

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No. \_\_\_\_\_

Originating Department:	Whatcom County Sheriff's Office	35
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Division of Emergency Management	3580
Contract or Grant Administrator:	Matt Klein	
Contractor's / Agency Name:	Washington State Military Department	

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 #: \_\_\_\_\_

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): D25-038    CFDA#: \_\_\_\_\_

Is this contract grant funded?  
 Yes     No     If yes, Whatcom County grant contract number(s): \_\_\_\_\_

Is this contract the result of a RFP or Bid process?    Contract \_\_\_\_\_  
 Yes     No     If yes, RFP and Bid number(s): \_\_\_\_\_    Cost Center: 13511053

Is this agreement excluded from E-Verify?    No     Yes     If no, include Attachment D Contractor Declaration form.

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 checked="" 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):  
 \$ 135,000  
 This Amendment Amount:  
 \$ 0  
 Total Amended Amount:  
 \$ 135,000

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:

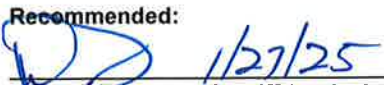
This grant is to provide recovery assistance to Whatcom County qualifying low-income individuals/households recovery assistance following the November 2024 state declared bomb cyclone weather event.

Term of Contract: 5 months

Expiration Date: 6/30/25

Contract Routing:	1. Prepared by: <u>S Webster</u>	Date: <u>1/23/25</u>
	2. Attorney signoff: <u>B Waldron (via email)</u>	Date: <u>1/24/25</u>
	3. AS Finance reviewed: <u>A Tan (via email)</u>	Date: <u>2/4/25</u>
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Submitted to Exec.: _____	Date: _____
	7. Council approved (if necessary): <u>AB2025-161</u>	Date: _____
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____

**WASHINGTON STATE MILITARY DEPARTMENT  
STATE DISASTER INDIVIDUAL ASSISTANCE  
GRANT AGREEMENT FACE SHEET**

1. Grantee Name and Address: <b>Whatcom County 311 Grand Avenue Bellingham, WA 98225</b>		2. Total Grant Amount: <b>\$135,000.00</b>		3. Grant Agreement Number: <b>D25-038</b>	
4. Grantee Contact, phone/email <b>Stephanie Webster 360-778-7169, swebster@co.whatcom.wa.us</b>			5. WMD Representative, phone/email: <b>Eva Escape eva.escape@mil.wa.gov, 253-844-9418</b>		
6. Program Index & OBJ/SUB-OBJ <b>752ER-NZ</b>		7. Disaster Event <b>2024 Nov Bomb Cyclone</b>		8. Eligibility Period of Costs Incurred <b>11/17/2024-06/30/2025</b>	
9. Agreement Start Date <b>Upon Execution</b>		10. Agreement End Date <b>06/30/2025</b>		11. TIN or SSN <b>91-6001383</b>	
12. UBI # (state revenue) <b>371-010-246</b>					
13. Funding Source Authority: <b>Washington State Military Department and Emergency Rapid Response Funds</b>					
14. Funding Source Agreement # <b>ISA25-005</b>		15. Service Districts: (BY LEGISLATIVE DIST): 40, 42 (BY CONGRESSIONAL DIST): 2		16. Service Area by County(ies): <b>Whatcom County</b>	
17. Grant Classification: <input type="checkbox"/> Personal Services <input type="checkbox"/> Client Services <input checked="" type="checkbox"/> Public/Local Gov't <input type="checkbox"/> Collaborative Research <input type="checkbox"/> A/E <input type="checkbox"/> Other				18. Contract Type (check all that apply): <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Intergovernmental (RCW 39.34) <input type="checkbox"/> Interagency (RCW 39.34)	
19. Grant Type (check all that apply): <input type="checkbox"/> Private Organization/Individual <input type="checkbox"/> For-Profit <input checked="" type="checkbox"/> Public Organization/Jurisdiction <input type="checkbox"/> Non-Profit <input type="checkbox"/> VENDOR <input checked="" type="checkbox"/> GRANTEE <input type="checkbox"/> OTHER			20. Grant Selection Process: <input checked="" type="checkbox"/> "To all that apply & qualify" <input type="checkbox"/> Competitive Bidding <input type="checkbox"/> Sole Source <input type="checkbox"/> A/E/RCW <input type="checkbox"/> N/A		
21. PURPOSE/DESCRIPTION <b>The objective of the State Disaster Individual Assistance is to provide supplemental state recovery assistance for disaster survivors.</b>					
IN WITNESS WHEREOF, the Washington Military Department (WMD) Emergency Management Division (EMD) and Grantee acknowledge and accept terms of this Agreement, including all referenced attachments which are hereby incorporated, and have executed this Agreement as of the date below. This Agreement Face Sheet; Special Terms & Conditions (Attachment A); General Terms and Conditions (Attachment B); Statement of Work (Attachment C), and all other documents and attachments expressly referenced and incorporated herein contain all the terms and conditions agreed upon by the parties and govern the rights and obligations of the parties to this Agreement. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties.					
In the event of an inconsistency in this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order: 1. Applicable federal and state statutes and regulations 2. Program documents 3. Statement of Work, Budget, Timeline, 4. General Terms and Conditions, and Special Terms and Conditions 5. Other provisions of the Agreement incorporated by reference.					
This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Grant Agreement shall be deemed to exist or to bind any of the Parties hereto.					
WHEREAS, the parties have executed this Agreement on the day and year last specified below:					
FOR GRANTEE:			FOR THE DEPARTMENT:		
_____ <b>Satpal Singh Sidhu, Whatcom County Executive</b> Date			_____ <b>Regan Anne Hesse, Chief Financial Officer</b> Date <b>Washington Military Department</b>		
Recommended:  _____ <b>Donnell Tanksley, Sheriff (or designee)</b> Date			APPROVED AS TO FORM <b>Dierk Meierbachtol, Assistant Attorney General</b> January 15, 2025		
APPROVED AS TO FORM <b>Brandon Waldron (via email BW/SW)</b> _____ <b>Senior Deputy Prosecuting Attorney</b> Date					

**SPECIAL TERMS AND CONDITIONS**

**I. INTRODUCTION**

The Washington Military Department (WMD) herein known as “the DEPARTMENT”, through the Emergency Management Division, coordinates and facilitates the implementation of the State Disaster Individual Assistance program or “State IA”. The DEPARTMENT is authorized to enter into agreements with political subdivisions to reimburse GRANTEE for eligible expenses allowed under the State IA funds.

**II. KEY PERSONNEL**

The individuals listed below shall be considered Key Personnel; however, either party may designate a substitute by advance written notification to the other party.

GRANTEE		DEPARTMENT	
<b>Name:</b>	Matt Klein	<b>Name:</b>	Eva Escape
<b>Title:</b>	Deputy Director	<b>Title:</b>	Recovery Program Supervisor
<b>Email:</b>	MKlein@co.whatcom.wa.us	<b>Email:</b>	eva.escape@mil.wa.gov
<b>Phone:</b>	360-778-7160	<b>Phone:</b>	253-844-9418
	<b>AND</b>		
<b>Name:</b>	Stephanie Webster		
<b>Title:</b>	Financial Accountant		
<b>Email:</b>	SWebster@co.whatcom.wa.us		
<b>Phone:</b>	360-778-7169		

**III. ADMINISTRATIVE REQUIREMENTS**

- A. The Parties shall use the following to determine allowable cost principles: State Office of Financial Management (OFM) Regulations-State Administrative and Accounting Manual (SAAM) and the Local Government Budget and Accounting Reporting System (BARS).
- B. GRANTEE CONTRACTORS. If the GRANTEE uses State Disaster Individual Assistance or “State IA” funds to acquire goods and services from a non-government entity performing services as a Contractor under this Agreement, the GRANTEE must make a case-by-case determination whether each contract it makes for the disbursement of State IA funds received under this Agreement casts the party receiving the funds in the role of contractor in accordance with the Washington State Office of Financial Management state grant audit and monitoring guidelines.
- C. A Contractor performing services under this Agreement must comply with all federal and state laws and regulations applicable to the State IA, WMD policies, and this Agreement.
- D. The GRANTEE shall require its Contractor(s) to comply with all applicable state and federal laws, rules, regulations, requirements and program guidance identified or referenced in this Agreement and the informational documents published by the Department applicable to the State IA including, but not limited to, all criteria, restrictions, and requirements of the Washington Administrative Code Chapter 118-11, and the federal and state regulations commonly applicable to state grants.
- E. GRANTEE and its Contractor shall be responsible for ensuring that all State IA funds are used in accordance with applicable state statutes and regulations, and the terms and conditions of this Agreement.
- F. If a grant audit or monitoring performed by the DEPARTMENT under this Agreement results in any findings, GRANTEE shall submit a “Corrective Action Plan” in response to the grant audit or monitoring results no later than 10 business days after receiving the DEPARTMENT’s report.

