

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202306002 – 3

|   |  |                                  |  |
|---|--|----------------------------------|--|
| Originating Department:                             |  | 85 Health and Community Services |  |
| Division/Program: (i.e. Dept. Division and Program) |  | 8550 Housing / 855040 Housing    |  |
| Contract or Grant Administrator:                    |  | Michaela Mandala                 |  |
| Contractor's / Agency Name:                         |  | Catholic Community Services      |  |

|   |  |   |                             |
|---|--|---|-----------------------------|
| Is this a New Contract?   | If not, is this an Amendment or Renewal to an Existing Contract?     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: | 202306002                               |                             |

|  |   |  |          |
|--|---|--|----------|
| Does contract require Council Approval?  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If No, include WCC:  | 3.08.100 |
| 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?  | If yes, grantor agency contract number(s): | CFDA#: |  |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |        |  |

|   |  |  |  |
|---|--|--|--|
| Is this contract grant funded?                                      | If yes, Whatcom County grant contract number(s): |  |  |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |

|   |                                |             |                       |  |
|---|--------------------------------|-------------|-----------------------|--|
| Is this contract the result of a RFP or Bid process?                | If yes, RFP and Bid number(s): | Sole Source | Contract Cost Center: | 124112 (\$194,837) /<br>122200 (\$60,322) /<br>133100 (\$141,758.40) |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                |             |                       |  |

|   |   |  |
|---|---|--|
| Is this agreement excluded from E-Verify? | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |  |
|---|---|--|

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 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): | Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when</b> :<br>1. Exercising an option contained in a contract previously approved by the council.<br>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.<br>3. Bid or award is for supplies.<br>4. Equipment is included in Exhibit "B" of the Budget Ordinance<br>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. |
| \$ 504,570  |  |
| This Amendment Amount:  |  |
| \$ 396,917  |  |
| Total Amended Amount:   |  |
| \$ 901,487  |  |

Summary of Scope: This amendment extends the contract for six months, increases funding to support the extended contract period, updates the scope of work, reporting and invoicing requirements.

|                   |        |                  |            |
|-------------------|--------|------------------|------------|
| Term of Contract: | 1 Year | Expiration Date: | 12/31/2024 |
|-------------------|--------|------------------|------------|

|                   |                                     |                   |       |            |
|-------------------|-------------------------------------|-------------------|-------|------------|
| Contract Routing: | 1. Prepared by:                     | JT                | Date: | 02/22/2024 |
|                   | 2. Health Budget Approval           | JS                | Date: | 05/29/2024 |
|                   | 3. Attorney signoff:                | Christopher Quinn | Date: | 05/28/2024 |
|                   | 4. AS Finance reviewed:             | A Martin          | Date: | 06/04/2024 |
|                   | 5. IT reviewed (if IT related):     |                   | Date: |            |
|                   | 6. Contractor signed:               |                   | Date: |            |
|                   | 7. Executive Contract Review:       |                   | Date: |            |
|                   | 8. Council approved (if necessary): | AB2024-395        | Date: |            |
|                   | 9. Executive signed:                |                   | Date: |            |
|                   | 10. Original to Council:            |                   | Date: |            |

**WHATCOM COUNTY CONTRACT AMENDMENT  
FRANCIS PLACE**

**PARTIES:**

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

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

**CONTRACT PERIODS:**

**Original:** 07/01/2023 – 12/31/2023  
**Amendment #1:** 01/01/2024 – 12/31/2024 (error, should be 06/30/2024)  
**Amendment #2:** 01/01/2024 – 06/30/2024  
**Amendment #3:** 07/01/2024 – 12/31/2024

**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 six months, as per the original contract “General Terms, Section 10.2, Extension”, through 12/31/2024.
2. Amend Exhibit A – Scope of Work, to update reporting requirements, define on-site staff training requirements, and include a requirement to address issues that threaten continued program participation and safety of residents or the immediate neighborhood.
3. Amend Exhibit B – Compensation, to increase funding for the extended contact period by \$396,917 and update invoicing requirements.
4. Funding for this contract period (01/01/2024 – 12/31/2024) is not to exceed \$731,446.
5. Funding for the total contract period (07/01/2023 – 12/31/2024) is not to exceed \$901,487.
6. All other terms and conditions remain unchanged.
7. 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.

