


WHATCOM COUNTY
CONTRACT INFORMATION SHEET

Whatcom County Contract Number:
202301004 – 3

Originating Department:		85 Health and Community Services	
Division/Program: (i.e. Dept. Division and Program)		8550 Human Services / 855040 Housing	
Contract or Grant Administrator:		Michaela Mandala	
Contractor's / Agency Name:		Sun 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 #:	202301004	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, grantor agency contract number(s):	CFDA#:	
Is this contract grant funded?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, RFP and Bid number(s):	22-33	Contract Cost Center: 122200 (\$177,870) / 127100 (\$178,200) / 133100 (\$168,000) / 121100 (\$116,000)
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 exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when:	
\$	991,791	1. Exercising an option contained in a contract previously approved by the council.	
This Amendment Amount:		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.	
\$	640,070	3. Bid or award is for supplies.	
Total Amended Amount:		4. Equipment is included in Exhibit "B" of the Budget Ordinance	
\$	1,631,861	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, adds a 1.5 FTE to support expanded case management, oversight, and coordination with partner agencies, standardizes language in the scope of work, and updates the budget and invoicing requirements.			
Term of Contract:	1 Year	Expiration Date:	12/31/2025
Contract Routing:	1. Prepared by:	JT	Date: 09/11/2024
	2. Health Budget Approval	SH	Date: 10/24/2024
	3. Attorney signoff:	Christopher Quinn	Date: 11/06/2024
	4. AS Finance reviewed:	Bbennett	Date: 11/19/2024
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:		Date: 1/6/2025
	8. Council approved (if necessary):	AB2024-815	Date: 12/03/2024
	9. Executive signed:		Date: 1/9/2025
	10. Original to Council:		Date:



Memorandum

TO: Satpal Sidhu, County Executive

FROM: Erika Lautenbach, Director

RE: Sun Community Services – Emergency Shelter Operations and Maintenance Contract Amendment #3

DATE: DECEMBER 4, 2024

Attached is a contract amendment between Whatcom County and Sun Community Services for your review and signature. This amendment extends the contract for an additional year, adds a 1.5 FTE to support expanded case management, oversight, and coordination with partner agencies, updates contract language to reflect standardized language for scopes of work for similar contract types, and updates the budget and invoicing requirements.

▪ **Background and Purpose**

Sun House is a nine-bed emergency shelter for adults with mental illness, some of whom have been discharged from correctional or mental health facilities or who have a history of homelessness. This contract provides funding for operations and maintenance at Sun House, which includes reimbursement for costs including but not limited to, personnel, operating supplies, utilities, etc.

▪ **Funding Amount and Source**

Funding for this contract period (01/01/2025 – 12/31/2025), in an amount not to exceed \$640,070, is provided by local document recording fees (\$177,870), mental health millage (\$178,200), local HB 2060 funding (\$116,000), and local 1590 funding (\$168,000). These funds are included in the 2025 budget. Council authorization is required as the funding for this contract period exceeds 10% of the amount authorized by Council on 12/06/2022.

▪ **Differences from Previous Contracts**

Section	Amendment Purpose
General Terms – Section 10.2, Extension	Extends contract through 12/31/2025
General Terms – Section 37.1, Administration of Contract and 37.2, Notice	Updates the County Contract Administrator's contact information
Exhibit A – Scope of Work	Updates contract language to reflect standardized language for scopes of work for similar contract types and adds a 1.5 FTE to support expanded case management, oversight, and coordination with partner agencies.
Exhibit B – Compensation	Updates the budget to reflect the extended contract period and updates invoicing requirements
Exhibit F, G, and H	Adds County Flex Fund Guidelines and templates for incident reporting and severe weather planning

Please contact Christopher D'Onofrio, Housing & Homeless Services Supervisor at 360-778-6049 (CDonofrio@co.whatcom.wa.us) if you have any questions.