#### IV. ELIGIBLE EXPENSES AND PRIORITIES ESTABLISHED BY LEGISLATURE

Priorities for expenditure of State IA funds have been established by both the state legislature and the DEPARTMENT:

- A. According to the Washington Administrative Code Chapter 118-11, the purpose of the State IA program is to provide supplemental state recovery assistance for disaster survivors.
- B. The DEPARTMENT has general authority to enter into agreements with political subdivisions per RCW 38.52.030 (9) "The director, subject to the direction and control of the governor, shall prepare and administer a state program for emergency assistance to individuals within the state who are victims of a natural, technological, or human-caused disaster, as defined by RCW 38.52.010 (13). Such program may be integrated into and coordinated with disaster assistance plans and programs of the federal government which provide to the state, or through the state to any political subdivision thereof, services, equipment, supplies, materials, or funds by way of gift, grant, or loan for purposes of assistance to individuals affected by a disaster".

#### V. INELIGIBLE COSTS

Costs not identified as Eligible or Approved Costs under this Agreement are considered ineligible for reimbursement, in addition to the following:

- A. *Bad Debts* - any losses arising from uncollectible accounts and other claims and related costs.
- B. *Contributions to a contingency reserve* - any funds set aside by the Grantee to reimburse unanticipated expenses. Such reserves are not eligible for reimbursement.
- C. *Depreciation* - of facilities or equipment.
- D. *Entertainment* - amusements, social activities, and any related incidental costs, including meals, beverages, lodging, rentals, transportation, and gratuities.
- E. *Fines and penalties* - costs resulting from violations of, or failure to comply with, federal, state, or local laws.
- F. *General expenses, beyond the statement of work, required to carry out overall government responsibilities* - including the salaries and expenses of the chief executive and their staff. Governments include state, local, and federally recognized Indian tribal governments. This restriction does not include the portion of salaries and expenses by the chief executive and staff that are directly attributable to managing and administering State IA funds.
- G. *Illegal costs* - costs incurred as a result of procurement practices not in compliance with state or federal procurement laws may be ineligible and not reimbursed at the sole discretion of the Department.
- H. *Interest and other financial costs* - interest on debt, bond discounts, cost of financing and refinancing operations, and legal and professional fees are ineligible, except when authorized by state law.
- I. *Late / past due fees* - incurred by failing to pay vendor invoices, permit fees, or to return items in a timely manner.
- J. *Legal expenses* - related to claims against the Department, and legal services furnished by the chief legal officer of the state, local, or Native American tribal government (or his/her staff) solely for the purpose of discharging his/her general responsibilities as legal officer.
- K. *Legislative expenses* - salaries and other expenses of members of the state Legislature or similar local governmental bodies (e.g., county boards), if incurred in the members' official capacity.
- L. *Lobbying* - expenses related to lobbying activities.
- M. *Personal injury compensation* - or damages arising from activities under this grant, whether determined by adjudication, arbitration, negotiation, or otherwise.

## VI. BUDGET, REIMBURSEMENT, AND TIMELINE

- A. Within the total Grant Agreement Amount, travel, contracts, salaries, benefits, printing, equipment, and other goods and services or other budget categories will be reimbursed on an actual cost basis upon completion unless otherwise provided in this Agreement.
- B. The maximum amount of all reimbursement requests permitted to be submitted under this Agreement, including the final reimbursement request, is limited to and shall not exceed the total Grant Agreement Amount.
- C. If reimbursement of travel or subsistence expenses are included as part of this Agreement, they shall be paid in accordance with rates set pursuant to RCW 43.03.050 and RCW 43.03.060 as now existing or amended. The Grantee is required to provide copies of receipts to the DEPARTMENT for any travel related expenses other than meals and mileage that are authorized under this Agreement.
- D. Reimbursement requests will include a properly completed State A-19 Invoice Form and Reimbursement Spreadsheet (in the format provided by the DEPARTMENT) detailing the expenditures for which reimbursement is sought. Reimbursement requests must be submitted to the DEPARTMENT Key Personnel identified in Section II of this Agreement, no later than the due dates listed within the Timeline (Attachment D).

Reimbursement request totals should be commensurate to the time spent processing by the Grantee and the DEPARTMENT.

- E. Receipts and/or backup documentation for any approved items that are authorized under this Agreement must be maintained by the Grantee consistent with record retention requirements of this Agreement and be made available upon request by the DEPARTMENT, federal, state, and local auditors.
- F. The Grantee must request prior written approval from State Coordinating Officer to waive or extend a due date in the Timeline (Attachment D). For waived or extended reimbursements, all allowable costs should be submitted on the next scheduled reimbursement due date contained in the Timeline. Waiving or missing deadlines serves as an indicator for assessing an agency's level of risk of noncompliance with the regulations, requirements, and the terms and conditions of the Agreement and may increase required monitoring activities. Any request for a waiver or extension of a due date in the Timeline will be treated as a request for Amendment of the Agreement. This request must be submitted to the Department Key Personnel sufficiently in advance of the due date to provide adequate time for the DEPARTMENT review and consideration and may be granted or denied within the DEPARTMENT's sole discretion.
- G. All work under this Agreement must end on or before the Grant Agreement End Date, and the final reimbursement request must be submitted to the Department within fifteen (15) days after the Grant Agreement Performance Period End Date, except as otherwise authorized by either (1) written amendment of this Agreement or (2) written notification from the DEPARTMENT to the GRANTEE to provide additional time for completion of the Grantee's activities under this agreement.
- H. No costs for purchases of equipment/supplies will be reimbursed until the related equipment/supplies have been received by the Grantee, its contractor, or any non-government entity to which the Grantee makes an award and is invoiced by the vendor.
- I. Failure to submit timely, accurate, and complete reports and reimbursement requests as required by this Agreement, including, but not limited to, those reports in the Timeline (Attachment D), will prohibit the Grantee from being reimbursed until such reports are submitted and the DEPARTMENT has had reasonable time to conduct its review.
- J. Final reimbursement requests will not be approved for payment until the Grantee is current with all reporting requirements contained in this Agreement.
- K. Any deviations from the approved, direct budget categories will require State Coordinating Officer approvals and a written amendment.

- L. Grantee shall only use State IA funds under this Agreement to supplement existing funds and will not use them to replace (supplant) non-state funds that have been budgeted for the same purpose. The Grantee may be required to demonstrate and document that the reduction in non-state resources occurred for reasons other than the receipt or expected receipt of state funds.

**VII. PERFORMANCE PERIOD AND PAYMENT**

Payment by the DEPARTMENT to the GRANTEE shall only be made as reimbursement for eligible expenses approved by the DEPARTMENT within the set Eligibility Period of Costs Incurred in this Agreement. Work started prior to and/or not completed by the Eligibility Period of Costs Incurred, will be considered outside the Performance Period and therefore not eligible for reimbursement. The GRANTEE shall not request payment in anticipation of expenditures not yet incurred.

