Whatcom County Contract Number: 202106025 – 1

WHATCOM COUNTY **CONTRACT INFORMATION SHEET**

Originating Department:				85 Health								
Division/Program: (i.e. Dept. Division and Program)				8550 Human Services / 855040 Housing								
Contract or Grant Administrator:				Chris D'Onofrio								
Contractor's / Agency Name:						YWCA Bellingham						
Is this a New Contract? If not, is this an Amendment or Renewal				<u> </u>					No 🗆			
Yes □ No □ If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 202106025								0023				
Does contract require Council Approval? Yes ⊠ No □ 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 agreem Yes \(\square\) No \(\square\)		If yes, granto	r ager	ncy co	ontract nun	nber(s):			CFDA#:		14.231	
le this contract arout f	i vadadO											
Yes ⊠ No □	s contract grant funded? ☐ No ☐ If yes, Whatcom County grant contract number(s): 202008014											
Is this contract the res	sult of a RFP	or Bid process	?			Contract			ct Cost	Cost		
Yes ⊠ No □] If yes, I	RFP and Bid n	umbe	r(s):	21-0	4		Center		122200 / 122800		
Is this agreement excluded from E-Verify? No □ Yes □												
If YES, indicate exclusion(s) below:												
r YES, indicate exclusion(s) below: ☐ Professional services agreement for certified/licensed professional.												
☐ Professional services agreement for certified/ficensed professional. ☐ Contract work is for less than \$100,000. ☐ Contract for Commercial off the shelf items (COTS).												
Contract work is for less than \$100,000.				☐ Work related subcontract less than \$25,000.								
☐ Interlocal Agreem			s).			☐ Public Works - Local Agency/Federally Funded FHWA.						
	,			Cour	noil approv	al required for; all						\$40,000
Contract Amount:(sum any prior amendments)	•	nilaci amouni	anu			al required ior, air al service contract						
\$ 38,933).					amount, whiche				0000	groator triarry	10,000 01
This Amendment Amor	unt·			1.	Exercising	an option contained in a contract previously approved by the council.						
© 78.565 2. Contract i					s for design, construction, r-o-w acquisition, prof. services, or other capital costs							
approved by				by council in a capital budget appropriation ordinance.								
5. Did of award is for supplies.					the Rudae	Rudget Ordinance						
					exhibit B of the Budget Ordinance or's technical support and hardware maintenance of electronic							
systems and/or technical support and software maintenance from the developer of												
					proprietary	software current	ly used by	Whatcom	County.			
Summary of Scope: The Scope: The Summary of Scope: The Summary of Scope: The Summary of							ssociation	with the \	Nhatcom	Hom	neless Service	e Center
in an effort to improve h	nousing stabil	ity and reduce	home	elessn	ess in Wh	atcom County.						
	437					_	 	10/0:15				
Term of Contract:	1 Year	1	<u> </u>			Expiration Dat	e:	12/31/20		1 4	0/00/0004	
Contract Douting	1. Prepared	•		JT					Date:		9/08/2021	
Contract Routing:	2. Health Bud	•		KR/J	G				Date:	_	1/01/2021	
3. Attorney signoff: RB						Date:	_	1/03/2021				
	4. AS Finance reviewed: M Caldwell						Date:	1	1/2/21			
	5. IT reviewed (if IT related):						Date:	1				
	6. Contractor								Date:	1		
	7. Submitted				I ABOOS :				Date:	1		
		proved (if nece	ssary):		AB2021	-690			Date:	-		
	9. Executive								Date:	-		
	10. Original t	o Council:							Date:	1		

202106025 - 1

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

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

AND CONTRACTOR: YWCA Bellingham 1026 N Forest Street Bellingham, WA 98225

CONTRACT PERIODS:

Original: 07/01/2021 – 12/31/2021 Amendment #1: 01/01/2022 – 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. 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 a 1-year budget for the extended contract period.
- 3. Funding for this contract period (01/01/2022 12/31/2022) is not to exceed \$78,565.
- 4. Funding for the total contract period (07/01/2021 12/31/2022) is not to exceed \$117,498.
- 5. All other terms and conditions remain unchanged.
- 6. The effective start date of the amendment is 01/01/2022.

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 Supervisor	Date
DEPARTMENT HEAD APPROVAL:	Erika Lautenbach, Health Department Director	Date
APPROVAL AS TO FORM:Royce E	Date	
FOR THE CONTRACTOR:		
	Karen Burke, Executive Director	1
Contractor Signature	Print Name and Title	Date
FOR WHATCOM COUNTY:		
Satpal Singh Sidhu, County Execut	ive	Date

CONTRACTOR INFORMATION:

YWCA Bellingham

1026 N Forest Street Bellingham, WA 98225 360-734-4820

Karen.Burke@ywcabellingham.org

Exhibit B – Amendment #1

(COMPENSATION)

I. <u>Source of Funding and Budget</u>: The source of funding for this contract, in an amount not to exceed \$78,565, is the Washington State Department of Commerce Emergency Solutions Grant (ESG-CV) (\$38,151) and local document recording fees (\$40,414). COMMERCE and the State of Washington are not liable for claims or damages arising from Subcontractor's performance of this contract. The budget for this contract is as follows:

*Item Description:	Documents Required with Invoices	Budget		
Housing Case Management for Clients in Emergency Shelter	County approved hourly billing rate and timesheet showing total hours and hours charged to this contract.	\$55,028		
Transportation: Costs of participant's travel to and from medical care, employment, child care, certain legal services, or other eligible essential service facilities. These costs include the following: travel on public transportation, mileage allowance for service workers to visit program participants, travel costs of staff to accompany or assist program participants to use public transportation, transporting staff or participants to/from vaccine events.	Mileage log to include: name of staff member, date of travel, starting point and destination of travel, number of miles traveled, federal reimbursement rate (per www.gsa.gov) and a brief description of the purpose of travel. Ground transportation will be reimbursed at cost when accompanied by receipts. Reimbursement requests for allowable travel must include name of staff member or participant ID number, dates of travel, starting point and destination, brief description of the purpose.	\$600		
Shelter Operations: Computer and technology equipment, insurance, security, food, furnishings, utilities, maintenance (including minor and routine repairs), and other supplies necessary for the operation of the emergency shelter.	Paid invoices or receipts	\$15,795		
	SUBTOTAL	\$71,423		
**Indirect costs at 7% of ESG-CV funded items (\$35,650)				
**Indirect costs not covered by ESG-CV (3% of \$35,650 and paid with DRF)				
**Indirect costs at 10% of DRF funded items (\$35,773)				
	Subtotal Indirect Costs	\$7,142		
	TOTAL	\$78,565		

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

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. <u>Duplication of Billed Costs or Payments for Service</u>: 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.

^{**}Indirect costs shall not exceed the currently approved indirect cost allocation plan.