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APPROVAL AS TO PROGRAM: \_\_\_\_\_  
Ann Beck, Community Health & Human Services Manager Date

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Erika Lautenbach, Health and Community Services Director Date

APPROVAL AS TO FORM: \_\_\_\_\_  
Christopher Quinn, Chief Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

| Will Rice, Vice President |                        |      |
|---------------------------|------------------------|------|
| Contractor Signature      | Printed Name and Title | Date |

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FOR WHATCOM COUNTY:

\_\_\_\_\_  
Satpal Singh Sidhu, County Executive Date

**CONTRACTOR INFORMATION:**

**Catholic Community Services**  
1133 Railroad Avenue  
Bellingham, WA 98225  
[willr@ccsww.org](mailto:willr@ccsww.org)

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

**I. Background and Purpose**

The annual Point in Time Count of homelessness conducted in January of 2024, counted 846 people in Whatcom County who were experiencing homelessness, including 243 who were without shelter. The causes of homelessness include economic factors, family break up, behavioral health challenges, domestic violence, and a lack of a safe, affordable housing. Of those counted in the Whatcom County Point in Time Count, a significant number had characteristics of chronic homelessness, including those who had been homeless for over a year, had four or more episodes of homelessness in the last three years, and who are frequent users of community emergency services.

Francis Place is a forty-two-unit apartment building owned and operated by Catholic Housing Services (CHS). Francis Place provides affordable permanent supportive housing to individuals exiting homelessness, including veterans, people with a history of homelessness and serious behavioral health problems, and individuals with a history of homelessness who require supportive services to remain stably housed. Catholic Community Services (CCS), a sister organization to CHS, provides residential services to tenants at Francis Place. This contract provides funding for 24/7/365 facility-based staffing to ensure a safe, supportive living environment conducive to housing stability and a recovery-oriented life for its tenants and a positive relationship with neighborhood tenants and businesses.

**II. Definitions**

Housing Pool (HP) – Quasi wait list that serves clients waiting for housing services based on their needs and available resources instead of a first come, first served basis.

HMIS – Washington's Homeless Management Information System Database

Permanent Supportive Housing (PSH) – Housing for a person with multiple barriers to employment and housing stability, which might include mental illness, substance use disorders and/or other disabling or chronic conditions. A comprehensive array of supportive services to address these barriers is available to each resident.

Whatcom Homeless Service Center (WHSC) – WHSC programs provide (1) a centralized coordinated system of access, (2) targeted prevention assistance to reduce the number of households that become homeless, (3) re-housing assistance for those that become homeless, (4) data management and tracking information for people receiving homeless housing services in Whatcom County and according to Washington State Department of Commerce HMIS data collection requirements.

**III. Statement of Work**

The Contractor will provide 24/7/365 facility-based staffing and maintain a positive and healthy living environment at Francis Place. The Contractor will meet the following obligations to support the program objectives of housing stability for residents and proactively maintaining positive relationships with neighboring residents and businesses.

The Contractor will be responsible for meeting the following obligations deemed necessary to meet the program objectives of increased housing stability for formerly homeless individuals housed at FP, as well as good neighbor behavior:

- A. Support new residents to develop crisis intervention support plans at move in and housing retention plans in response to lease enforcement. Ensure maintenance of safety and hygiene standards through quarterly in-unit visits from case management staff.
- B. Actively engage residents in on-site recreational and social activities. Create opportunities for resident involvement in internal and external neighborhood volunteer activities. Operate all functions in the lobby office, including checking visitors in and out, answering phones and monitoring the security system.
- C. Maintain safety and security of all staff, residents and visitors by monitoring all general access areas and enforcing building rules, including street front.
- D. Work collaboratively with other CCS/CHS staff, Veterans Affairs staff and other outside service providers, to ensure the provision of coordinated services to residents. Assist case management staff by encouraging service-resistant residents to engage in treatment.

