum" for addressing homelessness, PSH helps those who cannot sustain housing stability in the open rental market without integrated support.

A portion of Francis Places units are provided rental assistance through temporary housing subsidies like rapid re-housing (RRH) and the Housing and Essential Needs (HEN) program that can provide rental assistance for up to two years. RRH tenants may continue residing at Francis Place when subsidies end as long as they follow the guidelines of their leases and meet income requirements for the program. All participants are expected to follow program guidelines and adhere to landlord/tenant regulations. Non-compliance, particularly if it poses a risk to the community, may lead to eviction.

The annual Point in Time Count of homelessness conducted in January of 2025, counted 815 people in Whatcom County who were experiencing homelessness, including 337 who were without shelter. The causes of homelessness include economic factors, family break up, behavioral health challenges, domestic violence, and a lack of a safe, affordable housing. Of those counted in the Whatcom County Point in Time Count, a significant number have experienced chronic homelessness and are frequent users of community emergency services.

As a partner of the publicly-funded homeless housing system in Whatcom County, Francis Place fulfills the goals and strategies of our Local Plan to End Homelessness, including strategies of increasing the supply of affordable and permanent supportive housing, and engaging in collaborative partnerships to reduce homelessness. Permanent supportive housing is an evidence-based best practice that has been shown to increase utilization of treatment resources and increase housing stability for participants.

This contract provides partial funding (approximately 30%) of operations of this facility. Operations support includes personnel and maintenance. Funding for this contract comes from the behavioral health program fund and the Sales and Use Tax for Housing and Related Services (HB 1590). All units are required to be filled through referrals from the local Coordinated Entry system.

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 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 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.
Rapid Re-Housing	Rapid re-housing provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person.
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

By operating this 42-unit housing program, the Contractor will be responsible for the following activities, to meet the program objectives of maintaining occupancy and increased housing stability for occupants:

Unit Description	Minimum Number Dedicated Units
Permanent Supportive Housing	34
Rapid Re-Housing	8

All units will be filled through the local CE system and follow the definitions listed in the contract.

The Contractor will:

a. Provide case management for up to 42 individual households residing at Francis Place to remove barriers to housing stability and improve health and wellbeing for those individuals. This will include individualized service plans that focus on creating housing stability plans to help manage conflict, creating budgets to promote financial well-being, and resolving debt and/or credit challenges in order to make future independent tenancy more likely. Plans and progress will be documented in participant files.

   Case management services will include:

   1. Working with participants to complete assessments and make plans to maintain tenancy and improve health and wellbeing;
   2. Helping participants make progress on 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 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 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 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. Individuals referred from Coordinated Entry to Francis Place 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;
18. For clients who leave Francis Place, the Contractor will offer housing stability assistance by connecting them to affordable housing resources in an effort to avoid returns to homelessness; and
19. Provide move-in kits for new residents who are lacking resources for basic supplies needed; i.e., bedding, towels, dishes, etc.

b. 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. Parenting classes;
    8. Childcare;
    9. Social networks;
    10. Family/community reconciliation;
    11. Other social safety net programs including SSDI, ABD, SNAP, Medicaid, etc.

c. Provide 24/7/365 facility-based staffing and be responsible for the overall management of a positive, safe, and healthy living environment for tenants, staff, and visitors at Francis Place. The Contractor will also be responsible to work proactively with neighboring residents and business owners to maintain positive relationships. Activities will include:

1. Maintaining safety and security of all staff, residents and visitors by monitoring all general access areas and enforcing building rules, including the street front.
2. 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.
3. Operating all functions in the lobby office, including managing visitor policy and procedures, answering phones, and monitoring the security system.
4. Providing a single phone number that is accessible to residents and neighboring businesses 24/7 where immediate concerns can be reported to a live person.
5. Utilizing harm reduction and client-centering practices in engagement with tenants.
6. Intervening in crises, responding to emergencies, and initiating action as required, including contact with emergency response systems.
7. Assisting case management staff in engaging residents through creative, resourceful strategies that build trust with staff.
8. Assisting residents and guests in making pro-social choices.

III. Program Requirements

A. Eligibility criteria and population served:

1. Head of household must be a survivor of homelessness and must have an AMI at or below 60% and live with a behavioral health diagnosis

B. Participation in HMIS:

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

C. Service model framework and training expectations:

All on-site staff will receive core trainings listed below within six (6) months of their hire and no less than annually after their first training. Staff shall be trained to comply with relevant state and federal confidentiality laws and regulations.

1. Trauma Informed Care
2. Cultural competency on chronic homelessness
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. CE entry policies and procedures
12. Fair Housing and Landlord Tenant Law
13. Housing First and PSH
14. Harm reduction
15. HMIS

IV. Program Outputs and Outcomes

a. During this contract period, the Contractor is expected to meet the following outputs and outcomes in efforts towards achieving the goals of the Whatcom County Local Plan on Housing and Homelessness. The services provided by the Contractor will deliver the following annual outcomes and outputs. If these outputs and outcomes are not met the contract will be subject to termination.

1. RRH Outputs
    a. At least eight (8) RRH program slots will be supported by the program.
2. RRH Outcomes
    a. At least 90% of referrals made by Coordinated Entry will be accepted.
    b. At least 70% of HHs will engage in case management services (defined as two meetings per month).
    c. 90% of HHs will exit Francis Place to permanent housing.
3. PSH Outputs
    a. At least 32 PSH units will be available for occupancy or occupied (does not include offline units).
    b. 24-hr staffing support will facilitate
        i. At least four community events will be held per quarter
        ii. At least four activities related to building positive relationships with the surrounding neighborhood will take place annually
4. PSH Outcomes
    a. At least 90% of referrals made by Coordinated Entry will be accepted.
    b. Program will maintain an occupancy rate of at least 90%.
    c. At least 70% of HHs will engage in case management services (defined by meeting at least two times per month).
    d. 95% of HHs will maintain housing or exit into permanent housing.

