

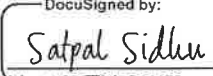
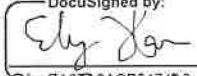


**Amendment**

**Grant Number: F19-31219-477**  
**Amendment Number: A**

**Washington State Department of Commerce  
 Community Services Division  
 Office of Crime Victims Advocacy  
 VOCA Victims of Child Abuse and Neglect Initiative**

Subrecipient  
 Contractor

<b>1. Grantee</b> WHATCOM COUNTY 311 GRAND AVE STE 108 BELLINGHAM, WA 98225		<b>2. Grantee Doing Business As (optional)</b> Whatcom County Juvenile Court VGAL Program	
<b>3. Grantee Representative (only if updated)</b>		<b>4. COMMERCE Representative (only if updated)</b>	
<b>5. Original Grant Amount (and any previous amendments)</b> \$27,942.00	<b>6. Amendment Amount</b> \$27,942.00	<b>7. New Grant Amount</b> \$55,884.00	
<b>8. Amendment Funding Source</b> Federal: <input checked="" type="checkbox"/> State: <input type="checkbox"/> Other: <input type="checkbox"/> N/A: <input type="checkbox"/>		<b>9. Amend. Effective Date</b> 7/1/2023 12:00:00 AM	<b>10. End Date</b> 06/30/2024
<b>11. Federal Funds: (as applicable):</b> \$55884.00	<b>Federal Agency:</b> Department of Justice, Office of Justice Programs, Office for Victims of Crime	<b>ALN Number:</b> 16.575	<b>Indirect Rate: (as applicable):</b>
<b>12. SWV #</b> SWV0002425-09	<b>13. UBI #</b> 371010246	<b>14. UEI #</b> NT6RMN8HTN7	
<b>15. Amendment Purpose</b> To add funds to the grant and extend the end date.			
COMMERCE, defined as the Department of Commerce, and the Grantee, as defined above, acknowledge and accept the terms of this Grant and attachments and have executed this Grant on the date below to start as of the date and year referenced above. The rights and obligations of both parties to this Grant are governed by this Grant and the following other documents incorporated by reference: Grant Terms and Conditions including Attachment "A" – Scope of Work; Attachment "B" – Budget; Attachment "C" – Federal Funds Checklist, Attachment "D" – Victims of Crime Act (VOCA) Rule, and Grantee's Application for funding. A copy of this Grant Amendment shall be attached to and made a part of the original Grant between COMMERCE and the Grantee. Any reference in the original Grant to the "Grant" shall mean the "Grant as Amended".			
<b>FOR GRANTEE</b> DocuSigned by:  Satpal Sidhu County Executive Name, Title Satpal Sidhu Signature 6/27/2023   11:15 AM PDT Date		<b>FOR COMMERCE</b> DocuSigned by:  Cindy Gierm-Anderson, Assistant Director Name, Title 6/27/2023   5:23 PM PDT Date APPROVED AS TO FORM ONLY BY ASSISTANT ATTORNEY GENERAL APPROVAL ON FILE	



This Grant is amended as follows:

## Special Terms and Conditions

### 1. ACKNOWLEDGEMENT OF FEDERAL FUNDING

Federal Award Date: 9/13/2019

Federal Award Period: 10/1/2018 – 9/30/2022

Federal Award Identification Number (FAIN): 2019-V2-GX-0034

Total Amount of the Federal Award: \$51,207,272

Awarding Official: Department of Justice, Office of Justice Programs, Office for Victims of Crime

Amount obligated by this action: \$55,884.00

The Grantee agrees that any publications (written, visual, or sound) but excluding press releases, newsletters, and issue analyses, issued by the Grantee describing programs or projects funded in whole or in part with federal funds under this Grant, shall contain the following statements:

“This project was supported by Grant No. 2019-V2-GX-0034 awarded by Office for Victims of Crime, US Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the Office for Victims of Crime, US Department of Justice. Grant funds are administered by the Office of Crime Victims Advocacy, Washington State Department of COMMERCE.”

In the event a correction is required to the Acknowledgement of Federal Funding, an administrative change will be processed. A change to the Acknowledgement of Federal Funding will not affect your budget or scope of work and notice will be provided.

This subaward may not be used for research and development purposes.