Whatcom County Contract Number:

202301004 – 3

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

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

AND CONTRACTOR:
Sun Community Services
515 E Chestnut Street
Bellingham, WA 98225

CONTRACT PERIODS:

Original: 01/01/2023 – 12/31/2023
Amendment #1: 08/01/2023 – 12/31/2023
Amendment #2: 01/01/2024 – 12/31/2024
Amendment #3: 01/01/2025 – 12/31/2025

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 the original contract, “General Terms, Section 37.1, Administration of Contract” and “General Terms, Section 37.2, Notice” to replace the County Contract Administrator’s contact information, as follows:

Whatcom County Health and Community Services
Michaela Mandala, Program Specialist
509 Girard Street
Bellingham, WA 98225
360-778-6079
MMandala@co.whatcom.wa.us
3. Amend Exhibit A – Scope of Work, to update contract language to reflect standardized language for scopes of work for similar contract types, and include case management, housing search activities, and oversight duties.
4. Amend Exhibit B – Compensation, to reflect the budget for the extended contract period and update invoicing requirements.
5. Adds Exhibit F – Whatcom County Flex Fund Guidelines
6. Adds Exhibit G – Partner Incident Report Template
7. Adds Exhibit H – Severe Weather – Heat and Smoke Planning Template
8. Funding for this contract period (01/01/2025 – 12/31/2025) is not to exceed \$640,070.
9. Funding for the total contract period (01/01/2023 – 12/31/2025) is not to exceed \$1,631,861.
10. All other terms and conditions remain unchanged.
11. The effective start date of the amendment is 01/01/2025.

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><i>Ann Beck</i></div> <div>2B365BB0422344A</div>	1/6/2025
	Ann Beck, Community Health & Human Services Manager	Date
DEPARTMENT HEAD APPROVAL:	<div>DocuSigned by:</div> <div><i>Erika Lautenbach</i></div> <div>955C651A30374BD...</div>	1/6/2025
	Erika Lautenbach, Health and Community Services Director	Date
APPROVAL AS TO FORM:	<div>Signed by:</div> <div><i>Christopher Quinn</i></div> <div>EC466EE5C88B4ED</div>	1/6/2025
	Christopher Quinn, Chief Civil Deputy Prosecutor	Date

FOR THE CONTRACTOR:

<div>Signed by:</div> <div><i>Hannah Osborne</i></div> <div>F6038D8318DC439</div>	Hannah Osborne, Executive Director	12/31/2024
Contractor Signature	Printed Name and Title	Date

FOR WHATCOM COUNTY:

<div>DocuSigned by:</div> <div><i>Satpal Singh Sidhu</i></div> <div>1192C7C18B664E3...</div>	1/9/2025
Satpal Singh Sidhu, County Executive	Date

CONTRACTOR INFORMATION:

Sun Community Services

515 E Chestnut Street
Bellingham, WA 98225
360-392-1324

sunhouse@suncommunity.comcastbiz.net

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

I. Background

Sun Community Services operates Sun House as an emergency shelter for adults with a history of mental illness that are experiencing homelessness and/or being discharged from correctional and mental health facilities. This contract provides operational and maintenance funding for emergency shelter housing services at Sun House. In June of 2024, 747 households were actively enrolled in the coordinated entry housing pool. Of those 747, approximately 7 in 10 disclosed living with a mental health issue.

This contract is funded by is by local document recording fees, mental health millage, local HB 2060 funding, and local 1590 funding. Duties completed using Mental Health Millage must serve individuals living with a mental health diagnosis. If individuals are diagnosed with substance use disorder it must be co-occurring with another mental health diagnosis. All those served using these funds must be at or below 30% of the average median income.

II. Definitions

Coordinated Entry	A coordinated entry system assesses households in need of housing services to determine each household's urgency of need as well as the intervention type that would be most appropriate. The coordinated entry system refers households from the Housing Pool to fill project vacancies as they occur. The system links individual households with partner agencies who provide direct services for those clients.
Overnight Emergency Shelter	Short-term, temporary housing for people experiencing homelessness (drop-in night-by-night or continuous stay). May serve general population of adults or a specific subpopulation(s).
Low-barrier program	This is a program model that seeks to reduce homelessness by eliminating as many barriers as possible for entry into a residence or shelter and to maintain housing. For example, program entry and tenancy is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, or participation in services. The few requirements that do exist focus on safety and harm reduction.

