



**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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 201905015
Does contract require Council Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)		
Already approved? Council Approved Date:			
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 type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):	Contract Cost Center:	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 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): \$ 790,505		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 : 1. Exercising an option contained in a contract previously approved by the council. 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. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 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.	
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: 7/5/2022
	8. Council approved (if necessary):	AB2022-352	Date: 06/21/2022
	9. Executive signed:		Date: 7/5/2022
	10. Original to Council:		Date:



MEMORANDUM

TO: Satpal Sidhu, County Executive

FROM: Erika Lautenbach, Director

RE: Catholic Community Services – Francis Place Contract Amendment #8

DATE: June 22, 2022

Attached is a contract amendment between Whatcom County and Catholic Community Services for your review and signature.

▪ **Background and Purpose**

Francis Place is a forty-two unit apartment building that provides affordable, permanent supportive housing to individuals experiencing homelessness who have behavioral health disorders and/or require supportive housing to maintain stable housing. This contract provides partial funding to support 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 residents and businesses. The purpose of this amendment is to extend the contract for an additional year.

▪ **Funding Amount and Source**

Funding for this contract, in an amount not to exceed \$328,650, is provided by the Behavioral Health Program Fund and Document Recording Fees. These funds are included in the 2022 budget. Council approval is required as funding exceeds 10% of the budget approved by Council on 09/28/2021.

Please contact Ann Beck, Community Services Manager at 360-778-6055 (ABeck@co.whatcom.wa.us) or Kathleen Roy, Assistant Director at 360-778-6007 (KRoy@co.whatcom.wa.us), if you have any questions or concerns regarding this request.



Whatcom County Contract Number:

201905015 – 8

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:

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

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: DocuSigned by:
Ann Beck 6/22/2022
2B365DB0422344A...
Ann Beck, Community Services Manager Date

DEPARTMENT HEAD APPROVAL: DocuSigned by:
Erika Lautenbach 6/22/2022
955C651A30374BD...
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: DocuSigned by:
Royce Buckingham 6/23/2022
4EE6DBDD0642404...
Royce Buckingham, Senior Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

<u>DocuSigned by: Will Rice</u> <small>6231CF1A8D3A415...</small>	Will Rice, Vice President	7/5/2022
Contractor Signature	Print Name and Title	Date

FOR WHATCOM COUNTY:

<u>DocuSigned by: Satpal Singh Sidhu</u> <small>1192C7C18B664E3...</small>		7/5/2022
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

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
Behavioral Health Program Funds		
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 www.gsa.gov).	\$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 (www.gsa.gov), 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
Document Recording Fees		
Subcontracted Security Services	Paid Invoices	\$10,667
Document Recording Fees Indirect** (10%)		\$1,066
Behavioral Health Program Fund Total		\$316,917
Document Recording Fees Total		\$11,733
GRAND TOTAL		\$328,650

*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 15th 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.
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.