



## WHATCOM COUNTY CONTRACT INFORMATION SHEET (CIS)

Whatcom Co. Contract #:  
**202409037 - 3**

|                                                                                 |
|---------------------------------------------------------------------------------|
| <b>Originating Department:</b> 85 - Health                                      |
| <b>Division:</b> 8530 - Community Services                                      |
| <b>Program:</b> 853020 - Healthy Children and Families                          |
| Contract or Grant Administrator: Allyson Halverson                              |
| Contractor's / Agency Name: Opportunity Council                                 |
| Title of Agreement (optional): Healthy Children's Fund Basic Needs Amendment #3 |

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Contract:</b> Standard Contract for Services                                                                          |
| If amendment or renewal, original contract #: 202409037                                                                          |
| Is this is a grant agreement? No                                                                                                 |
| If so, grantor agency contract #s: _____ ALN: _____                                                                              |
| <i>Note: Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds.</i> |
| Is this contract grant-funded? No      If yes, Whatcom County grant contract number(s): _____                                    |
| If this contract the result of an RFP? Yes      If yes, RFP number(s): RFP 24-44                                                 |
| Is this contract the result of a Bid Process? No      If yes, Bid Number(s): _____                                               |
| Does this contract involve federal reimbursement? (i.e. fed grant, cooperative agreement, pass-through fed funds, etc.) No       |
| <b>Procurement method:</b> Request for Proposal (RFP) - For services or technologically complex equipment such as computer       |
| <b>Council review:</b> Required - Amendment exceeds \$10,000 or 10% threshold                                                    |

|                          |                                            |
|--------------------------|--------------------------------------------|
| Fund(s): 1858            | Original Contract Amount: \$ 111,061       |
| Cost Center(s): 18581004 | This Amendment Amount: \$ 40,131           |
| Object Account(s): 6610  | <b>Total Cumulative Amount: \$ 151,192</b> |

|                                       |
|---------------------------------------|
| <b>Contract term ends:</b> 01/31/2027 |
|---------------------------------------|

|                               |
|-------------------------------|
| Key words/summary (optional): |
|-------------------------------|

Contract routing (please initial & date):

Prepared by: A. Halverson 04/30/2026

Contractor signed: 6/29/2026

Contractor review: \_\_\_\_\_

Executive review: Initial  
FW 7/2/2026

Attorney signoff: J. Wilson 06/02/2026

Council approval, if necessary: 06/23/2026

AS Finance review: D. Kempf 6/9/2026

AB#: AB2026-477

IT review (if related): n/a

Executive signed: 7/2/2026



# Memorandum

**TO:** Satpal Sidhu, County Executive  
**FROM:** Champ Thomaskutty, Director  
**RE:** Opportunity Council – Healthy Children' Fund Basic Needs Contract Amendment #3  
**DATE:** JUNE 10, 2026

Attached is a contract amendment between Whatcom County and Opportunity Council for your review and signature. This amendment extends the contract for seven months and adds funding to support the extended contract period.

## ■ Background and Purpose

This contract provides funding for the purchase and distribution of basic needs items to families with children ages 0-5, who qualify as low-income, including those in underserved, marginalized and rural communities within Whatcom County. As the designated Community Action Agency for Whatcom County, Opportunity Council (OC) provides basic needs services through their Community Resource Centers located in Bellingham and East Whatcom County, where they have approximately 2,300 interactions per quarter with community members in need. OC anticipates distributing basic needs items during 350 engagements with families with children 0-5 per quarter through interactions with staff at their Community Resource Centers or through their housing program case managers.

Families visiting the OC's Resource Centers in Bellingham or East Whatcom County, or who are enrolled in one of the OC's housing programs, may request basic needs items from a pre-approved list of items including:

- Diapers
- Wipes
- Transportation assistance: gas cards, ride-hailing services, public bus passes

This contract supports Strategies 9 and 10 of the Healthy Children's Fund Implementation Plan, to expand and enhance early parenting supports and implement coordinated systems to access resources.

## ■ Funding Amount and Source

This amendment adds \$40,131. Funding for this contract, in an amount not to exceed \$151,192, is provided by the Healthy Children's Fund. These funds are included in the 2026 budget. Council authorization is required as the funding added by this amendment exceeds 10% of the amount originally authorized by Council.