**VIII. THE GRANTEE AGREES TO:**

- A. Use of Funding: The GRANTEE warrants that the funds provided by the DEPARTMENT as described in this Agreement, shall be used by the GRANTEE solely for reimbursement of those approved incurred eligible expenses as described in Statement of Work (Attachment C) incorporated herein to fund state disaster individual assistance needs. Reimbursement shall be made consistent with the DEPARTMENT policies for approved expenses described in Attachment C during the Eligibility Period of Costs Incurred.
- B. Duplication of Benefits: The GRANTEE shall establish clear sequence of delivery and make efforts to prevent any duplication of benefits of federal, other state agency, private insurance, or non-profit for disaster individual assistance to maximize available resources and coordinate efforts to help disaster survivors navigate the recovery process.
- C. Reimbursement Requests and Reporting Requirements: At least quarterly, but not more often than monthly, the GRANTEE shall submit invoice vouchers (Form A-19) to the DEPARTMENT Representative identified in this Agreement to request reimbursement for expenses. The GRANTEE agrees to use forms and/or systems provided by the DEPARTMENT for necessary reports.

In addition to any reports as may be required elsewhere in this Agreement, the GRANTEE shall prepare and submit the following reports to the DEPARTMENT's Key Personnel:

<u>Grant Reports</u>	<u># Copies</u>	<u>Completion Date</u>
<b>Grant Report</b>	<b>1</b>	<b>Submitted with every A19-1A Reimbursement Request</b>
<b>Final Reimbursement Request</b>	<b>1</b>	<b>July 15, 2025</b>

All funds cannot be used prior to the Agreement Performance Period Start Date, and must be delivered, completed, and accepted by the Agreement Performance Period End Date. Final billing not received by the deadline set per State Fiscal year, will not be processed.

- D. Compliance with Law: The GRANTEE will comply with all applicable state and federal laws.

**IX. THE MILITARY DEPARTMENT AGREES TO:**

- A. Within thirty (30) days of receipt and approval of signed, dated invoice vouchers (Form A-19), and upon satisfactory completion of tasks and documentation of costs, as required under this Agreement, the DEPARTMENT will reimburse the GRANTEE up to the maximum allowable grant amount, or actual cost, whichever is lower as authorized by this Agreement.
- B. If a question arises about the requested reimbursement, the GRANTEE will be notified via e-mail and/or telephone call and will have five (5) working days to provide the requested information. If information satisfactory to the DEPARTMENT has not been provided within that time, the expense in question will be subtracted and the balance of approved eligible incurred expenses will be processed for reimbursement.

**GENERAL TERMS AND CONDITIONS****1) DEFINITIONS**

As used throughout this Agreement the following terms shall have the meanings set forth below:

- A. "DEPARTMENT" shall mean the Washington State Military DEPARTMENT (WMD).
- B. "GRANTEE" shall mean the named county, city, tribe, or other political subdivisions performing State IA program activities under this Agreement. It shall include any contractor retained by the GRANTEE as permitted under the terms of this Agreement.
- C. "Contractor" shall mean one, not in the employment of the GRANTEE, who is performing all or part of those services under this Agreement under a separate contract with the GRANTEE.
- D. "State Coordinator Officer (SCO)" is a Governor-appointed individual responsible for providing operational oversight and direction of the disaster response and/or recovery operations.
- E. "WAC" is defined and used herein to mean the Washington Administrative Code.
- F. "RCW" is defined and used herein to mean the Revised Code of Washington.

**2) ACCESS TO PUBLIC RECORDS**

- A. The Parties acknowledge that the DEPARTMENT is subject to the Public Records Act, Chapter 42.56 RCW, and that records prepared, owned, used, or retained by the DEPARTMENT relating to the conduct of government or the performance of any governmental or proprietary function are available for public inspection or copying, except as exempt under RCW 42.56 or other statute which exempts or prohibits disclosure of specific information or records.
- B. The GRANTEE shall provide access to data generated under this Agreement to the DEPARTMENT and the State Auditor at no additional cost. This includes access to all information that supports the findings, conclusions, and recommendations of the GRANTEE's reports, including computer models and methodology for those models.
- C. Access to Data - State law prohibits state agencies from entering into agreements when the contractor could charge additional costs to the agency, the Joint Legislative Audit and Review Committee, or the Office of the State Auditor for access to data generated under the Agreement. Therefore, all such data will be provided at no additional expense. For the purposes of this requirement, "data" includes all information that supports the findings, conclusions, and recommendations of the contractor's reports, including computer models and methodology for those models.

**3) ADVANCE PAYMENTS PROHIBITED**

No payments in advance or in anticipation of services or supplies to be provided under this Agreement shall be made by the DEPARTMENT.

**4) AMERICANS WITH DISABILITIES ACT (ADA) OF 1990, PUBLIC LAW 101-336, 42 U.S.C. 12101 et seq. (also referred to as the "ADA") and its implementing regulations at 28 CFR Part 35.**

The GRANTEE must comply with the ADA, which provides comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunication.

**5) ATTORNEY'S FEES**

Except as provided in the section entitled "Recapture Provisions", in the event of litigation or other action brought to enforce the terms of this Agreement or alternate dispute resolution process, each party agrees to bear its own attorney's fees and costs.



**6) COMPLIANCE WITH APPLICABLE STATUTES, RULES, AND DEPARTMENT POLICIES**

The GRANTEE shall comply with, and the DEPARTMENT is not responsible for determining compliance with, any and all applicable federal, state, and local laws, regulations, executive orders, and/or policies. This obligation includes, but is not limited to, nondiscrimination laws and/or policies; the ADA; ethics in laws and policies; Public Disclosure (RCW 42.56); and safety and health regulations. In the event of the GRANTEE's noncompliance or refusal to comply with any applicable law, regulation, executive order, or policy, the DEPARTMENT may rescind, cancel, or terminate the Agreement in whole or in part in its sole discretion. The GRANTEE is responsible for all costs or liability arising from its failure to comply with applicable law, regulation, executive order, or policy.

**7) AGREEMENT MODIFICATIONS**

The Parties may, from time to time, request changes to the AGREEMENT. All mutually agreed changes shall be incorporated by written amendment. No alteration or variation of the terms of this AGREEMENT shall be valid unless made in writing and signed by the Parties, and any oral understanding or agreements shall not be binding. It is mutually agreed and understood that the GRANTEE is allowed to reallocate funds as needed and approved by the State Coordinating Officer.

**8) GRANTEE'S EMPLOYEES NOT EMPLOYEES OF DEPARTMENT**

The GRANTEE and/or employees, contractors, or agents performing under this Agreement, are not employees or agents of the DEPARTMENT in any manner whatsoever. The GRANTEE will not be presented as nor claim to be an officer or employee of the DEPARTMENT or of the State of Washington for any reason, nor will the GRANTEE make any claim, demand, or application to or for any right, privilege, or benefit applicable to an officer or employee of the DEPARTMENT or of the State of Washington, including, but not limited to, Workers' Compensation coverage, unemployment insurance benefits, social security benefits, retirement membership or credit, or privilege, or benefit which would accrue to a civil service employee under RCW 41.06. It is understood that if the GRANTEE is another state agency, the officers and employees are employed by the State of Washington in their own right.

**9) DISCLOSURE**

The use or disclosure by any Party of any information concerning the DEPARTMENT, or its State IA funds and programs, for any purpose not directly connected with the administration of the DEPARTMENT's or the GRANTEE's responsibilities with respect to services provided under this Agreement is prohibited except by prior written consent of the DEPARTMENT or as required to comply with RCW 42.56, the Public Records Act, or court order.