V. Reporting Requirements

a. The Contractor will promptly report operational disruptions, changes in location and changes in program leadership to the County's Contract Administrator.

b. A monthly report will be completed by the contractor and sent to the contract manager. A template will be provided by the County to the contractor. The report will include descriptions of:

1. Notices issued by property management in the past month
2. Changes to policy related to lease enforcement
3. Security, criminal activity, and crisis response

4. Referral requests and move-ins
5. Significant facilities maintenance activities
6. Changes in neighbor relations
7. Staffing changes and trainings conducted

c. Quarterly reports are due on April 15th, July 15th, October 15th, and January 15th. Whatcom County Health and Community Services may update reporting templates or formats during the contract period, and will provide advance notice of new reporting requirements prior to the start of the reporting quarter. Reports will include metrics for Permanent Housing and for Rapid Rehousing:

1. The PSH case management reporting link can be found here: https://www.surveymonkey.com/r/TKY2BV2. PSH reporting measures during last quarter, and year to date include:
    a. Number of unique households served.
    b. Bed or unit night occupancy rate.
    c. On the last day of the reporting period, the percent of households who have engaged in case management services within the previous month (defined as two meetings per month).
    d. For programs with 24-hr staffing support and/or units co-located in multi-unit buildings:
        i. Number of community events with brief description and number of attendees.
        ii. Number of activities related to building positive neighborhood relationships.
    e. Depending on if BH is offered in house or as external referral:
        i. On the last day of the reporting period, the percent of households who have engaged in behavioral health services within the previous month (defined as two meetings per month).
        ii. Percent of households who received an external referral for behavioral health services.
    f. Percent of households who either maintained housing or exited to other permanent housing.
    g. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals
    h. Narrative report highlighting successes.
2. The RRH case management reporting link can be found here: https://www.surveymonkey.com/r/S88WRF3. RRH Units reporting measures during last quarter, and year to date:
    a. Number of unique households served
    b. Number of unique households served on the last day of the reporting period
    c. On the last day of the reporting period, the percent of households who have engaged in case management services within the previous month (defined as two meetings per month).
    d. Percent of households engaging in behavioral health services on last day of reporting
    e. Occupancy rate on last day of reporting (proportion of program slots used compared to the number of program slots that exist).
    f. Median length of stay in program for households who exited during reporting period.
    g. Percent of exits from program to permanent housing among households who exited.
    h. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals. (type NA if this does not apply)

i. Narrative report highlighting successes.

j. Attach HMIS report ""[HSNG-108] Housing Census" for occupancy and "[OUTS-101] Program Outcome Measures" for exits"

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.

VI. Additional Requirements

A. Grievances: Ensure that staff, program participants, and applicants understand their rights to file grievances with Whatcom County Health and Community Services (WCHCS) and CCS and are provided full access to a grievance filing process. Grievance policies must be submitted to WCHCS 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 policies and 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 of the original contract's General Conditions.

C. Incident Reporting: The Contractor will submit incident reports to WCHCS 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 G but an agency Incident Report may be submitted alternatively.

D. Recapturing unspent funds: The County's 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 Contactor identify that they will be unable to spend down their full amount, they should reach out to WCHCS 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 Contactor shall submit to WCHCS, a severe weather and smoke plan. A simple template is available in Exhibit H 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.

G. 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 and PSH Provider Meeting, as well as Neighborhood and Business meeting for the applicable district hosted by the Downtown Bellingham Partnership.

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 funds must be accompanied by receipts.

EXHIBIT "B" – Amendment #1
(COMPENSATION)

Budget and Source of Funding: The budget and source of funding for this contract period (01/01/2026 – 12/31/2026), in an amount not to exceed $555,446, is provided by the behavioral health fund and affordable housing fund (HB 1590), as follows:

Behavioral Health Program Fund		
[1]Cost Description	**Documents Required with Each Invoice**	**Budget**
Personnel: Salaries + Benefits for case managers (2.5 FTE)	Composite hourly billing rate worksheets and expanded GL report for the period	$227,273
BH Fund Indirect @ 10%		*$22,727*
	Behavioral Health Program Fund Total	**$250,000**

Sales and Use Tax for Housing and Related Services (HB 1590) Funds		
[1]Cost Description	**Documents Required with Each Invoice**	**Budget**
Personnel: Housing Manager (.5 FTE), case aid (.5 FTE), and residential coordinators (5 FTEs)	Composite hourly billing rate worksheets and expanded GL report for the period	$214,578
Mileage Staff Travel/Training	Refer to Exhibit B.1 (6.c. and 6.d)	$7,000
Occupancy	GL Detail; copies of paid invoices or receipts	$10,500
Rental History/Background Checks		$1,600
Communications		$10,000
Bio-hazard Cleanings	GL Detail and copies of receipts or paid invoices	$10,000
New Resident Move-in Kits		$5,000
Supplies		$16,000
Flex Funds	Flex fund spreadsheet plus copies or receipts	$3,000
	HB 1590 Subtotal	**$277,678**
HB 1590 Indirect @ 10%		*$27,768*
	HB 1590 Fund Total	**$ 305,446**

GRAND TOTAL	**$555,446**

[1] All direct costs must attributable to this program.

- Time records must be available that substantiate time worked on the program.

Contractor's Invoicing Contact Information:	
Name	
Phone	
Email	

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. 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 and Mmandala@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 15th of the month, following the month of service, except for January and July where the same is due by the 10th 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). 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), 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 and Mmandala@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

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

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