## ■ Differences from Previous Contracts

| Section                                | Differences                                                                                                 |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Original Contract – Section 10.1, Term | Extends contract for seven months, through 1/31/2027.                                                       |
| Exhibit A – Scope of Work              | Slightly modifies language in Section (II)(A)(1).                                                           |
| Exhibit B – Compensation               | Adds funding to support the extended contract period, and modifies language regarding ride-hailing service. |

Please contact Ann Beck, Community Health & Human Services Manager at 360-778-6055 or [ABeck@co.whatcom.wa.us](mailto:ABeck@co.whatcom.wa.us) if you have any questions.

Whatcom County Contract Number:

202409037 – 3

**WHATCOM COUNTY CONTRACT AMENDMENT**  
**Healthy Children's Fund – Basic Needs**

**PARTIES:**

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

**AND CONTRACTOR:**  
**Opportunity Council**  
**1111 Cornwall Avenue**  
**Bellingham, WA 98225**

**CONTRACT PERIODS:**

**Original: 09/11/2024 – 03/31/2026**

**Amendment #1: 10/13/2025 – 03/31/2026**

**Amendment #2: 04/01/2026 – 06/30/2026**

**Amendment #3: 07/01/2026 – 01/31/2027**

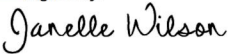
**THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS  
HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL  
CONSENT OF ALL PARTIES HERETO**

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**DESCRIPTION OF AMENDMENT:**

1. Extend the duration and other terms of this contract for seven months, pursuant to the original contract "General Terms, Section 10.1, Term".
2. Pursuant to the original contract, "General Terms, Section 40.1, Modifications", updates:
  - Exhibit A — Scope of Work,
    - (II.A.1.b.) to "The total number of gas cards purchased by the OC with the funding provided through this contract may not exceed \$11,507."
    - (II.A.1.b.ii.) to "The total amount of gas cards may not exceed \$200, per client each calendar year,..."
    - (II.A.1.b.iii.e.) to "Cumulative total distributed to client for the calendar year."
    - (II.A.1.c.v.) to "The County will reimburse the OC for cancelled rides in an amount up to \$15, not to exceed \$45 per client each calendar year."
  - Exhibit B – Compensation, to add \$40,131 in funding to support the extended contract period, and to modify the following language, "Ride-hailing service reimbursement excludes tips paid to drivers. Cancellation fees may not exceed \$15 per ride or \$45 per client each calendar year."
3. Funding for the total contract period (09/11/2024 – 01/31/2027) is not to exceed \$151,192.
4. All other terms and conditions remain unchanged.
5. The effective start date of the amendment is 07/01/2026.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

|                           |                                                                                                                                                      |           |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| APPROVAL AS TO PROGRAM:   | <div>DocuSigned by:</div> <div></div> <div>2B365BB0422344A...</div> | 7/2/2026  |
|                           | Ann Beck, Community Health and Human Services Manager                                                                                                | Date      |
| DEPARTMENT HEAD APPROVAL: | <div>Signed by:</div> <div></div> <div>00C1A6EB3489428...</div>     | 7/2/2026  |
|                           | Champ Thomaskutty, Director<br>Whatcom County Health and Community Services                                                                          | Date      |
| APPROVAL AS TO FORM:      | <div>Signed by:</div> <div></div> <div>CE1A5BA5C36B438...</div>     | 6/29/2026 |
|                           | Janelle C. Wilson, Civil Deputy Prosecutor                                                                                                           | Date      |

FOR THE CONTRACTOR:

|                                                                                                                                                  |                                 |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------|
| <div>Signed by:</div> <div></div> <div>CD16EF48E80C4CC...</div> | Greg Winter, Executive Director | 6/29/2026 |
| Contractor Signature                                                                                                                             | Printed Name and Title          | Date      |

FOR WHATCOM COUNTY:

|                                                                                                                                                        |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <div>DocuSigned by:</div> <div></div> <div>1192C7C18B664E3...</div> | 7/2/2026 |
| Satpal Singh Sidhu, County Executive                                                                                                                   | Date     |

CONTRACTOR INFORMATION:

**Opportunity Council**  
 1111 Cornwall Avenue  
 Bellingham, WA 98225  
[Greg\\_Winter@oppco.org](mailto:Greg_Winter@oppco.org)

**EXHIBIT "A" – Amendment #3**  
(SCOPE OF WORK)

**I. Background and Purpose**

This contract provides funding for the purchase and distribution of basic needs items to families with children ages 0-5, who qualify as low-income, including those in underserved, marginalized and rural communities within Whatcom County. As the designated Community Action Agency for Whatcom County, Opportunity Council provides basic need services through their Community Resource Centers located in Bellingham and East Whatcom County, where they have approximately 2,300 interactions per quarter with community members in need. OC anticipates distributing basic needs items during 350 engagements with families with children 0-5 per quarter through interactions with staff at their Community Resource Centers or through their housing program case managers.