**10) DISPUTES**

Except as otherwise provided in this Agreement, when a bona fide dispute arises between the Parties and it cannot be resolved through discussion and negotiation, either party may request a dispute hearing. The Parties shall select a dispute resolution team to resolve the dispute. The team shall consist of a representative appointed by the DEPARTMENT, a representative appointed by the GRANTEE, and a third party mutually agreed upon by both Parties. The team shall, by majority vote, resolve the dispute. The Parties agree that this dispute process shall be final and there will be no appeal of the decision.

**11) GOVERNING LAW AND VENUE**

This Agreement shall be governed by the laws of the State of Washington. In the event of a lawsuit involving this Agreement, venue shall be proper only in Thurston County. The GRANTEE, by execution of this Agreement, acknowledges the jurisdiction of the courts of Washington in this matter.

**12) HOLD HARMLESS**

The GRANTEE agrees to defend, hold harmless, and indemnify the State of Washington and the DEPARTMENT, their officers, agents, employees, and assigns against any and all damages or claims from damages resulting or allegedly resulting from the GRANTEE's performance or activities hereunder, including the performance of any contractor(s).



### **13) INSURANCE, INDUSTRIAL COVERAGE**

Prior to performing work under this Agreement, the GRANTEE shall provide industrial insurance coverage for the GRANTEE's employees, as may be required by Title 51 RCW. The DEPARTMENT will not be responsible for payment of industrial insurance premiums or for any other claim or benefit for a consultant or any subcontractor or employee of the GRANTEE, which may arise during the performance of services under this Agreement. Before the start of any work required by this Agreement, the GRANTEE shall deliver to the DEPARTMENT certificates of insurance reflecting that the GRANTEE has obtained all the insurance coverage required by this section.

### **14) INSURANCE, GENERAL COVERAGE**

The DEPARTMENT and its officers, employees, and agents, while acting in good faith within the scope of their official duties, are covered by the State of Washington Self-Insurance Program and the Tort Claims Act (RCW 4.92.060 et seq.), and successful claims against the DEPARTMENT and its employees, officers, and agents in the performance of their official duties in good faith under this Agreement will be paid from the tort claims liability account as provided in RCW 4.92.130. GRANTEE hereby notifies the DEPARTMENT that as a Local Government of the State of Washington and in accordance with Washington law, GRANTEE has full loss coverage for itself, its officers, employees, and agents, through self-insurance and/or the purchase of insurance. Upon the DEPARTMENT's request, GRANTEE will provide the DEPARTMENT with details of its self-insured retention, proof of its additional insurance, and all loss coverage. This program of self-insurance and/or purchased insurance includes general liability, automobile liability, workers compensation, and employers' liability.

### **15) LIABILITY**

To the extent permitted by applicable law, each party to this Agreement shall be responsible for injury or death to persons and damage to property resulting from negligence on the part of itself, its employees, agents, officers, contractors, or subcontractors. Neither party assumes any responsibility to the other party for the consequences of any act or omission of any third party.

### **16) LIMITATION OF AUTHORITY**

Only the assigned Authorized Signature for the DEPARTMENT or an assigned delegate by writing (delegation to be made prior to action) shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Agreement. Furthermore, any alteration, amendment, modification, or waiver of any clause or condition of this Agreement is not effective or binding unless made in writing and signed by the authorized person.

### **17) LOSS OF FUNDING**

In the event funding from state sources is withdrawn, reduced, or limited in any way after the effective date of the Agreement, the DEPARTMENT may suspend or terminate, or renegotiate the Agreement, without cause under the "Termination" clause and without the thirty (30) day notice requirement.

### **18) NONASSIGNABILITY**

Neither this Agreement, nor any claim arising under this Agreement, nor the work to be provided under this Agreement, and any claim arising thereunder, shall be assigned or delegated by either party, in whole or in part, without the express prior written consent of the other party, which consent shall not be unreasonably withheld.

### **19) NONDISCRIMINATION**

During the performance of this Agreement, the GRANTEE shall comply with all federal and state nondiscrimination statutes and regulations. These requirements include, but are not limited to:

- A. Nondiscrimination in Employment: The GRANTEE shall not discriminate against any employee or applicant for employment because of race, creed, color, national origin, citizenship or immigration status, family with children, sex, marital status, sexual orientation, age, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of trained dog guide or service animal by a person with a disability. This requirement does not apply, however, to a religious corporation, association, educational institution, or society with

respect to the employment of individuals of a particular religion to perform work connected with the carrying on by such corporation, association, educational institution, or society of its activities.

- B. The GRANTEE shall take action to ensure that employees are employed and treated during employment without discrimination because of their race, creed, color, national origin, citizenship or immigration status, family with children, sex, marital status, sexual orientation, age, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of trained dog guide or service animal by a person with a disability. Such action shall include, but not be limited to, the following: Employment, upgrading, demotion, or transfer, recruitment, or recruitment selection for training, including apprenticeships and volunteers.

## **20) RECAPTURE PROVISION**

In the event the GRANTEE fails to expend funds under this Agreement in accordance with applicable federal, state, and local laws and/or the provisions of the Agreement, the DEPARTMENT reserves the right to recapture funds in an amount equivalent to the extent of noncompliance. Such right of recapture shall exist for the life of the project following Agreement termination. Repayment by the Agreement of funds under this recapture provision shall occur within thirty (30) days of demand.

In the event the DEPARTMENT is required to institute legal proceedings to enforce the recapture provision, the DEPARTMENT shall be entitled to its costs thereof, including attorney fees, from the GRANTEE.

## **21) RECORDS, MONITORING, AND AUDIT ACCESS**

- A. The GRANTEE shall perform under the terms of the Agreement and the DEPARTMENT may conduct reasonable and necessary monitoring of the GRANTEE's performance.
- B. To permit such monitoring, the GRANTEE shall maintain books, records, documents, and other evidence, and accounting procedures and practices that sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Agreement. These records shall be subject at all reasonable times to inspection, review, or audit by personnel duly authorized by the DEPARTMENT, the Office of the State Auditor, and federal officials so authorized by law, rule, regulation, or agreement.
- C. The GRANTEE will retain all books, records, documents, and other materials relevant to this Agreement for six (6) years from the date final payment is made hereunder and make them available for inspection by persons authorized under this provision.
- D. The DEPARTMENT or the State Auditor or any of their representatives and federal officials so authorized by law, rule, regulation, or agreement shall have full access to and the right to examine during normal business hours and as often as the DEPARTMENT or the State Auditor may deem necessary, all of the GRANTEE's records with respect to all matters covered in this Agreement. Such rights last for six (6) years from the date final payment is made hereunder.
- E. The GRANTEE shall cooperate with and freely participate in any monitoring, audit or evaluation activities conducted by the DEPARTMENT that are pertinent to the intent of this Agreement.

## **22) SEVERABILITY**

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, and to this end the provisions of this Agreement are declared to be severable.

## **23) CONTRACTING**

The GRANTEE shall comply with all applicable procurement laws, rules, and requirements. This will include the use of a competitive procurement process in the award of any contracts with its contractors and sub-contractors that are entered into under this Agreement. All contracting and sub-contracting agreements entered into pursuant to this Agreement shall incorporate this Agreement by reference.

## **24) TERMINATION**

- A. If, through any cause, the GRANTEE or its contractors or sub-contractors shall fail to fulfill in a timely and proper manner its obligations under this Agreement or if the GRANTEE or its contractors or sub-contractors shall violate any of its covenants, agreements, or stipulations of this Agreement, the DEPARTMENT shall thereupon have the right to terminate this Agreement and withhold the remaining allocation if such default or violation is not corrected within thirty (30) days after submitting written notice to the GRANTEE describing such default or violation.
- B. Notwithstanding any provisions of this Agreement, either party may terminate this Agreement without cause by providing written notice of such termination, specifying the effective date thereof, at least thirty (30) days prior to such date. If this Agreement is so terminated, the DEPARTMENT shall be liable only for payment required under the terms of this Agreement for services rendered or goods delivered prior to the effective date of termination. Upon notice of such termination, the DEPARTMENT reserves the right to suspend all or part of the Agreement, withhold further payments, and prohibit the GRANTEE from incurring additional obligations of funds.
- C. Reimbursement for eligible expenses incurred by the GRANTEE prior to the effective date of such termination shall be as the DEPARTMENT reasonably determines.
- D. The DEPARTMENT may unilaterally terminate or suspend all or part of this Agreement without cause, or may reduce its statement of work and budget, if there is a reduction in funds by the source of those funds, and if such funds are the basis for this Agreement.