III. Statement of Work

- A. The Contractor will provide continuous shelter stays for up to 90 days shelter services for up to 9 individual households residing at Sun House.
- B. The Contractor will be responsible for fulfilling the following obligations to support the program's objectives of providing basic needs and improving health and wellbeing for program participants while also ensuring positive community relations, as follows:
 1. Maintaining safety and security of all staff and participants by monitoring all general access areas and enforcing building rules, including street front.
 2. Maintaining intake documentation of all participants that utilize the shelter.
 3. Referring program participants to enroll in Whatcom County's Coordinated Entry System
 4. Clearly communicating and documenting participant signed intake agreements that describe program rules and regulations.
 5. Providing private and confidential meeting spaces for program participants to have one on one check in's with internal and external case management supports.
 6. Proactively establishing 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.
 7. Operating all functions in the lobby office, including managing policy and procedures, answering phones and monitoring the security system.

8. Providing a single phone number that is accessible to residents and neighboring businesses 24/7 where immediate concerns can be reported to a live person.
 9. Using harm reduction and client centering practice in engagement with clients.
 10. Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking.
 11. Supporting participants through creative, resourceful strategies that build trust and confidence.
 12. Providing immediate assistance and support during times of crisis to prevent program exits, initiates action as required, including contact with emergency response systems.
 13. Engaging residents in on-site recreational and social activities to reduce isolation and promote integration.
 14. Assisting participants in making pro-social choices.
- C. The Contractor will provide case management for up to 9 individual households at a time residing at Sun House to connect to housing resources and improve health and wellbeing for those households. This will include maintenance of individualized service plans that focus on housing goals and the client's wellbeing. Plans and progress will be documented in participant files. Case management services will include:
1. Working with participants to complete an assessment and make plans to maintain tenancy and improve their health and wellbeing;
 2. Helping participants make progress on goals through regular check-ins, including redirecting participants when needed and celebrating progress;
 3. Guiding and advocating for participants in meeting program requirements such as assisting with paperwork requirements;
 4. For participants with Substance Use Disorder, developing and maintaining participant-driven, harm reduction or recovery-focused goals;
 5. Connecting participants to resources to increase monthly income;
 6. Advising participants on safety and hygiene standards in their living quarters;
 7. Using harm reduction strategies that aim to minimize the negative consequences of behaviors and meeting individuals where they are in their journey.
 8. Immediately assisting and supporting participants during times of crisis to address urgent needs and preventing loss of services
 9. Engaging with participants in on-site recreational and social activities to reduce isolation and promote integration where applicable;
 10. Providing ongoing risk assessment and safety planning for participants who have been recent victims of domestic violence, dating violence, sexual assault, and stalking;
 11. Regularly evaluating the effectiveness of services and interventions to ensure they are meeting the goals of housing and improving the quality of life for the participant.
- D. Further, the contractor will provide supportive services that facilitate and encourage connections to external community resources including, but not limited to:
1. Mental and behavioral health services;
 2. Substance abuse treatment;
 3. Health care;
 4. Payee services;
 5. Training and education;
 6. Employment;

7. Parenting classes;
 8. Childcare;
 9. Social networks;
 10. Family/community reconciliation; and
 11. Other social safety net programs including SSDI, ABD, SNAP, Medicaid, etc.
- E. The priority populations to be served are adults experiencing homelessness that have a diagnosis of a serious mental illness and are exiting the Whatcom County Jail or other correctional facilities, or discharging from in-patient mental health facilities.
1. Mental Health Court participant referrals may also be prioritized for Sun House.
 2. Individuals who have a mental illness, are experiencing homelessness and are highly vulnerable, per Whatcom Homeless Service Center assessment criteria, may be served as resources allow.
- F. The Contractor will adhere to written procedures for resident medication self-administration consistent with WAC 246-888-020 (see Exhibit E). These procedures will be followed by all staff that perform this activity.

IV. Program Outcomes

During this contract period, the emergency shelter operated by the Contractor will deliver the following annual outcomes:

- a. At least 20 unique clients will be sheltered at the facility.
- b. The median length of stay for clients will be 90 days or less.
- c. All residents at the facility will be enrolled in entitlement programs and services for which they qualify and are necessary to their well-being within the first 30 days of project entry.
- d. At least 65% of clients exit the facility into a stable housing situation.