- E. Proactively establish positive relationships with neighborhood residents and businesses and respond to neighborhood complaints promptly and professionally. Establish and maintain a policy that outlines expectations of good neighbor behaviors.
- F. Ensure on-site staff receives training on policies and procedures. All on-site staff will receive and document training on Substance Use Disorders, Serious Mental Illness, Milieu Management, de-escalation skills, and Good Neighbor Policies and Procedures within 90 days of their hire and no less than annually after their first training. Staff shall be trained to comply with relevant state and federal confidentiality laws and regulations.
- G. Provide a single phone number that is accessible to residents and neighboring businesses 24/7 where immediate concerns can be reported to a live person.
- H. Provide behavioral health management support by assisting residents and guests in making pro-social choices. Assist residents in remaining compliant with all components of their lease, including CCS' House Rules Addendum and Non-Tolerance for Criminal Activity Addendum.
- I. Respond to resident complaints and concerns in a timely manner.
- J. Provide move-in kits for new residents who are lacking resources for basic supplies needed; i.e., bedding, towels, dishes, etc.
- K. Provide bio-hazard cleanings of Francis Place apartments, when necessary.
- L. Address issues that threaten continued program participation and the safety of other residents or the immediate neighborhood. Respond to crises in a supportive way; keeping residents safe and contributing to a safe community. Initiate action as required, including contact with the emergency response system.
- M. Work closely with the Whatcom Homeless Service Center (WHSC) and other community stakeholders to guide the referrals of potential residents into the program. Collaborate with WHSC to create policy for prioritizing vulnerable individuals identified for PSH to the greatest extent possible.
- N. Provide initial and thereafter, annual training to on-site staff on Substance Use Disorders, Serious Mental Illness, Milieu Management, and Good Neighbor Policies and Procedures.
- O. Address issues that threaten continued program participation and the safety of other residents or the immediate neighborhood. Respond to crises in a supportive manner; keep residents safe; and encourage residents to contribute to creation of a safe community. Initiate action as required, including contact with the emergency response system.
- P. Provide on-site security as needed, to support the safety and security of staff, residents, and guests, as well as the inside and exterior areas around Francis Place.
- Q. Provide behavioral management support by helping residents and guests make pro-social choices. Assist residents to remain in compliance with all components of their lease, including the House Rules addendum and Non-tolerance for Criminal Activity addendum. Respond to resident complaints in a timely manner.
- R. Provide Francis Place residents with onsite behavioral health services by a Behavioral Health Professional, when the position is filled. This position will also provide behavioral health consultation services for staff. Behavioral health services to be provided by this position may include:
  - 1. Screening residents to determine behavioral health needs; screening potential residents' behavioral health needs as they relate to housing placement and stability.
  - 2. Conducting assessments for residents with behavioral health issues, including mental health and substance use history for residents who are not engaged with a mental health or substance use disorder treatment provider.
  - 3. Developing a file and charting all provider contacts on residents engaged in formal behavioral health services.
  - 4. Completing an Individualized Treatment Plan conjointly with each resident engaged in behavioral health treatment with behavioral health staff.
  - 5. Providing treatment and case management activities.
  - 6. Coordinating ongoing care with other professionals.
  - 7. Providing for an after-hours response system in the event of an emergency.

8. Following relevant state statutes for provision of mental health treatment.
- S. Provide housing case management services. Housing case management activities include arrangement, coordination, monitoring and delivery of services related to meeting the housing needs of households and helping them obtain and maintain housing stability. Housing case management services will be provided to homeless individuals and households referred to Francis Place by the WHSC. On occasion, highly vulnerable adults temporarily staying in emergency shelter (to include motels) or living unsheltered may receive housing case management services pending move-in to Francis Place. Services and activities include:
    1. Tenant counseling
    2. Assisting individuals and households with understanding leases
    3. Securing utilities
    4. Making moving arrangements
    5. Representative payee services concerning rent and utilities
    6. Mediation and outreach to property owners, including Catholic Housing Services, related to relocating, or retaining housing
    7. Monitoring and evaluating household progress
    8. Assuring that household rights are protected
    9. Developing an individualized housing and service plan, including a path to permanent supportive housing stability subsequent to assistance.
  - T. Individuals and households served shall have incomes at or below 50% Area Median Income (AMI). Income eligibility will be determined by the funding sources used for case management.
  - U. Comply with State and Federal confidentiality laws and regulations.
  - V. Complete and document CPR and first-aid training, including administration of naloxone, for all staff within their first six months of hire.