## **25) TRAVEL AND SUBSISTENCE REIMBURSEMENT**

If reimbursement of travel or subsistence expenses are included as part of this Agreement, they shall be paid in accordance with rates set pursuant to RCW 43.03.050 and RCW 43.03.060 as now existing or amended. The GRANTEE is required to provide to the DEPARTMENT copies of receipts for any travel related expenses other than meals and mileage that are authorized under this Agreement.

## **26) TREATMENT OF ASSETS**

Upon successful completion of the terms of this Agreement, all assets, including equipment, purchased through this Agreement will be owned by the GRANTEE unless otherwise specified by the funding source. The GRANTEE shall be responsible for any and all operation and maintenance expenses and for the safe operation of said equipment including all questions of liability.

## **27) WAIVER OF DEFAULT**

Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of the Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Agreement unless stated to be such in writing, signed by the Director or Contracts Administrator and attached to the original Agreement.

## STATEMENT OF WORK

## State Disaster Individual Assistance – Nov 2024 Bomb Cyclone

## PURPOSE

Pursuant to RCW 38.52.030(9) and WAC 118-11, GRANTEE shall use the awarded State Disaster Individual Assistance funds in this Agreement to provide recovery assistance to individuals and households in Whatcom for impacts caused by the November 2024 Bomb Cyclone:

## ELIGIBLE COSTS

1. Housing Assistance Program (Attachment E)
  - a. Extended Sheltering Assistance (ESA)
  - b. Home Repair
2. Disaster-Caused Unmet Needs (Attachment F)
  - a. Household Needs Grant (HNG)
  - b. Household Needs Assistance (HNA)
    - i. Personal Property Assistance
    - ii. Medical/dental Assistance
    - iii. Funeral Assistance
    - iv. Childcare Assistance
    - v. Transportation Assistance (repair or replace)
    - vi. Other, based on needs
3. Administrative Costs – Total costs for this expense shall not exceed more than 10% of the total grant amount allowable.
  - a. Administrative Costs
    - i. Compensation of Grantee employees for the time worked on administering State IA program.
    - ii. Cost of Grantee materials, equipment, and supplies purchased needed to administer State IA program.
    - iii. Cost of services specifically used to administer State IA Funds program.
    - iv. Cost of Grantee employee training and/or necessary certifications to administer State IA program, to include travel and per diem expenses.
    - v. Costs of services furnished to administer State IA program by other entities.

## GENERAL RECIPIENT ELIGIBILITY CRITERIA

All State IA Recipients must meet the following criteria:

- Be a resident of GRANTEE disaster impacted area;
- Be uninsured or underinsured. If underinsured, show proof of insurance and any claim settlement information related to the disaster;
- Present evidence of damage attributed to the declared disaster:
  - Proof that the primary home has a FEMA damage level category of Major or Destroyed; **or**
    - If applicant is seeking Medical/Dental assistance through Disaster-caused Unmet Needs, proof of destroyed or major level of damage to primary residence is **not** required. Applicant must provide proof of damage to a necessary medical or assistive living device;
- Provide proof of disaster assistance received from any other entity for this event (to avoid duplication of benefits);
- Have a household income equal to or less than 80 percent of the Housing and Urban Development (HUD) area median household income based on the number of persons in the household. HUD's area median income includes the county or nearest metropolitan statistical area (MSA), whichever benefits the applicant: [https://www.huduser.gov/portal/datasets/home-datasets/files/HOME\\_IncomeLmts\\_State\\_WA\\_2024.pdf](https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_WA_2024.pdf);
- If applying for Household Needs Assistance (Personal Property, Transportation, Funeral, and Childcare Assistance) and Home Repair, an application for Small Business Administration (SBA) Loan is required, if available;
  - If an applicant **declines** an SBA Loan approved by SBA, the applicant will be ineligible for assistance;
  - If an SBA Loan is **approved** by SBA and **accepted** by the applicant, the applicant may still be eligible for supplemental assistance; and
  - Assistance will only be provided to restore living conditions to a safe, functional, and accessible state; and
- If applying for Household Needs Grant, Household Needs Assistance – Medical/Dental, and Extended Sheltering, an SBA Loan application is **NOT** required.

## RECIPIENT MAXIMUM GRANT AMOUNT

- Housing Assistance Program
  - Extended Sheltering Assistance (ESA): Maximum amount based on State Office of Financial Management lodging rate and meal per diem rate for King, Snohomish, and Whatcom Counties multiplied by 21 days.
  - Home Repair Assistance: Maximum award is \$43,600
- Disaster-Caused Unmet Needs: Maximum award is \$43,600. This assistance includes the following:
  - Household Needs Grant: Up to \$1,125 to households who have sustained verified damage according to the categories Destroyed or Major. The total award for this grant contributes to the maximum award total for Disaster-Caused Unmet Needs. See table below:

**Table 7: Household Needs Grant Award by Household Size, 2023**

Household Size	Household Needs Grant Award
1 person	\$375
<b>2–4 persons</b>	<b>\$750</b>
5+ persons	\$1,125

- Household Needs Assistance: Total award amount for Unmet Needs Primary categories cannot exceed \$43,600. See table for maximum amount per category.

**Table 10: Unmet Needs Primary Categories**

<b>Unmet Needs Primary Categories</b>	
<b>Category</b>	<b>Amount (2023)</b>
Transportation Repair	\$50–\$9,200
Transportation Replace (Total loss)	\$9,200, one vehicle per household
Funeral Maximum (Unmet Need)	\$10,000 (per decedent)
Child Care Assistance (Maximum)	\$7,000 (\$3,500 per child)
Personal Property	Based on value of loss but may NOT exceed category maximum grant for Housing Needs Assistance
Medical/Dental Assistance	\$630

**REQUIRED DOCUMENTS**

See Attachments E, F, and H – Required Recipient Documentation

**DELIVERABLES**

See Attachment D – Timeline for deliverables and deadlines.

## GRANT TIMELINE

ITEM	DEADLINE/TIMELINE
<b>Grant Kick-Off Meeting</b>	Within 10 business days after Grant Agreement Start Date
<b>State IA Program Implementation Plan</b>	Within 30 days after Grant Agreement Start Date. Plan must provide a brief overview of Grantee program implementation process from application submission through close out.
<b>Grant Report</b>	Must be submitted with every A19-1A Reimbursement Request
<b>A19-1A Reimbursement Request (Invoices)</b>	No more than once a month during the Grant Performance Period
<b>Grant Meetings</b>	Every month during the Grant Agreement Performance Period
<b>Grant Pre-Closeout Meeting</b>	15 calendar days prior to Grant Agreement Performance Period End Date
<b>Final A19-1A Reimbursement Request (Invoices)</b>	July 15, 2025
<b>Grant Closeout Meeting</b>	15 calendar days after Grant Agreement Performance Period End Date
<b>Final Grant Report</b>	August 30, 2025



## Housing Assistance Category

### Extended Sheltering Assistance

- Extended Sheltering Assistance (ESA) provides transitional shelter for displaced survivors for a limited period. The intent of this program is to support survivors in situations where congregate sheltering is not feasible or no longer available so they can begin to secure temporary or permanent housing accommodations.
- ESA is intended to cover up to 3 weeks of lodging and meal.
  - Funds will cover up to state OFM per diem and lodging rates of the impacted area. Meal per diem will be based on the number of rooms occupied, not by number of occupants in the room.
- Requirements:
  - Have a primary residence within the impacted area and proof of occupancy;
  - Have proof of identity; and
  - Proof that applicants incurred costs for lodging in non-congregate shelters.

