| WHATCOM COUNTY Whatcom County Contract Numb CONTRACT INFORMATION SHEET 202211041 – 4 | | | | | | | | | |
|--|---|-------------|---|--|----------------|--------------|---------------|--------------------------------|------|
| Originating Department: | | | | 85 Health and Community Services | | | | | |
| Division/Program: (i.e. De | pt. Division and Program) | | | Response S | System Divisio | on / Behav | ioral Health | l | |
| Contract or Grant Adminis | strator: | | | Hannah Fisk | | | | | |
| Contractor's / Agency Nar | ne: | | | Opportunity Council | | | | | |
| Is this a New Contract? Yes □ No ⊠ | If not, is this an Ameno If Amendment or Ren | | | | | ontract #: | | Yes 🖂 | |
| | | | 100 | \ | | Unitaci #. | | 20221104 | |
| Does contract require Co | ••• | ⊠ No | | If No, inclu | de WCC: | | | | |
| Already approved? Cou | Incil Approved Date: | | | (Exclusions se | e: Whatcom Co | unty Codes 3 | .06.010, 3.08 | .090 and 3.08.10 | 00) |
| Is this a grant agreemen Yes □ No ⊠ | t? If yes, grantor age | ency contra | act nu | ımber(s): | | | CFDA#: | | |
| Is this contract grant fund | ded? | | | | | | | | |
| Yes 🛛 No 🗆 | If yes, Whatcom | County gra | int co | ntract number(| s): | 20230 | 9019 | | |
| In this contract the regult | of a DED or Did process? | | | | | | | | |
| Yes No | of a RFP or Bid process? If yes, RFP and Bid numb | er(s): | 22- | -34 | Contract Co | ost Center: | | 0 (\$54,457.60 0 (\$20,000) | D) / |
| Is this agreement exclud | led from F-Verifv? | 0 🗆 Y | ′es ⊵ | 3 | | | | | |
| | * • | | | | | | | | |
| If YES, indicate exclusion | x 7 | | -f | ional 🗖 | Coodo ond or | | | | |
| | es agreement for certified/li | censed pr | oless | | | | | o an emerger | ncy. |
| Contract work is for I | | | Contract for Commercial off the shelf items (COTS). Work related subcontract less than \$25,000. | | | | | | |
| Contract work is for I | | | Public Works - Local Agency/Federally Funded FHWA. | | | | | | |
| | t (between Governments). | | | | | <u> </u> | | | |
| | original contract amount and | any prior | | incil approval re | | | | | |
| amendments): | T | | | ,000, and profes | | | | | |
| \$ 99,257.60 | | | greater than \$10,000 or 10% of contract amount, whichever is greater, except when: | | | | | | |
| This Amendment Amount | | | Exercising an option contained in a contract previously approved by the council. | | | | | | |
| \$ 74,457.60 | | | Exercising an option contained in a contract previously approved by the council. Contract is for design, construction, r-o-w acquisition, prof. services, or other | | | | | | |
| Total Amended Amount: | | | capital costs approved by council in a capital budget appropriation ordinance. | | | | | | |
| \$ 173,715.20 | | | 3. Bid or award is for supplies. | | | | | | |
| | | | | Equipment is included in Exhibit "B" of the Budget Ordinance Contract is for manufacturer's technical support and hardware maintenance of | | | | | |
| | | | 5. | 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the | | | | | |
| | developer of proprietary software currently used by Whatcom County. | | | | | | | | |
| Summary of Scope: This amendment extends the contract for an additional year. | | | | | | | | | |
| Term of Contract: | 1 Year | | | Expiration Da | ate: | 06/3 | 0/2025 | | |
| | 1. Prepared by: | JT | | | | | Date: | 02/22/2 | 024 |
| Contract Routing: | 2. Health Budget Approval | JS | | | | | Date: | 02/28/2 | 2024 |
| | 3. Attorney signoff: | RB | | | | | Date: | 03/01/2 | |
| | 4. AS Finance reviewed: | A Martin | | Son | | | Date: | 6/3/2024 | |
| | 5. Contractor Program Manage | r Review: | P | | | | Date: | 6/24/2 | 2024 |
| 6. Executive Contract Review: | | | BSK | | | Date: | 6/26/2 | 2024 | |
| 7. Council approved (if necessary): | | AB2 | 2024-385 | | | Date: | 06/18/2 | | |
| 8. Executive signed: | | | | | | Date: | 6/27/ | 2024 | |
| | 9. Original to Council: | | | | | | Date: | | |

