

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
201812035 - 5

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855040 Housing Program
Contract or Grant Administrator:	Barbara Johnson-Vinna
Contractor's / Agency Name:	Opportunity Council

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 #:	201812035	

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	122200 / 127100 /
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, RFP and Bid number(s): 18-13	Center:	133100

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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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 checked="" 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 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.
\$ 277,960	
This Amendment Amount:	
\$ 159,613	
Total Amended Amount:	
\$ 437,573	

Summary of Scope: This contract funds services to support the federal Sponsor Based Rental Assistance (SBRA) and Supportive Housing Programs (SHP).

Term of Contract:	1 Year	Expiration Date:	12/31/2022
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Contract Routing:	1. Prepared by:	JT	Date:	02/10/22
	2. Health Budget Approval	KR/JG	Date:	03/03/2022
	3. Attorney signoff:	RB	Date:	03/09/2022
	4. AS Finance reviewed:	M Caldwell	Date:	3/23/22
	5. Council Approval:			
	6. Contractor Program Manager:		Date:	
	7. Executive Contract Review:		Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

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

AND CONTRACTOR:
Opportunity Council
1111 Cornwall Avenue
Bellingham, WA 98225

CONTRACT PERIODS:

Original:	01/01/2019 – 12/31/2019	Amendment #3:	07/01/2021 – 12/31/2021
Amendment #1:	01/01/2020 – 12/31/2020	Amendment #4:	01/01/2022 – 12/31/2022
Amendment #2:	01/01/2021 – 12/31/2021	Amendment #5:	03/01/2022 – 12/31/2022

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. Amend Exhibit A – Scope of Work, to include intensive case management services for clients receiving community leasing services and to revise quarterly reporting and program outcome requirements.
2. Amend Exhibit B – Compensation, to increase funding by \$159,613 to support 2 FTE case management positions and related costs for intensive case management services.
3. Funding for this contract period (01/01/2022 – 12/31/2022) is not to exceed \$229,103.
4. Funding for the total contract period (01/01/2019 – 12/31/2022) is not to exceed \$437,573.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 03/01/2022.

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:

Greg Winter, Executive Director		
_____	_____	_____
Contractor Signature	Print Name and Title	Date

FOR WHATCOM COUNTY:

_____	_____
Satpal Singh Sidhu, County Executive	Date

CONTRACTOR INFORMATION:

Opportunity Council
1111 Cornwall Avenue
Bellingham, WA 98225
Greg.Winter@oppco.org

EXHIBIT "A" – Amendment #5 SCOPE OF WORK

I. Background

Department of Housing and Urban Development Continuum of Care Sponsor Based Rental Assistance (formerly Shelter Plus Care) is a federally funded program that provides long term rental assistance to homeless persons with disabilities, primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and HIV/AIDS or related diseases (see Programmatic Crosswalk of Changes: CoC, SHP, SPC Program Regulations at:

<https://www.nhlp.org/wp-content/uploads/Programmatic-Crosswalk-of-Changes-CoC-Program-Supportive-Housing-Program-and-Shelter-Plus-Care-Program-Regulations.pdf>

for more information about the program). In Whatcom County, program eligibility is limited to homeless persons with mental illness. The program requires that housing assistance be matched with supportive services (e.g., leasing assistance, case management, mental health services) funded through other sources. In Whatcom County, the Sponsor Based Rental Assistance (SBRA) program is administered by the Bellingham Whatcom County Housing Authorities (BWCHA), through participating "sponsors." Sponsors take responsibility for the rental units either through ownership, master leasing of the rental housing unit and or facility, or by co-signing tenant leases.

The purpose of this contract is to fund community leasing support services associated with the provision of housing by sponsor agencies. Sponsor agency support services typically include locating available housing units in the community, acting as leasing specialists, and working with tenants and participating landlords to resolve tenancy issues that may arise. Sponsors are also responsible for paying tenant rent, in the event of tenant abandonment of the unit, and for paying for tenant caused damages that are in excess of normal wear and tear and that exceed the federal SBRA damages coverage. This contract will also support the leasing specialist activities provided to Supportive Housing Program participants (SHP) as needed. The SHP is a HUD housing assistance program for people with a history of chronic homelessness and a mental health disability.

In addition, beginning on March 1, 2022, this contract will fund intensive case management provided by the Opportunity Council's Community Leasing Program, for a minimum of 35 people (5 people who receive case management services from other agencies will continue to receive leasing specialist services through this contract) with a history of chronic homelessness, while living in scattered-site units. Intensive case management offers support and connections for treatment for behavioral health and other resources, creation and implementation of a housing stability plan, and frequent client engagement in services to support success in housing and improved health.

This contract is part of Whatcom County's ongoing efforts to create a continuum of housing services and supports for low income and chronically homeless individuals and households in a manner that is cost effective and responsive to the needs of the community.

II. Statement of Work

Under this contract, the Contractor will place or maintain at least 40 new and/or continuing Sponsor Based Rental Assistance (SBRA) or Supportive Housing Program (SHP) clients each month in housing units that meet Federal program requirements during the calendar year.

A. Leasing specialist activities will include the following:

1. Locate new housing units for SBRA and SHP clients as needed.
2. Prepare SBRA application and verification documents with prospective clients and submit to BWCHA.
3. Document client eligibility and lease agreement for the SBRA program and SHP Program in the client file.