### Home Repair

- Home repair assistance is available for owner-occupied primary residences and will be provided for the purpose of making repairs to restore the home to a habitable condition. Assistance is available up to the maximum Housing Assistance award.
- Requirements:
  - Proof of homeownership/occupancy of primary home;
  - Home is a built structure and was legally used for applicant's primary housing prior to the disaster;
  - Damage to the item or items needing repair was disaster-caused;
  - The inspection reveals that the repair is necessary to restore the home to a habitable condition;
  - The cost to repair the damaged item or items is not covered by insurance or any other disaster assistance; and
  - Repairs made must comply with current building codes.

**Disaster Unmet Needs Category**Household Needs Grant

- The Household Needs Grant (HNG) is a one-time lump-sum payment available to disaster survivors who have sustained verified damage in the Major or Destroyed categories. The intent of this grant is to provide survivors with prompt assistance to help stabilize their initial recovery.
- An application for an SBA Loan is not required to be eligible for HNG.

Household Needs Assistance

- Survivors may be eligible for additional assistance to meet disaster-caused unmet needs. This assistance will be approved on a case-by-case basis up to the maximum amount of Household Needs Assistance (HNA).
- Requirements:
  - Medical/dental Assistance
    - Must provide proof of damage to necessary medical or assistive living devices; and
    - For those applicants who required hospital stay or medical visit, letter from medical provider stating that clinic visit or hospital stay was due to weather event (i.e., EOB / denial from insurance company and actual bill).
  - Transportation assistance (repair/replace)
    - One eligible uninsured or underinsured vehicle used for regular commuting purposes; and
    - Damage must be caused by the disaster and be salvage-titled. Evidence of damage to vehicle such as photos or auto shop repair quotes must be provided.
  - Funeral assistance
    - A medical examiner, medical doctor, doctor of osteopathic medicine, or coroner must certify that the death was attributed to the disaster;
    - Assistance may be provided if funeral expenses are not covered by insurance or any other disaster assistance. Proof of any other funeral assistance received is required;
    - Applicant must present proof of receipts or verifiable estimates for incurred funeral expenses for the decedent. These expenses include interment, reinterment, or funeral expenses.
  - Childcare assistance
    - Childcare assistance may be provided for up to eight weeks cumulatively. Applicants must provide invoice or rates from their chosen facility.
  - Personal Property
    - Evidence of Personal Property loss or damage such as photos. Eligibility items are listed in Attachment G.
  - Accessibility items
    - Must demonstrate they have a verified disaster-caused unmet need that has not been met through any other means, such as insurance or other disaster assistance.

Personal Property List

<p align="center"><b>Washington State Individual Assistance Personal Property Line Items Calendar Year 2023</b> (adapted from (FEMA, 2022))</p>					
<b>Line Item Description</b>		<b>Quantity</b>	<b>Line Item Description</b>		<b>Quantity</b>
<b>Living Room</b>			<b>Kitchen</b>		
Coffee table		1	2' x 4' Area rug		1
Lamp (1 floor – 1 table)		2	3' x 4' Mini-blind set		1
Upholstered 8' sofa		1	Blender		1
Upholstered chair		1	Broom		1
<b>Bedroom</b>			Can opener (electric)		1
18" x 48" Mirror		1	Coffee maker		1
4 Drawer chest		1	Cooking utensils (miscellaneous)		1
4' x 5' Mini-blind set		1	Dinnerware (service for 8)		1
Bed – frame/frame/mattress		1	Dish rack and drainer		1
Bedspread		1	Dishtowels and pot holders (4 pieces)		1
Blanket		1	Fire extinguisher (9 lb)		1
Lamp		1	Flatware (service for 8)		1
Nightstand		1	Fork (meat)		1
Sheet set		1	Glassware (service for 8)		1
Standard pillow		1	Knife set (7 pieces)		1
<b>Bathroom</b>			Mixer (handheld)		1
3' x 4' Mini-blind set		1	Mixing bowl set (4 pieces)		1
Panel shower curtain		1	Mop and bucket		1
Set of personal brushes/combs/ etc. - \$50 Hygiene Allowance		1	Pots and pans w/lids set (8 pieces)		1
Set of personal hygiene items - \$50 Hygiene Allowance		1	Spatula		1
Shower rod		1	Spoon (cooking)		1
Towels - (1) 4-piece towel set		4	Toaster (2 slots)		1
Tub mat		1	Trash can		1
Trash can		1	Whisk		1
<b>Dining Room</b>			<b>Essential Tool Line Items</b>		
Dining table and chairs (4 persons)		1	Computer (Essential)		1
			Occupational Tools		1
			School Books/Supplies		1
			Uniforms		1

# Washington State Individual Assistance Program Personal Property Line Items

Calendar Year 2023  
(adapted from (FEMA, 2022))

Line Item Description	Quantity	Line Item Description	Quantity
<b>Personal Property Line items [Previously Owned]</b>		<b>Personal Property Heat Source Line items [Previously Owned]</b>	
Air Conditioner **	<b>1:1 ratio</b>	Coal (ton)	Up to 1 ton
Appliance Service Call	1	Wood (cord)	Up to 1 cord
* <b>Carbon Monoxide Detector</b> - Misc/Other line item also	1	Kerosene (gallon)	Up to 200 gallons
* <b>Chainsaw</b> - Misc/Other line item also	1	Oil (gallon)	Up to 200 gallons
Child Car Seat **	<b>1:1 ratio</b>	Pellets (ton)	Up to 1 ton
Clothing **	<b>1:1 ratio</b>	Propane (gallon)	Up to 200 gallons
* <b>Dehumidifier</b> - Misc/Other line item also	1	<b>Miscellaneous/Other Line items</b>	
Dryer	1	* Carbon Monoxide Detector	1
Electric Fan **	<b>1:1 ratio</b>	* Chainsaw	1
Freezer	1	* Dehumidifier	1
* <b>Generator</b> - Misc/Other line item also	1	* Generator	1
High Chair **	<b>1:1 ratio</b>	* Humidifier	1
* <b>Humidifier</b> - Misc/Other line item also	1	Smoke Detector - one per damaged floor	1
Infant crib**	<b>1:1 ratio</b>	* Weather Radio	1
Infant stroller **		Marine VHF Radio	1
Microwave		Subsistence Gear	1
Playpen	<b>1:1 ratio</b>	Bicycle and Helmet	1 each
Radio	1	Motorcycle Helmet	1
Range/Oven	1	Gasoline	50 gallons
Refrigerator	1	Wet/Dry Vacuum	1
Space Heater **	1	Tarp	2
Telephone	1	Air Purifier	1
Television	<b>1:1 ratio</b>		
Toys **	1		
Twin Bed **	1		
Vacuum	<b>1:1 ratio</b>		
Washer	<b>1:1 ratio</b>		
* <b>Weather Radio</b> - Misc/Other line item also	1		

<b>Americans with Disabilities Act Line Items [Previously Owned]</b>	
ADA Accessible Bed	1
ADA Accessible Computer	1
ADA Accessible Raised Toilet Seat	1
ADA Flashing Fire Alarm - one per damaged floor and occupied bedroom	1
ADA Shower Chair	1
ADA TTY/TDY Telephone	1
ADA Walker	1
ADA Wheel Chair	1
* These items can either be previously owned or purchased post-disaster. Assistance will only be awarded under one category.	
**These items are awarded per disaster household members who need or are required to use the item or 1 item per occupied bedroom; a 1:1 ratio.	

### Required Recipient Documentation

GRANTEE shall use this list of Required Recipient Documentation for proof of Recipient Grant Eligibility. Collected documentation from Recipients must have all personally identifiable information, such as social security numbers, account number, etc., redacted, except for the Recipient name and address. Any information provided by the Recipient and supporting documentation is considered a public record and is subject to disclosure under the Washington Public Records Act, 45.56 RCW.