V. Reporting Requirements

Current quarterly reporting templates for interim housing programs may be accessed at: <https://www.surveymonkey.com/r/JKWC27G>. Contractors will be notified via email of updates to quarterly reporting templates. Quarterly reports are due on April 15th, July 15th, October 15th, and January 15th. 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:

- a. Number of households that stayed at the facility during the reporting quarter.
- b. Number of households that received case management services this quarter.
- c. Number of household units of capacity at the facility.
- d. Utilization of facility expressed as a percent of capacity in which beds or units were in use.
- e. Average and median length of stay for all households that exited the facility during the quarter.
- f. Number of entries and the former living situation of new households immediately prior to entering facility.
- g. Number of households that exited the facility and the living situation they exited to.

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. Additional Requirements

a. Flex Funding

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

b. Grievances

Ensure that program participants and applicants understand their rights to file grievances with Whatcom County Health and Community Services and Sun Community Services and are provided full access to a grievance filing process. Grievance policies must be submitted to Whatcom County Health and Community Services at program onset and whenever updated.

c. Program Monitoring

The contractor should anticipate being monitored by Whatcom County to ensure that services and funds are being offered as described in the statement of work and program requirements. Monitoring will typically include but is not limited to a self-assessment; a review of the program's policy/procedures manual, job descriptions, conflict of interest policies, fiscal control policies and procedures, and staff list; and an on-site file review. Programs that are out of compliance will be required to complete activities in a corrective action plan. Whatcom County reserves the right to additional monitoring as described in section 33.1 of the General Terms of this contract.

d. Incident Reporting

The contractor will submit incident reports to Whatcom County Health and Community Services within three business days of occurrence. Incidents include: property damage over \$3,000, participant fatality, participant or staff serious injury, and when imminent threats of harm occur. A template is available in Exhibit [G], but an agency Incident Report may be submitted alternatively.

e. Recapturing Unspent Funds

The Contract Administrator will review the program's spenddown at the halfway mark and three quarters of the way through the contract to ensure that the funds are being spent down at an appropriate rate. If the program is significantly underspending, the Contract Administrator may recommend recapturing funds that are not expected to be spent so they may be reallocated to other programs. Additionally, should the contractor identify that they will be unable to spend down their full amount, they should reach out to Whatcom County at their earliest convenience to amend the contract.

f. Severe Weather and Smoke Planning

Within one month of contract execution and following with annual updates, the contractor shall submit to Whatcom County a severe weather and smoke plan. A simple template is available in Exhibit [H], but a more thorough version may be submitted as an alternative.

EXHIBIT “B” – Amendment #3
(COMPENSATION)

Budget and Source of Funding: The source of funding for this contract period (01/01/2025 – 12/31/2025), in an amount not to exceed \$640,070, is Mental Health Millage, local document recording fees, HB 2060 funding, and local 1590 funding. The budget for this contract is as follows:

*Cost Description	****Documents Required Each Invoice	**Budget
HB 2060 Funds		
Personnel – Wages & Benefits	Composite hourly billing rate worksheets and expanded GL report for the period including fringe rate	\$105,455
Indirect @ 10%		\$10,545
HB 2060 Funds TOTAL		\$116,000
Document Recording Fees		
Shelter Operations (including supplies, groceries, utilities, communications, repairs & maintenance, Insurance, guest engagement activities, and equipment**)	<ul style="list-style-type: none"> • GL Detail • Copies of paid invoices or receipts 	\$57,600
Flex Funds	Flex Fund Spreadsheet and copies of receipts	\$8,100
Travel and Training	See Exhibit B 1. (6.c. and 6.d)	\$10,000
**Equipment (technology, furniture, etc. for new staff position)	<ul style="list-style-type: none"> • GL Detail and copies of paid invoices or receipts • Cost allocation plan where applicable • Prior written County approval for items exceeding \$500 	\$1,000
Personnel – Wages & Benefits	Composite hourly billing rate worksheets and expanded GL report for the period including fringe rate	\$85,000
Document Recording Fees Subtotal		\$161,700
Indirect @ 10%		\$16,170
Document Recording Fees TOTAL		\$177,870
Mental Health Millage		
Personnel – Wages & Benefits	Composite hourly billing rate worksheets and expanded GL report for the period including fringe rate	\$162,000
Indirect @ 10%		\$16,200
Mental Health Millage TOTAL		\$178,200
1590 Funding		
Personnel – Wages & Benefits	Composite hourly billing rate worksheets and expanded GL report for the period including fringe rate	\$152,727
Indirect @ 10%		\$15,273
1590 Funding TOTAL		\$168,000
TOTAL FUNDING		\$640,070

* All direct costs must be related solely to this program or based on an approved cost allocation plan.