Reducing the financial stress associated with purchasing basic needs items allows families to allocate their limited resources towards other necessary expenses, such as rent and utilities, contributing to the entire family's overall wellbeing and financial stability and reducing the risk of crises, such as homelessness. Families with children 0-5 visiting the OC's Resource Centers in Bellingham or East Whatcom County or who are enrolled in one of the OC's housing programs, may request basic needs items from a pre-approved list of items.

All families who are enrolled in OC's housing programs are at or below 50% AMI. Families with children 0-5 who access basic needs items through the Community Resource Centers are at or below 60% AMI. Basic needs items, including bus passes and gas cards, will be provided on an emergency basis when families do not have other resources to cover these needs. The basic needs distributed through this contract will include:

- Diapers
- Wipes
- Transportation assistance: gas cards, ride-hailing services, and public bus passes

This contract supports Strategies 9 and 10 of the Healthy Children's Fund Implementation Plan, to expand and enhance early parenting supports and implement coordinated systems to access resources. This contract is awarded as a result of RFP 24-44.

**II. Statement of Work**

A. Opportunity Council (OC) will perform the following activities:

1. A program specialist will purchase the basic needs products described above and coordinate distribution across the OC's departments and programs.
  - a. Bus passes, Uber, Lyft, and other pre-approved ride-hailing transportation services, and/or gas cards will be provided to clients on a limited basis if they have children ages 0-5, are at or below 60% AMI and families do not have other resources to cover this need.
    - i. This assistance will ensure that clients have access to transportation and/or enough gas to get their children to school and/or to essential appointments/meetings including medical appointments, job interviews, school appointments with teachers, and other appointments that are needed to continue their efforts towards stable housing.
  - b. The total number of gas cards purchased by the OC with the funding provided through this contract may not exceed \$11,507.
    - i. The total value of each gas card purchased will be \$25.
    - ii. The total amount of gas cards may not exceed \$200, per client each calendar year, unless otherwise approved by the County, with the following exceptions verified by the OC:
      - a. Families who must travel to Seattle Children's and/or other specialty medical services for their child(ren)'s appointments may exceed this amount.
      - b. Families who live 20 or more miles from the OC's primary location at 1111 Cornwall Avenue in Bellingham.

- iii. The OC will maintain and submit to the County, a gas card distribution log documenting:
  - a. Unique client identification number
  - b. Date of receipt
  - c. Client printed name and signature confirming receipt AND name and signature of staff distributing gas card; OR name and signature of staff distributing gas card AND name and signature of staff witnessing distribution to each client.
  - d. Amount per distribution to client
  - e. Cumulative total distributed to client for the calendar year.
- iv. Purchases with these gas cards for any item other than gas is prohibited. The OC's staff will communicate to clients that the gas card may only be used for fuel purchase when distributing gas cards.
- c. Uber, Lyft or other pre-approved ride-hailing transportation services will be provided for clients who do not have access to a personal vehicle or public transportation.
  - i. Whatcom County will not reimburse tips paid to drivers.
  - ii. The OC's staff will schedule the pick-up and drop-off location on the client's behalf, and will receive confirmation that the trip was completed through invoices from ride-hailing businesses.
  - iii. The OC will provide invoices or receipts for ride-hailing transportation for reimbursement from the County.
  - iv. The OC will maintain and submit to the County, a ride log documenting:
    - a. Total number of rides provided
    - b. Unduplicated number of households who utilized ride-hailing transportation and zip codes of households.
  - v. The County will reimburse the OC for cancelled rides in an amount up to \$15, not to exceed \$45 per client each calendar year.

Due to the nature of services provided to vulnerable clients, there may be instances where ride cancellations may occur as these clients may face challenges in terms of confirming or adhering to transportation arrangements due to various unforeseen or uncontrollable factors.

Cancellation fees pay drivers for the time and effort they spend getting to locations. Ride-hailing businesses may charge cancellation fees if a trip is cancelled or if a driver waits for a certain amount of time at the pickup location and the rider arrives late or does not arrive. The grace period during before which a cancellation will apply, is dependent upon location.

2. Receive, inventory and store all of basic needs products.

- a. The OC will maintain a tracking system for items purchased and items distributed to each client, by location and/or program.