#### **IV. Additional Requirements**

The Contractor will:

- A. Participate in HMIS data collection efforts as directed by the WHSC; including HMIS training, HMIS data entry, updating client data as necessary, and exiting clients from HMIS. Services which must be input into HMIS include (but are not limited to) financial services – including deposits, rental payments and completed home visits.
- B. Comply with the HP Referral Procedure. When the Contractor's staff believes a referral from the HP is not a good fit for their program, a situation which should be rare, the following procedures must be followed:
  1. Contractor will submit a written description of the situation that justifies the denial of the client
  2. An in-person case conference must be scheduled within five days of request to return a referral. The case conference will include Contractor's staff, WHSC Housing Referral Specialist, and HP Case Management Services Coordinator (or designee).
  3. The course of action mutually agreed to at the case conference will be recorded in writing, constituting a binding agreement.
  4. As the parties to this contract learn more about referral success factors, procedures may be amended accordingly.
- C. Promote public health in homeless housing and preserve the safety and stability of available housing stock for homeless housing by:
  1. Informing clients/tenants of the importance of upholding safety and health in homeless housing and of preserving continued access to housing by our homeless housing system.

2. Informing clients/tenants that they may be expected to participate in cleaning and decontaminating their housing unit when necessary for health reasons.
  3. Informing clients/tenants that damages to their unit may result in eviction and loss of the unit in the future for our homeless housing system.
  4. Informing clients/tenants that they may need to maintain a safe and clean apartment in advance of receiving housing and periodically after they are in housing.
  5. Case managers will work with the client/tenant to address the issues of health and safety that arise including that of suspected methamphetamine use. Whatcom County Health and Community Services (WCHCS) will provide case managers with free and confidential technical assistance on effective methods for cleaning apartment units that have been contaminated, whenever requested.
  6. Documenting in each client file that these expectations were communicated to the client/tenant.
- D. Require professional development training for direct service staff and supervisors.
  - E. Attend Whatcom County Coalition to End Homelessness meetings and sponsored activities.
  - F. Attend meetings and events coordinated by the WCHCS Housing Program.

## **V. Program Outcomes and Reporting Requirements**

- A. The services provided by the Contractor will deliver the following annual outcomes:
  1. Individuals in Permanent Supportive Housing at Francis Place will have case management services available. Residents will be offered 1-on-1 meetings with their case manager monthly at minimum.
  2. Clients residing in Francis Place and receiving case management from CCS and/or other programs will have a minimum housing retention rate of 90% each year.
  3. Clients awaiting openings at Francis Place will be provided with case management to help collect documents needed for program intake. .
  4. For clients who leave Francis Place, the Contractor will offer housing stability assistance by connecting them to affordable housing resources in an effort to avoid returns to homelessness.
- B. The Contractor is expected to meet the following outcomes in efforts towards achieving the goals of the Whatcom County Local Plan to End Homelessness, which are to:
  1. Reduce homelessness;
  2. Reduce time spent homeless;
  3. Increase the number of people moving into to permanent housing;
  4. Increase housing retention rates and reduce returns to homelessness; and
  5. Increase the number of people receiving behavioral health treatment and support.
- C. A monthly report will be completed by the contractor and sent to the contract manager. A template will be provided by the County to the contractor. The report will include:
  1. Notices issued by property management in the past month
  2. Changes to policy around lease enforcement
  3. Security, criminal activity, and crisis response
  4. Referral requests and move ins
  5. Facilities maintenance
  6. Neighbor relations
  7. Staffing and training
- D. Current quarterly reporting templates for permanent supportive housing programs may be accessed at: <https://www.surveymonkey.com/r/YVDLFS9>. Contractors will be notified via email of updates to quarterly

reporting templates. Quarterly reports are due on April 15<sup>th</sup>, July 15<sup>th</sup>, October 15<sup>th</sup>, and January 15<sup>th</sup>. Whatcom County Health and Community Services may update reporting templates or formats during the contract period, and will provide advance notice of new reporting requirements prior to the start of the reporting quarter.