** “Equipment” refers to any item that is expected to maintain the majority of its value beyond the length of this contract.

Contractor’s Invoicing Contact Information:	
Name	Hannah Osborne
Phone	360-599-8207
Email	suncommunityservice@outlook.com

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

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 and 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 15th of the month, following the month of service, except for January and July 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 (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), 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.

11. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract. Submitted invoices must include a cover sheet with the following information, dated and signed:

- The statement, "I certify that the materials have been furnished, the services rendered, or the labor performed as described in this invoice."
- Monthly spenddown report showing:

		Amt invoiced by contract month													
Item	Amt awarded	1	2	3	4	5	6	7	8	9	10	11	12	Percent spent	Total remaining
Item1															
Item2															
Item3															
Total															

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 MMandala@co.whatcom.wa.us

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

Verify that:

- ☐ invoices 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.**
- ☐ 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.

EXHIBIT "F"
(FLEX FUND GUIDELINES)

“Flex funds” are funds that may be used at the discretion of the Contractor, following the policies described below, to purchase goods or services directly related to the service needs of the Contractor’s clients, when no other funding source is available. **Such goods or services must be reasonable and necessary to meet a client’s emergent service needs or contribute to the stabilization or self-sufficiency of the client.**

Allowable Costs: Allowable uses of client-specific expenditures of flex funds include the following:

- Clothing
- Food
- Housing/rental assistance
- Bus passes or taxi fare
- Car repairs
- Driver’s license or ID card fees
- Educational or training program registration fees
- Household supplies, including furniture
- Medications
- Health care
- Other, as approved by Whatcom County

Limitations: Flex fund expenditures must be within the allowable criteria established by the County, as identified above, must be based upon the service needs as documented in the client’s individual service plan, and must have no other funding available from any other source.

Flex funds distributed to any one client cannot exceed \$500 per year, except with written authorization from the County. No flex fund disbursements are to be made directly to the client but rather will be made on behalf of a client. Flex funds may not be used to purchase retailer or merchant gift cards, vouchers, or certificates that can be exchanged for cash or that allow the recipient to purchase alcohol, tobacco, or cannabis products.

Documentation: Requests for reimbursement of flex funds must include the attached form including the following:

- A. The person or organization funds were paid to.
- B. Date of transaction.
- C. A list of the goods and/or services purchased.
- D. The cost of the goods and/or services purchased.
- E. The initials of the client and/or unique identifying number of the client for whom the goods and/or services were purchased.
- F. The total amount of flex funds distributed to the client during the year.
- G. The service need addressed by the expenditure.
- H. Accompanying invoices and/or receipts.
- I. Evidence of administrative review of expenditures

Contractor: Sun Community Services			Contract: Sun House – Emergency Shelter			Period:		
Whatcom County Health & Community Services Flex Fund Documentation								
Paid To *	Date	Cost	Goods/Services Purchased	Client ID	Total \$ To Client this Year	Service Need	No Other Funding Available	Administrative Review
* ATTACH RECEIPTS FOR EACH PURCHASE								

EXHIBIT "G"

WHATCOM COUNTY
Health and Community Services



Erika Lautenbach, MPH, Director
Amy Harley, MD, MPH, Health Officer

PARTNER INCIDENT REPORT

Agencies can supplement any questions asked here with the corresponding agency Incident Report attached. Please return 3 business days after incident and redact any program participant names from the report.

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ AM or PM

Type of Incident: ☐ Imminent threat of harm ☐ Property Damage over \$3000 ☐ Serious injury ☐ Fatality

Was 911 called? _____ If not why? _____

If applicable was medical treatment offered, recommended, accepted, or rejected? _____

Incident description, including any events leading to, immediately following the incident, and contributing factors (do not use client identifying information like unit numbers or names):

Additional Employee Comments:

PERSON FILING REPORT

Reporter: _____ Title/Role: _____

Signature: _____ Location of Event: _____

COUNTY STAFF

Recipient: _____ Date: _____ Others Notified: _____

Notes:

EXHIBIT "H"

WHATCOM COUNTY
Health and Community Services



Erika Lautenbach, MPH, Director
Amy Harley, MD, MPH, Health Officer

Severe Weather – Heat and Smoke Planning

Organization: _____

Program Name(s): _____

Date: _____

Program Setting (please indicate which of the below settings apply for your county-funded projects)