#### Proof of Income

Applicants must provide proof that they meet income requirements of a household income equal to or less than 80 percent of the area median family income based on the number of persons in the family. GRANTEE shall use the Low (80 percent) Income Limits from the U.S. Department of Housing and Urban Development's (HUD) FY 2024 Income Limits Documentation System:

[https://www.huduser.gov/portal/datasets/home-datasets/files/HOME\\_IncomeLmts\\_State\\_WA\\_2024.pdf](https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_WA_2024.pdf)

- For the purposes of this grant, "Income" is defined by the Bureau of the Census, and includes wage or salary income, self-employment income, interest, dividend, rental income, social security or other public assistance income, retirement, and disability income, etc.
- For the purposes of this grant, "Family" is defined by HUD, and includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:
  - a. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or,
  - b. A group of persons residing together, and such group includes, but is not limited to:
  - c. A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - d. An elderly family;
  - e. A near-elderly family;
  - f. A disabled family;
  - g. A displaced family; and,
  - h. The remaining member of a tenant family.
- Proof includes one of the following:
 

Proof includes the recipient's most recent copy or copies of one of the following which must include a date and the recipient's name. If any of the information is unclear or missing (such as no date), DCM or GRANTEE Authorized Personnel can sign and date on the document to attest to the accuracy of the document:

  - a. Pay stubs covering the last 60 days of income (or three months of bank statements demonstrating deposit amounts and blacking out the account number)
  - b. Social Security letter
  - c. Unemployment benefits letter
  - d. Letter attesting to being unemployed and receiving no income in 2024
  - e. W-2 forms or most recently filed tax statements demonstrating income.
  - f. Proof that the recipient's income is below the minimum threshold to file a federal tax return based on their filing status.
  - g. Documentation of self-employment, if applicable

#### Damage Verification

The Recipients primary residence must be verified by GRANTEE to have been damaged or destroyed by the qualifying disaster event on this Agreement. The County Assessor's Office can also verify the loss or damage to the home. For the purpose of this Agreement, **primary residence** refers to the home where the recipient normally lives during the major portion of the calendar year.

Proof of damage to home or displacement from a rental unit used as the primary residence includes one of

the following:

- Receipt of insurance settlement for damage/loss due to the qualifying disaster;
- Destroyed property form application processed and approved by the County Assessor's Office demonstrating a reduction in taxes due to property loss. The County Assessor's Office will provide verification of property loss in the eligible counties to the Washington Emergency Management Division;
- Attestation from GRANTEE or Contractor confirming damage to primary home or displacement from rental unit used as primary residence due to the qualifying disaster;
- Taxpayers claim for Reduction of Assessments Resulting from Destroyed Real or Personal Property or Loss of Value in a Declared Disaster Area (available at local county assessor's office.)  
<https://dor.wa.gov/sites/default/files/legacy/Docs/forms/PropTx/Forms/64-0003.pdf>; or
- Attestation from landlord of damage to rental unit or of tenant's displacement from rental unit due to qualifying disaster event.

#### Duplication of Benefits Verification

GRANTEE shall verify Recipient has not received, or has received inadequate, disaster individual assistance from federal, state, local, private insurance, or non-profit to cover the cost of individual or household disaster recovery.

Proof of lack of individual assistance or inadequate individual assistance includes one of the following:

- Proof of insurance denial from insurance company;
- Insurance policy stating appliance replacements are not covered;
- Insurance settlement demonstrating the amount is still inadequate to cover the cost of remaining household appliance replacements;
- Federal Emergency Management Agency (FEMA) assistance provided, if applicable does not cover remaining unmet needs; or
- U.S. Small Business Administration (SBA) loan amount, if applicable, does not cover remaining unmet needs.

#### Identity Verification

GRANTEE shall collect one proof of identity to mitigate instances of fraud from occurring. Proof of identity will also ensure the correct name is used to disburse checks to approved eligible Recipients, if applicable. Proof of identity must include one of the following (must show name, date of birth, and photograph):

- State identification card;
- Driver license;
- US passport or passport card;
- US military card (front and back);
- Military dependent's ID card (front and back);
- Permanent Resident Card;
- Certificate of Citizenship;
- Certificate of Naturalization;
- Employment Authorization Document; or
- Foreign passport.

#### Proof of Residency

Recipient proof of residency includes one of the following documents demonstrating recipient physical, primary residency jurisdiction where the qualifying disaster occurred.

(\*Note: If a recipient is having difficulty with finding a document for proof of residency, a Disaster Case Manager (DCM) or GRANTEE Authorized Personnel can attest and declare that the recipient's primary residency is/was within the jurisdiction during the qualifying disaster event. This can be annotated in documents provided by the recipient and the DCM/Authorized Personnel if aspects of the document are missing such as the address of the property, the date of the document, the name of the recipient etc. If using this method for proof of residency, the DCM must also sign and date the document to attest that the information has been verified. An example of this is a written agreement between a landlord or property



owner and someone who is renting or otherwise living on the property and does not have an official lease agreement to show.)

- Any utility bill from state fiscal year 2024;
- Washington State issued driver's license, identification card, or permit;
- Washington vehicle registration or title;
- Cell phone bill or internet bill;
- Home utility or service document (bill, statement, hook-up order, etc.) for Washington;
- address (gas, electric, water, garbage, sewer, landline phone, TV, internet);
- Bank or credit card document (statement, card mailer, etc.);
- Washington State voter card;
- Washington school transcript;
- DSHS benefits letter (medical, food, etc.);
- Proof of home ownership (mortgage documents, property tax documents, deed, title, etc.);
- Rent receipts or lease agreement;
- Selective Service Card;
- Concealed weapons permit from a Washington county (license to carry concealed pistol);
- Homeowner's or renter's insurance policy or other insurance statement;
- Washington professional license (nursing, physician, engineer, pilot, etc.);
- Internal Revenue Service 2023, W-2 form from an employer, form 1099 or paystub from employer;
- US military document; or
- Certified Washington marriage certificate.

#### Proof of Receipts

A legibly printed, electronic document, or a written receipt on a formal business receipt form provided by a service provider or vendor to a customer, which provides documentary evidence that the service provider or vendor has been paid for services or goods, provided to the customer. To be considered valid, a receipt must contain the name of the entity providing the good(s)/service, the date(s) that the goods or service was/were provided/purchased, the price of the good(s)/service, any tax levied, the total monetary amount due, and must indicate that the total monetary amount due was paid.

Nov 2024 Bomb Cyclone State IA Summary

Type of Assistance	Max Awards		GENERAL ELIGIBILITY				Additional Requirements
			Uninsured or Under-Insured	Major or Destroyed	80% HUD AMI	SBA Application	
<b>DISASTER UNMET-NEEDS CATEGORY (total award amount per Recipient can NOT exceed \$43,600)</b>							
<b>Household Needs Grant (HNG)</b>	\$375-\$1125 (based on household size)		NO	YES	YES	NO	N/A
<b>Household Needs Assistance (HNA)</b>	<b>Medical and/or Dental Assistance</b>	\$630	YES	YES or requires medical/assisted living device	YES	NO	- Must provide proof of damage to necessary medical or assistive living devices. - For those that required hospital stay or medical visit, letter from medical provider stating that clinic visit or hospital stay was due to weather event (i.e., EOB / denial from insurance company and actual bill).
	<b>Personal Property Assistance</b>	Based on value of loss but can NOT exceed category max. grant	YES	YES	YES	YES	- Evidence of Personal Property loss or damage such as photos. Eligibility items are listed in Attachment G of the Grant Agreement.
	<b>Transportation Assistance</b>	\$9,200	YES	YES	YES	YES	- One eligible uninsured or underinsured vehicle used for regular commuting purposes. Damage must be caused by the disaster and be salvage-titled. Evidence of damage to vehicle such as photos or auto shop repair quotes must be provided.