B. Recipient Eligibility and Distribution

1. Distribution of supplies will take place at any one or more of the following:

- a. The OC's Resource Centers in Bellingham or East Whatcom County. These Resource Centers serve as community hubs for community assistance requests and are one of the only low-barrier access points for families with children 0-5 who are low-income and are not enrolled in a formal program to obtain resources. Each resource center will be responsible for ensuring, through recipient attestation, that all basic need item recipients are eligible for products purchased with funding dollars.

- i. Resource Center staff meets with clients 1:1 to discuss their needs and connect clients to programs. When meeting with clients, staff will provide clients with an information sheet that details the income and household eligibility requirements for the basic needs program. Households earning less than 60% AMI with children 0-5 years old visiting these Resource Centers will be provided with access to basic needs items when families do not have other resources to cover these needs.
    - ii. Resource Centers are open five days per week and staffed by Information and Referral Specialists who are available to work with clients on a walk-in basis, providing intake services and basic needs resource distribution.
  - b. Families with children ages 0-5 who are enrolled in the OC's Housing Programs and who are experiencing or at risk of homelessness. 88% of these families fall under the category of extremely low income, earning less than 30% of the AMI.
    - i. Housing Case Managers will work closely with families on budgeting, regularly assessing needs and resources to determine the appropriate level of assistance.
    - ii. Families enrolled in housing programs may pick basic needs items up at the OC's office locations or the OC may deliver directly to their homes or temporary shelter environment. Diapers, wipes, bus passes and/or gas cards will be provided on an emergency basis when families do not have other resources to cover these needs.
  - c. Coordinate the of distribution of basic needs items to eligible families within OC's Early Learning programs, and external organizations seeking infant basic needs.
2. The OC will distribute qualitative surveys to basic needs recipients. Survey's will be administered throughout the contracting period during client interactions at the Community Resource Centers, or during client meetings with housing case managers.
  3. The OC will document:
    - a. Date supplies are distributed;
    - b. Type/Quantity;
    - c. Client name and geographic location (client's zip code); and
    - d. How items are distributed (Home or office visit - specify which resource center, direct delivery, etc.).

### III. Reporting Requirements

- A. In a format approved by the County, the OC will submit a quarterly quantitative report that includes monthly numbers of:
  1. Total number of engagements basic needs resources were distributed to families with children 0-5 and geographic areas (zip codes) of households.
  2. Resources distributed monthly, including gas card distribution log.
  3. Type, volume, and how items were distributed.
- B. In addition to the quarterly quantitative reports, the OC will be responsible for timely and accurate qualitative reporting every six months. Qualitative reports will include:
  1. Number of qualitative surveys administered and summary of results to the questions below:
    - a. How meaningful were these resources in meeting your family's basic needs?
    - b. What additional resources could be available at this location to support your family?
  2. What successes and challenges have you (Opportunity Council) had during this reporting period?

**EXHIBIT "B"**  
**(COMPENSATION)**

**Budget and Source of Funding:** The source of funding for this contract, in an amount not to exceed \$151,192, is the Healthy Children's Fund. The budget for this contract is as follows:

| <b>Cost Description</b>                                                                         | <b>Documents Required with Each Invoice</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Budget</b>    |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Basic needs items<br>(diapers and wipes)                                                        | Paid invoices or receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$106,753        |
| Client Transportation Assistance<br>(bus passes, ride-hailing services, and gas cards)          | <ul style="list-style-type: none"> <li>• Paid invoices or receipts for bus passes and ride-hailing services</li> <li>• For **ride-hailing transportation, ride log documenting:               <ol style="list-style-type: none"> <li>a. Total number of rides provided or cancelled</li> <li>b. Unduplicated number of households utilizing ride-hailing transportation and household zip codes</li> </ol> </li> <li>• For gas cards, paid invoices or receipts and distribution log documenting:               <ol style="list-style-type: none"> <li>a. Unique client identification number</li> <li>b. Date of receipt</li> <li>c. Client printed name and signature confirming receipt AND name of staff distributing gas card; OR name and signature of staff distributing gas card AND name and signature of staff witnessing distribution to client.</li> <li>d. Amount per distribution to client</li> <li>e. Cumulative total distributed to client for the entire contract period to date</li> </ol> </li> </ul> | \$11,507         |
| Personnel (wages + benefits)                                                                    | Expanded GL report for the period including federally approved fringe rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$10,454         |
| *Direct Program Supplies, Telephone, Postage & Printing, Technology and Communication Equipment | GL Detail and when applicable, copies of receipts or paid invoices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$2,757          |
| <b>SUBTOTAL</b>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>\$131,471</b> |
| Indirect @ 15%                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$19,721         |
| <b>TOTAL</b>                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>\$151,192</b> |

\* All direct costs must be related solely to this program or based on an approved cost allocation plan. Technology and Communications Equipment includes internet, phone, etc. and does not include system upgrades. Technology and communication equipment expenses may not exceed \$500 without pre-approval from the County's Contract Administrator.