WHATCOM COUNTY Health and Community Services



Erika Lautenbach, MPH, Director Amy Harley, MD, MPH, Co-Health Officer Greg Thompson, MD, MPH, Co-Health Officer

Memorandum

| DATE: | JUNE 20, 2024 |
|-------|--|
| RE: | Opportunity Council – CJTA Rental Assistance Contract Amendment #4 |
| FROM: | Erika Lautenbach, Director |
| TO: | Satpal Sidhu, County Executive |

Attached is a contract amendment between Whatcom County and Opportunity Council for your review and signature. This amendment extends the contract for an additional year and updates the budget to reflect the extended contract period.

Background and Purpose

This contract provides funding for the Opportunity Council to administer up to twelve months of rental assistance for people with co-occurring disorders (serious mental illness and SUD). Whatcom County seeks to ensure housing opportunities for people with criminal charges who are challenged with substance use disorders (SUD), are homeless or discharging from institutions, or who need a viable, clean and sober living environment.

Funding Amount and Source

Funding for this contract period, in an amount not to exceed \$74,457.60, is provided by the Behavioral Health Program Fund (\$20,000) and the Criminal Justice Treatment Account [(CJTA) - \$54,457.60] through the Washington State Health Care Authority (HCA). These funds are included in the 2024 budget. Council authorization is required as the funding provided by this amendment exceeds 10% of the amount last authorized by Council on 11/22/2022.

Differences from Previous Contracts

| Section | Differences |
|--|--|
| General Terms – Section 10.2 Extension | Extends contract through 06/30/2025 |
| Exhibit B – Compensation | Updates the budget to reflect the extended, one-year |
| | contract period |

Please contact Perry Mowery at 360-778-6059 (PMowery@co.whatcom.wa.us) if you have any questions.

Encl.



 $\label{eq:Whatcom County Contract Number: 202211041-4} \\$

WHATCOM COUNTY CONTRACT AMENDMENT CJTA Rental Assistance

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: | 01/01/2023 - 12/31/2023 |
| Amendment #1: | 08/28/2023 - 12/31/2023 |
| Amendment #2: | 01/01/2024 - 06/30/2024 |
| Amendment #3: | 02/01/2024 – 06/30/2024 |
| Amendment #4: | 07/01/2024 – 06/30/2025 |

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

DESCRIPTION OF AMENDMENT:

- 1. Extend the duration and other terms and conditions of this contract for one year, as per the original contract "General Terms, Section 10.2 Extension".
- 2. Amend Exhibit B Compensation, to reflect a one-year budget period consistent with the HCA funding source and update invoicing requirements.
- 3. Funding for this contract period (07/01/2024 06/30/2025) is not to exceed \$74,457.60.
- 4. Funding for the total contract period (01/01/2023 06/30/2025) is not to exceed \$173,715.20.
- 5. All other terms and conditions remain unchanged.
- 6. The effective start date of the amendment is 07/01/2024.