4. Provide housing services to SBRA and SHP clients in order to promote housing retention. Housing services include, but are not limited to:
 - a. Conducting in-home inspections and/or visits with the client in order to identify and address barriers to housing stability.
 - b. Educating clients about rental/lease compliance and tenant responsibilities under Landlord Tenant Law.
 - c. Coordinating with case managers and clients about cleaning and maintaining housing units.
 - d. Working directly with case managers and clients to resolve conflicts with landlords and/or other tenants.
 5. Comply with BWCHA Sponsor Based Rental Assistance sponsorship duties.
 6. Assist clients in preparing Section 8 and/or public housing applications.
 7. Comply with Homeless Management Information System (HMIS) data collection and recording requirements by working directly with Whatcom Homeless Service Center.
 8. Maintain master lease liability insurance coverage on units utilized in the SBRA and SHP.
 9. Coordinate maintenance work with community landlords.
 10. Coordinate unit turnover work between tenancies.
- B. Intensive case management activities, in conjunction with community leasing services, will offer but are not limited to:
1. Developing, securing, coordinating, and retaining services and suitable housing. Services include but are not limited to:
 - a. Tenant counseling;
 - b. Assisting individuals and households with understanding leases;
 - c. Securing utilities;
 - d. Making moving arrangements;
 - e. Representative payee services concerning rent and utilities;
 - f. Mediation and outreach to property owners related to locating or retaining housing.
 2. Monitoring and evaluating household progress;
 3. Assuring that household rights are protected;
 4. Developing and implementing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance.
 5. Complying with HMIS data collection and recording requirements by working directly with Whatcom Homeless Service Center.

Intensive case management services will be provided to 35 individuals and households annually with a history of chronic homelessness residing in scattered site apartment units referred by the Whatcom Homeless Service Center.

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.

III. Reporting Requirements

The Contractor shall submit quarterly reports* to the WCHD, for leasing specialist services, utilizing HMIS data by using the applicable quarterly reporting template accessed on the County website, as noted below. Reports will demonstrate the Contractor's progress toward achieving the program outcomes identified above. Quarterly reports are due on April 15, July 15, October 15, and January 15.

*Contractors will be notified via email of updates to quarterly reporting templates. Current reporting templates will be posted on the Whatcom County Health Department Housing Program website which may be accessed at: <http://www.whatcomcounty.us/DocumentCenter/View/37569/WCHDquarterlyCMreportCCS>.

Contractor shall provide the County a report by the 15th of each month to include a listing of all active SBRA and SHP clients by a unique client identification number along with the date the client's SBRA lease began. Please include this list along with the monthly invoice documentation required in Exhibit B.

A separate required quarterly report for case management services provided will be due on January 15, April 15, July 15, and October 15. This will include data specific to case management services provided through this contract. This report template is also accessed on the County website at: <https://www.whatcomcounty.us/DocumentCenter/View/36907/Case-Management-Report>

These reports will include:

1. Number of individuals in permanent supportive housing that received case management services during the quarter.
2. Average length of time homeless (unsheltered, sheltered, and/or transitional housing project) in case management prior to being housed (in PSH, or other stable housing situation).
3. Median length of time homeless (unsheltered, sheltered, and/or transitional housing project) in case management prior to being housed (in PSH, or other stable housing situation).
4. Number of case managed households that have been stably housed for six (6) months or more.
5. Number of case managed households that have been stably housed for twelve (12) months or more.
6. Number of case managed households that lost stable housing or exited case management while homeless.
7. Number of case managed households that achieved and or maintained housing stability while receiving case management services.

IV. Program Outcomes

During this contract period, the housing case management and leasing specialist services provided by the Contractor will deliver the following outcomes:

1. A minimum of 35 individuals in scattered-site, Permanent Supportive Housing will receive case management services.
2. A minimum of 40 households in scattered-site, Permanent Supportive Housing will receive leasing specialist services.
3. Of the total receiving case management services for 12 months or longer, fewer than 10% will exit to non-permanent housing destinations.
4. Of the total of individuals who receive master leasing services for 12 months or longer, fewer than 10% will have exits to non-permanent housing destinations.

**EXHIBIT “B” – Amendment #5
COMPENSATION**

- I. **Budget and Source of Funding:** The source of funding for this contract, in an amount not to exceed \$229,103, is HB 1590 (Sales and Use Tax for Housing and Related Services funds, Mental Health Millage, and local document recording fees. The 2022 budget for this contract is as follows:

*Cost	Documents Required Each Invoice	Budget
PSH Program Manager	Expanded GL report for the period billed	\$5,460
Leasing Specialist Services		\$56,125
Case Managers (2 FTE)		\$70,306
**Fringe Benefits (50%)	Expanded GL report based on federally approved fringe rate	\$65,946
Program Supplies	General Ledger Detail	\$1,000
Occupancy		\$2,820
Master Lease Liability Insurance		\$1,900
Mileage	Mileage log to include: name of the staff member, date of travel, starting point and destination of travel, number of miles traveled. Mileage will be reimbursed at the GSA rate (per www.gsa.gov).	\$500
Travel & Training	Include name of traveler, dates, start & end point, number of miles and purpose. Receipts required for transportation costs, registration fees, etc. Lodging 7 meal costs follow federal guidelines (www.gsa.gov); receipts for meals are not required.	\$500
Subtotal		\$204,557
**Indirect costs @ 12%		\$24,546
Total:		\$229,103

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

**In no instance shall the indirect cost exceed 12% or fringe benefit rate exceed the current federally approved rate.

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 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 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 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.