- ☐ Congregate day shelter
- ☐ Congregate overnight shelter
- ☐ Individual units/rooms in agency-owned building (shelter/transitional/PSH) with common areas
- ☐ Individual units/rooms in agency-owned building (shelter/transitional/PSH) without common areas
- ☐ Individual units/room in buildings owned by third party (shelter/transitional/RRH/PSH)

The goal of this document is for county housing partners to consider and communicate plans in place to ensure client safety in the event of:

- 1) **Severe heat event**
- 2) **Degraded air quality due to smoke**

A severe heat event is classified by the Department of Homeland Security (DHS) as a period of high heat and humidity with temperatures above 90 degrees for at least two to three days. According to the DHS, extreme heat is responsible for more annual deaths than any other weather-related event. Whatcom County Health and Community Services requires that grantees of Whatcom County Health and Community Services funds provide a plan to the County outlining the efforts their organization is prepared to undertake in support of their beneficiaries in response to a severe heat event.

Please provide an overview of the plan in place at your organization to support beneficiaries in the event of severe heat. Please include how you will be monitoring severe weather temperatures, notifying program participants, providing cooling spaces, and distributing items if relevant:

Outline of supplies and equipment on hand to support plan outlined above (ex: fans, ice packs, chilled water, accessible rooms with air conditioning):

509 Girard Street
Bellingham, WA 98225-4005



Main Line: (360) 778-6000
www.whatcomcounty.us/health

Is there necessary equipment or supplies that need to be acquired in response to severe heat? Would you like technical assistance from emergency response specialists? If so, please list and describe your needs below:

2. Degraded air quality due to smoke – The quality of air in the community is a constantly changing variable. Air pollution due to smoke particles can cause serious health issues. To track the amount of pollutants in the air, the Environmental Protection Agency developed the [Air Quality Index \(AQI\)](#) to make information available about the health effects of the five most common air pollutants, and how to avoid those effects. Whatcom County Health and Community Services requires that all housing and human service contract recipients provide a plan to the County outlining the efforts their organization will undertake to support their beneficiaries in the event that air quality becomes unhealthy for sensitive groups (higher than 100 on the AQI scale).

Please provide an overview of the plan in place at your organization to support beneficiaries in the event of degraded air quality due to smoke. Including staff members or positions responsible for monitoring AQI, notifying program participants, providing clean air spaces, and distributing items:

Outline of supplies and equipment on hand to support plan outlined above (ex: masks, air filters, public spaces with clean air):

Is there necessary equipment or supplies that need to be acquired in response to smoke or air quality challenges? Would you like technical assistance from emergency response specialists? If so, please list and describe your needs below:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PCF Insurance Services 1400 Broadway Bellingham WA 98225	CONTACT NAME: Rita Larsen PHONE (A/C, No, Ext): (360) 734-1161 FAX (A/C, No): (360) 734-1173 E-MAIL ADDRESS: rita@riceinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: West American Insurance Co.</td> <td>44393</td> </tr> <tr> <td>INSURER B: Ohio Casualty Insurance Co.</td> <td>24074</td> </tr> <tr> <td>INSURER C: General Insurance Company of America</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: West American Insurance Co.	44393	INSURER B: Ohio Casualty Insurance Co.	24074	INSURER C: General Insurance Company of America		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: West American Insurance Co.	44393														
INSURER B: Ohio Casualty Insurance Co.	24074														
INSURER C: General Insurance Company of America															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Sun Community Service 2115 Barkley Blvd #201 Bellingham WA 98226															

COVERAGES**CERTIFICATE NUMBER:** CL2422818955**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	BK060719328	02/17/2024	02/17/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB			EU060719328	02/17/2024	02/17/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		BK060719328 - WA Stop Gap	02/17/2024	02/17/2025	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	Professional Liability			LP7745308J	02/17/2024	02/17/2025	General Aggregate \$3,000,000 Each Claim \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Whatcom County is named as additional insured per form CG8810 0413. This insurance shall be considered as primary and shall waive all rights of subrogation. The County insurance shall be noncontributory.

CERTIFICATE HOLDER**CANCELLATION**

Whatcom County 509 Girard St. Bellingham WA 98225	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.