Type of Assistance	Max Awards	GENERAL ELIGIBILITY				Additional Requirements
		Uninsured or Under-Insured	Major or Destroyed	80% HUD AMI	SBA Application	
<b>Funeral Assistance</b>	\$10,000 (per decedent)	YES	YES	YES	YES	<ul style="list-style-type: none"> <li>- A medical examiner, medical doctor, doctor of osteopathic medicine, or coroner must certify that the death was attributed to the disaster.</li> <li>- Assistance may be provided if funeral expenses are not covered by insurance or any other disaster assistance. Proof of any other funeral assistance received is required.</li> <li>- Applicant must present proof of receipts or verifiable estimates for incurred funeral expenses for the decedent. These expenses include interment, reinterment, or funeral expenses.</li> </ul>
<b>Childcare Assistance</b>	\$7,000 (\$3,500 per child)	YES	YES	YES	YES	<ul style="list-style-type: none"> <li>- Childcare assistance may be provided for up to eight weeks cumulatively. Applicant must provide invoice or rates from their chosen facility.</li> </ul>
<b>Accessibility Items</b>	Based on value of loss but can NOT exceed category max. grant	YES	YES	YES	YES	<ul style="list-style-type: none"> <li>- Must demonstrate they have a verified disaster-caused unmet need that has not been met through any other means, such as insurance or other disaster assistance.</li> </ul>

Type of Assistance	Max Awards	GENERAL ELIGIBILITY				Additional Requirements
		Uninsured or Under-Insured	Major or Destroyed	80% HUD AMI	SBA Application	
<b>HOUSING ASSISTANCE CATEGORY</b>						
<b>Extended Sheltering Assistance (ESA)</b>	Max amount based on State OFM lodging rate and meal per diem rate for King, Snohomish, and Whatcom Counties multiplied by 21 days)	YES	YES	YES	<b>NO</b>	<ul style="list-style-type: none"> <li>- Have a primary residence within the impacted area or proof of occupancy</li> <li>- Have proof of identity</li> <li>- Proof that applicant incurred costs for lodging in non-congregate shelters.</li> <li>-Meal per diem will be based on number of rooms per applicant, not by number of occupants in room.</li> </ul>
<b>Home Repair</b>	\$43,600	YES	YES	YES	YES	<ul style="list-style-type: none"> <li>- Proof of homeownership/occupancy of primary home.</li> <li>- Home is a built structure and was legally used for applicant's primary housing prior to the disaster.</li> <li>- Inspection by local jurisdiction reveals the damaged item or items were functional prior to the disaster.</li> <li>- Damage to the item or items needing repair was disaster-caused.</li> <li>- The inspection reveals that the repair is necessary to restore the home to a habitable condition.</li> <li>- The cost to repair the damaged item or items is not covered by insurance or any other disaster assistance.</li> <li>- Repairs made must comply with current building codes.</li> </ul>

# SIGNATURE AUTHORIZATION FORM

WASHINGTON STATE MILITARY DEPARTMENT  
Camp Murray, Washington 98430-5122

*Please read instructions on reverse side before completing this form.*

NAME OF ORGANIZATION Whatcom County	DATE SUBMITTED
PROJECT DESCRIPTION Washington State Military Department Individual Assistance Grant	CONTRACT NUMBER D25-038

1. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE
	Satpal Singh Sidhu	Whatcom County Executive

2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
	Satpal Singh Sidhu	Whatcom County Executive
	Kayla Schott-Bresler	Whatcom County Deputy Executi

3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT		
SIGNATURE	PRINT OR TYPE NAME	TITLE
	Donnell "Tank" Tanksley	Sheriff
	Steve Harris	Undersheriff

## INSTRUCTIONS FOR SIGNATURE AUTHORIZATION FORM

This form identifies the persons who have the authority to sign contracts, amendments, and requests for reimbursement. It is required for the management of your contract with the Military Department (MD). Please complete all sections. One copy with original signatures is to be sent to MD with the signed contract, and the other should be kept with your copy of the contract.

When a request for reimbursement is received, the signature is checked to verify that it matches the signature on file. **The payment can be delayed if the request is presented without the proper signature.** It is important that the signatures in MD's files are current. Changes in staffing or responsibilities will require a new signature authorization form.

1. **Authorizing Authority.** Generally, the person(s) signing in this box heads the governing body of the organization, such as the board chair or mayor. In some cases, the chief executive officer may have been delegated this authority.
2. **Authorized to Sign Contracts/Contract Amendments.** The person(s) with this authority should sign in this space. Usually, it is the county commissioner, mayor, executive director, city clerk, etc.
3. **Authorized to Sign Requests for Reimbursement.** Often the executive director, city clerk, treasurer, or administrative assistant have this authority. It is advisable to have more than one person authorized to sign reimbursement requests. **This will help prevent delays in processing a request if one person is temporarily unavailable.**

If you have any questions regarding this form or to request new forms, please call your MD Program Manager.

**Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form**

NAME Whatcom County		Doing business as (DBA)	
ADDRESS 311 Grand Avenue Bellingham, WA 98225	Applicable Procurement or Solicitation #, if any:	WA Uniform Business Identifier (UBI) 370-010-246	Federal Employer Tax Identification #: 91-6001383
This certification is submitted as part of a request to contract.			

**Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**

**READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**

**The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.**

Bidder or Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name and Title: Satpal Singh Sidhu, Whatcom County Executive



# FEDERAL DEBARMENT, SUSPENSION INELIGIBILITY and VOLUNTARY EXCLUSION

## (FREQUENTLY ASKED QUESTIONS)

### **What is “Debarment, Suspension, Ineligibility, and Voluntary Exclusion”?**

These terms refer to the status of a person or company that cannot contract with or receive grants from a federal agency.

In order to be debarred, suspended, ineligible, or voluntarily excluded, you must have:

- had a contract or grant with a federal agency, and
- gone through some process where the federal agency notified or attempted to notify you that you could not contract with the federal agency.
- Generally, this process occurs where you, the contractor, are not qualified or are not adequately performing under a contract, or have violated a regulation or law pertaining to the contract.

### **Why am I required to sign this certification?**

You are requesting a contract or grant with the Washington Military Department. Federal law (Executive Order 12549) requires Washington Military Department ensure that persons or companies that contract with Washington Military Department are not prohibited from having federal contracts.

### **What is Executive Order 12549?**

Executive Order 12549 refers to Federal Executive Order Number 12549. The executive order was signed by the President and directed federal agencies to ensure that federal agencies, and any state or other agency receiving federal funds were not contracting or awarding grants to persons, organizations, or companies who have been excluded from participating in federal contracts or grants. Federal agencies have codified this requirement in their individual agency Code of Federal Regulations (CFRs).

### **What is the purpose of this certification?**

The purpose of the certification is for you to tell Washington Military Department in writing that you have not been prohibited by federal agencies from entering into a federal contract.

### **What does the word “proposal” mean when referred to in this certification?**

Proposal means a solicited or unsolicited bid, application, request, invitation to consider or similar communication from you to Washington Military Department.

### **What or who is a “lower tier participant”?**

Lower tier participants means a person or organization that submits a proposal, enters into contracts with, or receives a grant from Washington Military Department, OR any subcontractor of a contract with Washington Military Department. If you hire subcontractors, you should require them to sign a certification and keep it with your subcontract.

### **What is a covered transaction when referred to in this certification?**

Covered Transaction means a contract, oral or written agreement, grant, or any other arrangement where you contract with or receive money from Washington Military Department. Covered Transaction does not include mandatory entitlements and individual benefits.

## **Sample Debarment, Suspension, Ineligibility, Voluntary Exclusion Contract Provision**

**Debarment Certification.** The Contractor certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any Federal department or agency. If requested by Washington Military Department, the Contractor shall complete a Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion form. Any such form completed by the Contractor for this Contract shall be incorporated into this Contract by reference.