### 5. COMPENSATION

COMMERCE shall pay an amount not to exceed [[ContractTotalAmount]] for the performance of all things necessary for or incidental to the performance of work as set forth in Attachment A - Scope of Work. Grantee's compensation for services rendered shall be in accordance with Attachment B – Budget.

The Grantee shall provide a non-federal match for the Victims of Crime Act portion of this Grant. The total match to be provided shall be at least \$0.00. All funds designated as match are restricted to the same uses as VOCA federal funds. Match funds may be expended in a greater proportion to grant funds, however, all match funds must be expended prior to the close of this Grant. Expenditures of match funds must be identified on the invoice voucher form.

Transfer of funds between line item budget categories must be approved by the Office of Crime Victims Advocacy (OCVA) program staff. A cumulative amount of these transfers exceeding ten (10) percent of the total program budget shall be subject to justification and negotiation between the Grantee and OCVA, including approval from the Grantee's signature authority and the relevant OCVA Section Manager.

Payment will be on a reimbursement basis only.

Consultant fees may not exceed \$650 per day or \$81.25 per hour for the Victims of Crime Act portion of this Grant (excluding travel and subsistence costs).



Travel expenses incurred or paid by Grantee shall be reimbursed at a rate not to exceed the current state rate and in accordance with the State of Washington Office of Financial Management Travel Regulations. Current travel rates may be accessed at:

<https://ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf>

The Grantee agrees to comply with the financial and administrative requirements set forth in the current edition of the Office of Justice Programs Financial Guide, which can be found at

[https://ojp.gov/financialguide/doj/pdfs/DOJ\\_FinancialGuide.pdf](https://ojp.gov/financialguide/doj/pdfs/DOJ_FinancialGuide.pdf).

Funds payable under this Grant include federal Victims of Crime Act (VOCA) victim assistance grant funds (CFDA Number 16.575).

In performance of the services, requirements, and activities set forth herein, the Grantee shall comply with all applicable federal requirements of the Victims of Crime Act Rule

<https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program>.

### **Attachment B: Budget**

<b>Budget</b>	<b>Unassigned</b>	<b>Total</b>
<b>Salaries</b>	\$42,824.00	\$42,824.00
<b>Benefits</b>	\$6,977.00	\$6,977.00
<b>Goods and Services</b>	\$6,083.00	\$6,083.00
<b>Total</b>	\$55,884.00	\$55,884.00

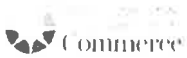
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<https://ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf>.

Any purchase over \$5,000 must be pre-approved by COMMERCE.

**ALL OTHER TERMS AND CONDITIONS OF THIS GRANT REMAIN IN FULL FORCE AND EFFECT.**



## Attachment C: Federal Funds Checklist

Subaward Contract Checklist	Federal Award Information
(i) Subrecipient name (which must match the name associated with its unique entity identifier);	WHATCOM COUNTY
(ii) Subrecipient's unique entity identifier;	NT6RMN8THTN7
(iii) Federal Award Identification Number (FAIN);	2019-V2-GX-0034
(iv) Federal Award Date (see §200.39 Federal award date) of award to the recipient by the Federal agency;	2019-V2-GX-0034
(v) Subaward Period of Performance Start and End Date;	07/01/2022 to 06/30/2024
(vi) Subaward Budget Period Start and End Date;	07/01/2022 to 06/30/2024
(vii) Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient;	\$55,884.00
(viii) Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation;	<i>Subrecipient – reference your records.</i>
(ix) Total Amount of the Federal Award committed to the subrecipient by the pass-through entity;	<i>Subrecipient – reference your records.</i>
(x) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Direct services for victims of crime.
(xi) Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity;	Federal awarding agency: Department of Justice, Office of Justice Programs, Office for Victims of Crime Pass-through entity: WA State Department of Commerce, Office of Crime Victims Advocacy Contact Information: jenna.osterman@commerce.wa.gov
(xii) Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement;	16.575 Crime Victim Assistance
(xiii) Identification of whether the award is R&D;	Not for research and development purposes.
(xiv) Indirect cost rate for the Federal award (including if the de minimis rate is charged) per §200.414.	