Reports will include:

1. Number of households that received supportive case management services.
2. Number of units at the facility, and unit occupancy.
3. Number of new admissions.
4. Number of denied referrals from Coordinated Entry.
5. Number of households that exited and where they exited to.
6. Number of 30-day Comply or Vacate, 3-Day Nuisance/Waste, and 60-Day Termination for Cause Notices issued.
7. Number of staff calls to Law Enforcement, Fire, EMTs, and other response teams, such as ART, MCOT, and Community Paramedics.
8. Number of neighbor complaints from residents and/or businesses.
9. Number of vacant staff positions supporting the program.
10. Number of community meetings and mental health support groups and number of attendees.
11. Number of new individual treatment plans.
12. Number of clients that engaged with the program's Behavioral Health Clinician.
13. Number of residents that engaged in outside treatment programs (inpatient or outpatient).

Additionally, the County is required to report HMIS project expenditures to the Washington State Department of Commerce for their annual report submitted to the Washington State Legislature. When requested, the Contractor shall provide the County with the necessary expenditure information in a timely manner.

## **VI. Flex Funding**

Flex funds must follow the guidelines established by the County and be reported on the spreadsheet provided by the County (Exhibit D) and signed by an authorized signatory. In addition, all flex funds must be accompanied by receipts.



**EXHIBIT “B” – Amendment #3**  
(COMPENSATION)

- I. **Budget and Source of Funding:** The source of funding for this contract period (01/01/2024 – 12/31/2024), in an amount not to exceed \$731,446, is provided by the Behavioral Health Program Fund, Document Recording Fees and HB 1590 funds. The budget for this contract is as follows:

| Cost Description  | *Documents Required with Each Invoice             | Budget           |
|---|---|------------------|
| <b>Behavioral Health Program (BHP) Funds</b>                                  |   |                  |
| Personnel: Salaries + Benefits for case managers and residential coordinators | GL Detail   | \$312,227        |
| <b>SUBTOTAL</b>   |   | <b>\$312,227</b> |
| BHP Fund Indirect @ 10%   |   | \$31,223         |
| <b>BHP Fund Total</b>   |   | <b>\$343,450</b> |
| <b>Document Recording Fees (DRF)</b>  |   |                  |
| Personnel: Salaries + Benefits  | GL Detail   | \$40,000         |
| Mileage   | Refer to Exhibit B.1(6.c. and 6.d)                | \$1,500          |
| Staff Travel/Training   |   | \$6,000          |
| Occupancy   |   | \$10,440         |
| Rental History/Background Checks  | GL Detail   | \$1,250          |
| Bio-hazard Cleanings  | GL Detail and copies of receipts or paid invoices | \$6,000          |
| New Resident Move-in Kits   |   | \$4,000          |
| Flex Funds  | Flex fund spreadsheet plus copies or receipts     | \$2,500          |
| <b>SUBTOTAL</b>   |   | <b>\$71,690</b>  |
| DRF Indirect @ 10%  |   | \$7,169          |
| <b>DRF TOTAL</b>  |   | <b>\$78,859</b>  |
| <b>HB 1590 Funds</b>  |   |                  |
| Residential Coordinators (4 FTE) and Homeless Housing Program Director        | GL Detail   | \$193,255        |
| Supplies  | GL Detail and copies of receipts or paid invoices | \$11,706         |
| Communications  | GL Detail   | \$8,800          |
| Subcontracted Security Services   | Copies or paid invoices or receipts               | \$67,273         |
| <b>SUBTOTAL</b>   |   | <b>\$281,034</b> |
| 1590 Indirect @ 10%   |   | \$28,103         |
| <b>1590 Subtotal</b>  |   | <b>\$309,137</b> |
| <b>GRAND TOTAL</b>  |   | <b>\$731,446</b> |

- \* The Contractor shall retain timesheets and make them available to the County upon request. The Contractor shall also submit composite rate worksheets as documentation for each staff member assigned to the program. These worksheets shall be submitted annually or when staff rate(s) change.

| Contractor's Invoicing Contact Information: |  |
|---|--|
| Name  |  |
| Phone                                       |  |
| Email                                       |  |

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

**EXHIBIT "B.1"**  
**Invoicing – General Requirements**

1. When applicable, the contractor may transfer funds among budget line items 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 [MMandala@co.whatcom.wa.us](mailto:MMandala@co.whatcom.wa.us)
4. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County and by the 15<sup>th</sup> of the month, following the month of service, except for January 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 [MMandala@co.whatcom.wa.us](mailto:MMandala@co.whatcom.wa.us)

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

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.

Whatcom County will not reimburse for:

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