

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
201905015 – 8

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855040 Housing
Contract or Grant Administrator:	Barbara Johnson-Vinna
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 #:	201905015	

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?	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?	Contract Cost Center:
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, RFP and Bid number(s):	124112 / 121100

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"/> Contract for Commercial off the shelf items (COTS). |
| <input type="checkbox"/> Contract work is for less than \$100,000.                            | <input type="checkbox"/> Work related subcontract less than \$25,000.        |
| <input type="checkbox"/> Contract work is for less than 120 days.                             | <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.  |
| <input type="checkbox"/> Interlocal Agreement (between Governments).                          |  |

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> <ol style="list-style-type: none"> <li>1. Exercising an option contained in a contract previously approved by the council.</li> <li>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.</li> <li>3. Bid or award is for supplies.</li> <li>4. Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>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.</li> </ol>
\$ 790,505	
This Amendment Amount:	
\$ 328,650	
Total Amended Amount:	
\$ 1,119,155	

Summary of Scope: This contract provides partial funding to support 24/7/365 facility-based staffing at Francis Place to ensure a safe, supportive living environment conducive to housing stability and recovery-oriented life for its tenants.

Term of Contract:	1 Year	Expiration Date:	06/30/2023
-------------------	--------	------------------	------------

Contract Routing:	1. Prepared by:	JT	Date:	03/04/2022
	2. Health Budget Approval	KR/JG	Date:	06/07/2022
	3. Attorney signoff:	RB	Date:	06/08/2022
	4. AS Finance reviewed:	M Caldwell	Date:	6/7/22
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Executive Contract Review:		Date:	
	8. Council approved (if necessary):	AB2022-352	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

## WHATCOM COUNTY CONTRACT AMENDMENT

### PARTIES:

**Whatcom County**  
**Whatcom County Health Department**  
**509 Girard Street**  
**Bellingham, WA 98225**

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

### CONTRACT PERIODS:

<b>Original:</b>	<b>07/01/2019 – 06/30/2020</b>	<b>Amendment #5:</b>	<b>07/01/2021 – 06/30/2022</b>
<b>Amendment #1:</b>	<b>01/01/2020 – 06/30/2020</b>	<b>Amendment #6:</b>	<b>10/01/2021 – 06/30/2022</b>
<b>Amendment #2:</b>	<b>07/01/2020 – 06/30/2021</b>	<b>Amendment #7:</b>	<b>05/30/2022 – 06/30/2022</b>
<b>Amendment #3 &amp; #4:</b>	<b>01/01/2021 – 06/30/2021</b>	<b>Amendment #8:</b>	<b>07/01/2022 – 06/30/2023</b>

**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 of this contract for 1 year, as per the original contract “General Terms, Section 10.2, Extension”.
2. Amend Exhibit B – Compensation, to reflect the 2022-2023 budget.
3. Funding for this contract period (07/01/2022 – 06/30/2023) is not to exceed \$328,650.
4. Funding for the total contract period (07/01/2019 – 06/30/2023) is not to exceed \$1,119,155.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 07/01/2022.

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: \_\_\_\_\_  
Ann Beck, Human Services Manager Date

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: \_\_\_\_\_  
Royce Buckingham, Senior Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

Will Rice, Vice President		
_____	_____	_____
Contractor Signature	Print Name and Title	Date

FOR WHATCOM COUNTY:

_____	_____
Satpal Singh Sidhu, County Executive	Date

**CONTRACTOR INFORMATION:**

**Catholic Community Services**  
1133 Railroad Avenue  
Bellingham, WA 98225  
360-676-2164 ext. 4054  
[willr@ccsww.org](mailto:willr@ccsww.org)

**EXHIBIT "B" – Amendment #8**  
Compensation

I. **Budget and Source of Funding:** The source of funding for this contract, in an amount not to exceed \$328,650, is the Behavioral Health Program Fund and Document Recording Fees. The budget for this contract is as follows:

*Cost Description	Documents Required with Each Invoice	Budget
<b>Behavioral Health Program Funds</b>		
Personnel: Salaries + Benefits	Approved Composite Billing Rate Worksheet for each staff member and Timesheets for the period.	\$259,815
Supplies	GL Detail	\$9,306
Cell Phone Expenses		\$3,200
Occupancy		\$6,264
Mileage	Mileage log to include: name of the staff member, date of travel, starting point and destination of travel, number of miles traveled, and a brief description of the purpose of travel. Mileage will be reimbursed at a rate not to exceed the GSA's rate (per <a href="http://www.gsa.gov">www.gsa.gov</a> ).	\$2,522
Staff Training	Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts. Reimbursement requests for allowable travel must include the name of the staff member, dates of travel, starting point and destination, and a brief description of the purpose. Receipts for registration fees or other documentation of professional training expenses. Lodging and meal costs for training are not to exceed the GSA's Domestic Per Diem Rates ( <a href="http://www.gsa.gov">www.gsa.gov</a> ), specific to location. Receipts for meals are not required. Receipts required for tuition or registration fees.	\$2,000
Bio-hazard cleanings and new resident move-in kits	GL Detail, receipts	\$5,000
<i>Behavioral Health Program Funds Subtotal</i>		<i>\$288,107</i>
Behavioral Health Program Funds Indirect** (10%)		\$28,810
<b>Document Recording Fees</b>		
Subcontracted Security Services	Paid Invoices	\$10,667
Document Recording Fees Indirect** (10%)		\$1,066
<b>Behavioral Health Program Fund Total</b>		<b>\$316,917</b>
<b>Document Recording Fees Total</b>		<b>\$11,733</b>
<b>GRAND TOTAL</b>		<b>\$328,650</b>

\*Changes to the line item budget that exceed 10% of the line item amount, must be approved in writing by the County.

\*\*Indirect costs shall not exceed the percentage identified above.

II. **Invoicing**

1. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 15<sup>th</sup> of the month, following the month of service. Invoices submitted for payment must include the items identified in the table above.
2. The Contractor shall submit invoices to (include contract/PO number) to [HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us).
3. 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. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.

4. 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.**

5. Duplication of Billed Costs or Payments for Services: 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.