## DocuSign Contract Review and Routing Form

### Office of Crime Victims Advocacy

Reviewed by:	Title:	I verify that I have:	Date:
Jenna Osterman	Grant Manager	Proofed documents	6/22/2023   2:57 PM PDT
Nicky Gleason	Section Manager	Matched approved Obligation Summary Memo and Allocation Spreadsheet Reviewed entry and coding in CMS	6/26/2023   11:49 AM PDT
Richard Torrance	(Assistant) Managing Director	Correct template from IntraCOM has been used OR Documentation has been included with reason for exception	6/26/2023   11:56 AM PDT

#### Use if Grant Manager needs to verify Grantee submission before Assistant Director's signature

Reviewed by:	Title:	I verify that I have:	Date:
	Grant Manager	Checked that Grantee has completed all required certifications and/or forms	

**Certificate Of Completion**

Envelope Id: 9596B951EE494A6281675F3BB3F92129

Status: Completed

Subject: Please DocuSign: OCVA VOCA Victims of Child Abuse & Negl Inity-Amendment F19-31219-477

Division:

Community Services and Housing

Program: OCVA

ContractNumber: F19-31219-477

DocumentType:

Contract Amendment

Source Envelope:

Document Pages: 5

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 0

Kelly Tracy

AutoNav: Enabled

1011 Plum Street SE

Envelopeld Stamping: Enabled

MS 42525

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Olympia, WA 98504-2525

kelly.tracy@commerce.wa.gov

IP Address: 147.55.149.162

**Record Tracking**

Status: Original

Holder: Kelly Tracy

Location: DocuSign

6/22/2023 8:13:24 AM

kelly.tracy@commerce.wa.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Washington State Department of Commerce

Location: DocuSign

**Signer Events**

Jenna Osterman

jenna.osterman@commerce.wa.gov

Security Level: Email, Account Authentication (None)

**Signature**

**Completed**

Using IP Address: 147.55.134.121

**Timestamp**

Sent: 6/22/2023 8:15:22 AM

Viewed: 6/22/2023 2:56:25 PM

Signed: 6/22/2023 2:57:33 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Nicky Gleason

nicky.gleason@commerce.wa.gov

Washington State Department of Commerce

Security Level: Email, Account Authentication (None)

**Completed**

Using IP Address: 147.55.134.47

Sent: 6/22/2023 2:57:34 PM

Viewed: 6/26/2023 11:49:29 AM

Signed: 6/26/2023 11:49:32 AM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Richard Torrance

richard.torrance@commerce.wa.gov

Washington State Department of Commerce

Security Level: Email, Account Authentication (None)

**Completed**

Using IP Address: 73.221.68.173

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Viewed: 6/26/2023 11:56:13 AM

Signed: 6/26/2023 11:56:16 AM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign


Satpal Sidhu

SSidhu@co.whatcom.wa.us

County Executive

Whatcom County Human Resources

Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 1192C7C18B664E3

Sent: 6/26/2023 11:56:17 AM

Viewed: 6/27/2023 11:15:35 AM

Signed: 6/27/2023 11:15:51 AM

Signature Adoption: Pre-selected Style

Using IP Address: 216.57.213.187

**Electronic Record and Signature Disclosure:**

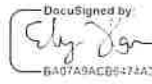
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ID: e975f3c1-d76d-4403-8331-74d7b761d23f

**Signer Events**

Ely Hernandez  
ely.hernandez@commerce.wa.gov  
Security Level: Email, Account Authentication  
(None)

**Signature**



Signature Adoption: Drawn on Device  
Using IP Address: 198.239.106.206

**Timestamp**

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Viewed: 6/27/2023 5:21:21 PM  
Signed: 6/27/2023 5:23:04 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	6/22/2023 8:15:22 AM
Envelope Updated	Security Checked	6/23/2023 11:56:18 AM
Envelope Updated	Security Checked	6/23/2023 11:56:18 AM
Certified Delivered	Security Checked	6/27/2023 5:21:21 PM
Signing Complete	Security Checked	6/27/2023 5:23:04 PM
Completed	Security Checked	6/27/2023 5:23:04 PM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
<b>Electronic Record and Signature Disclosure</b>		

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From time to time, Washington State Department of Commerce (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.15 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**



Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact Washington State Department of Commerce:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [docusign@commerce.wa.gov](mailto:docusign@commerce.wa.gov)

**To advise Washington State Department of Commerce of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [docusign@commerce.wa.gov](mailto:docusign@commerce.wa.gov) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

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- ii. send us an email to [docusign@commerce.wa.gov](mailto:docusign@commerce.wa.gov) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Washington State Department of Commerce as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Washington State Department of Commerce during the course of your relationship with Washington State Department of Commerce.