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.

| DocuSigned | d by: | |
|---|--|-----------|
| APPROVAL AS TO PROGRAM: | Christensen | 6/21/2024 |
| | tensen, Response Systems Manager ^{Igned by:} | Date |
| | Lautenbach | 6/21/2024 |
| Erika Lau | tenbach, Health and Community Services Director | Date |
| | | |
| APPROVAL AS TO FORM: Approved by email RB/JT 03/01/2024 | | |
| Royce Buckingha | am, Senior Civil Deputy Prosecutor | Date |
| | | |
| FOR THE CONTRACTOR: | | |
| Docusigned by: Director of for E3B6339CCADC45E. | ^{o r} Greg Winter, Executive Director | 6/26/2024 |
| Contractor Signature | Printed Name and Title | Date |
| | | |

FOR WHATCOM COUNTY:

| DocuSigned by: | | |
|----------------|-------|-----------|
| Satpal Singh | Sidhu | 6/27/2024 |

Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

Opportunity Council

1111 Cornwall Avenue Bellingham, WA 98225 Greg_Winter@oppco.org

EXHIBIT "B" – Amendment #4 (COMPENSATION)

I. <u>Budget and Source of Funding</u>: The source of funding for this contract, in an amount not to exceed \$74,457.60, is the Behavioral Health Program Fund (\$20,000) and the Washington State Health Care Authority Criminal Justice Treatment Account (\$54,457.60). The budget for this contract is as follows:

| *Cost Description | Documents Required Each Invoice | Budget |
|--------------------------------------|---|-------------|
| CJTA Rental Assistance | Expanded GL detail for the period plus documentation including Client ID, Payee, and amount of payment For rental assistance-rent subsidy, itemize payee for- profit/non-profit status | \$55,519.40 |
| Personnel | Expanded GL detail for the period [see Exhibit B.1(6.b)] | \$9,794.20 |
| | SUBTOTAL | \$65,313.60 |
| *Indirect @ 14% [see Exhibit B.1(2)] | | \$9,144 |
| | TOTAL | \$74,457.60 |

- * Changes to the line item amount that exceed 10%, must be pre-approved in writing by the County.
- ** Indirect and fringe benefit cost rates may not exceed the current federally approved rates. Per the Contractor's Federally approved Nonprofit Rate Agreement (Appendix I):
 - a. Base indirect may be applied to total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds. The rental assistance payments are excluded from the Department of Housing and Urban Development (HUD) direct cost base.
 - b. Base fringe benefits may be applied to salaries and wages excluding vacation, holiday, sick leave pay and other paid absences.

| Contractor's Invoicing Contact Information: | | |
|---|-----------------------|--|
| Name | Lorena Shah | |
| Phone | 360-734-5121 | |
| Email | lorena_shah@oppco.org | |

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%. Line item changes that exceed 10% must be pre-approved by the County Contract Administrator, prior to invoicing.
- 2. When applicable, indirect costs 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 <u>HL-BusinessOffice@co.whatcom.wa.us</u> and <u>HFisk@co.whatcom.wa.us</u>
- 4. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County and by the 15th of the month, following the month of service, except for January where the same is due by the 10th of the month.
- 5. When applicable, the Contractor will utilize grant funding sources in the order of their expiration date as indicated by the County, prior to spending local funding sources, when no funding restrictions prevent doing so.
- 6. The contractor shall submit the required invoice documentation identified in Exhibit B.
 - a. The County reserves the right to request additional documentation in order to determine eligible costs. Additional documentation must be received within 10 business days of the County's request.
 - b. When applicable, if GL reports for personnel reimbursement do not specify position titles, additional documentation must be provided that includes staff name and position title.
 - c. When applicable, mileage will be reimbursed at the current GSA rate (<u>www.gsa.gov</u>). 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 (<u>www.gsa.gov</u>), 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 <u>not</u> 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 and HFisk@co.whatcom.wa.us | | | | |
| | Submit invoices monthly, or as otherwise indicated in your contract. | | | | |
| <u>Verif</u> | Verify that: | | | | |
| | 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. | | | | |
| <u>Wha</u> | tcom County will not reimburse for: | | | | |

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 10% except as approved in an indirect or overhead rate agreement.