\*\* Ride-hailing service reimbursement excludes tips paid to drivers. Cancellation fees may not exceed \$15 per ride or \$45 per client each calendar year.

| <b>Contractor's Invoicing Contact Information:</b> |                       |
|----------------------------------------------------|-----------------------|
| <b>Name</b>                                        | David Grote           |
| <b>Phone</b>                                       | david_grote@oppco.org |
| <b>Email</b>                                       | 360-734-5121          |

**Refer to Exhibits B.1 and B.2 for additional invoicing requirements and information.**

## EXHIBIT “B.1” – Invoicing – General Requirements

1. When applicable, the contractor may transfer funds among budget line items in an amount not to exceed 10% of the total budget. Line item changes that exceed 10% must be pre-approved by the County Contract Administrator, prior to invoicing.
2. When applicable, indirect costs and fringe benefit cost rates may not exceed the amount indicated in Exhibit B or the Contractor’s federally approved indirect cost rate.
3. The Contractor shall submit invoices indicating the County-assigned contract number to:  
[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [AHalvers@co.whatcom.wa.us](mailto:AHalvers@co.whatcom.wa.us)
4. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County and by the 15<sup>th</sup> of the month, following the month of service, except for January and July where the same is due by the 10<sup>th</sup> of the month.
5. When applicable, the Contractor will utilize grant funding sources in the order of their expiration date as indicated by the County, prior to spending local funding sources, when no funding restrictions prevent doing so.
6. The contractor shall submit the required invoice documentation identified in Exhibit B.
  - a. The County reserves the right to request additional documentation in order to determine eligible costs. Additional documentation must be received within 10 business days of the County’s request.
  - b. When applicable, if GL reports for personnel reimbursement do not specify position titles, additional documentation must be provided that includes staff name and position title.
  - c. When applicable, mileage will be reimbursed at the current GSA rate ([www.gsa.gov](http://www.gsa.gov)). Reimbursement requests for mileage must include:
    1. Name of staff member
    2. Date of travel
    3. Starting address (including zip code) and ending address (including zip code)
    4. Number of miles traveled
  - d. When applicable, travel and/or training expenses will be reimbursed as follows:
    1. Lodging and meal costs for training are not to exceed the current GSA rate ([www.gsa.gov](http://www.gsa.gov)), specific to location.
    2. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts.
    3. Reimbursement requests for allowable travel and/or training must include:
      - a. Name of staff member
      - b. Dates of travel
      - c. Starting point and destination
      - d. Brief description of purpose
      - e. Receipts for registration fees or other documentation of professional training expenses.
      - f. Receipts for meals are not required.
7. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Contractor.
8. The County may withhold payment of an invoice if the Contractor submits it or the required invoice documentation, more than 30 days after the month of services performed and/or the expiration of this contract.
9. Invoices must include the following statement, with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
10. Duplication of billed costs or payments for service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.

## EXHIBIT "B.2" – Invoice Preparation Checklist for Vendors

The County intends to pay you promptly. Below is a checklist to ensure your payment will be processed quickly. Provide this to the best person in your company for ensuring invoice quality control.

☐ Send the invoices to the correct address:

[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [AHalvers@co.whatcom.wa.us](mailto:AHalvers@co.whatcom.wa.us)

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

Verify that:

- ☐ the invoice includes the following statement, with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
- ☐ the time period for services performed is clearly stated and within the contract term beginning and end dates. Also verify any other dates identified in the contract, such as annual funding allocations;
- ☐ invoice items have not been previously billed or paid, given the time period for which services were performed;
- ☐ enough money remains on the contract and any amendments to pay the invoice;
- ☐ the invoice is organized by task and budget line item as shown in Exhibit B;
- ☐ the Overhead or Indirect Rate costs match the most current approved rate sheet;
- ☐ the direct charges on the invoice are allowable by contract. Eliminate unallowable costs.
- ☐ personnel named are explicitly allowed for within the contract and the Labor Rates match the most current approved rate sheet;
- ☐ back-up documentation matches what is required as stated in Exhibit B and B.1;
- ☐ contract number is referenced on the invoice;
- ☐ any pre-authorizations or relevant communication with the County Contract Administrator is included; and
- ☐ Check the math.

Whatcom County will not reimburse for:

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 15% except as approved in an indirect or overhead rate agreement.