

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202012021 – 6

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:		Lydia Place	
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"/> 202012021
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#:	14.231
Is this contract grant funded? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):	202009003 / 202008014 / 202107011	
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):	20-53	Contract Cost Center: 122900 / 122800 / 122300
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): \$ 954,996		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>	
This Amendment Amount: \$ 107,000			
Total Amended Amount: \$ 1,061,996			
Summary of Scope: This contract provides funding for motel rooms to be used as emergency housing for families experiencing unsheltered homelessness.			
Term of Contract:	1 Year	Expiration Date:	12/31/2022
Contract Routing:	1. Prepared by:	JT	Date: 08/23/2022
	2. Health Budget Approval	KR/JG	Date: 08/31/2022
	3. Attorney signoff:	RB	Date: 08/31/2022
	4. AS Finance reviewed:	M Caldwell	Date: 8/31/22
	5. IT reviewed (if IT related):		Date:
	6. Contractor review:		Date:
	7. Executive Contract Review:		Date:
	8. Council approved (if necessary):	AB2022-491	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:**  
**Lydia Place**  
**PO Box 28487**  
**Bellingham, WA 98228**

**CONTRACT PERIODS:**

**Original: 10/01/2020 – 12/30/2021**  
**Amendment #1: 10/01/2020 – 12/31/2021**  
**Amendment #2: 01/01/2021 – 12/31/2021**  
**Amendment #3: 08/11/2021 – 12/31/2021**  
**Amendment #4: 01/01/2022 – 12/31/2022**  
**Amendment #5: 02/01/2022 – 12/31/2022**  
**Amendment #6: 10/01/2022 – 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**

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**DESCRIPTION OF AMENDMENT:**

1. Amend Exhibit A – Scope of Work, to increase the number of households served (from 70 to 80), the estimated duration of service to find permanent housing (from 30 to 45 days) and update reporting requirements.
2. Amend Exhibit B – Compensation, to increase funding by \$107,000 to support additional motel stays and the subsequent increase in indirect costs.
3. Funding for this contract period (01/01/2022 – 12/31/2022) is not to exceed \$707,074.
4. Funding for the total contract period (10/01/2020 – 12/31/2022) is not to exceed \$1,061,996.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 10/01/2022.

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.

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APPROVAL AS TO PROGRAM: \_\_\_\_\_  
Ann Beck, Community 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:

Kate Robertson, Associate Director		
_____	_____	_____
Contractor Signature	Print Name and Title	Date

FOR WHATCOM COUNTY:

_____	_____
Tyler Schroeder, Deputy Executive	Date

**CONTRACTOR INFORMATION:**

**Lydia Place**  
PO Box 28487  
Bellingham, WA 98228  
[KateR@LydiaPlace.org](mailto:KateR@LydiaPlace.org)

**EXHIBIT "A" – Amendment #6**  
(SCOPE OF WORK)

**I. Background**

The 2021 Whatcom County Point In Time Count confirmed that unsheltered homelessness continues to be detrimental to the wellbeing of families with children in Whatcom County. The Whatcom Homeless Service Center's monthly housing pool reports have shown that the number of families waiting for permanent housing placements, including families living in cars and other places not meant for human habitation, has grown in recent years. Homelessness is a traumatic experience that is associated with a wide range of negative health outcomes; however, there are very few resources in our community dedicated to families who are experiencing homelessness together. This contract provides year-round funding for four motel rooms and additional funding for as-needed motel rooms to be used as emergency housing for families experiencing unsheltered homelessness and also funds supportive services to help those families exit their motel rooms into permanent housing. The shelter provided to these families, as well as the case management services, will allow them to avoid the dangerous conditions of unsheltered homelessness and give them opportunities to connect with services that improve their odds of achieving long term housing stability.

**II. Statement of Work**

Lydia Place will utilize funding in this contract to make four motel rooms available throughout the year, and more rooms on an as-needed basis to local families with children who are experiencing unsheltered homelessness. The anticipated number of families to be served annually is 80 households. While the families are staying in the motel rooms, they will benefit from supportive services from Lydia Place staff who will help the families identify and overcome their barriers to stable housing.

Lydia Place staff will connect clients to case managers within 48 hours of their referral from Whatcom County's coordinated entry homelessness response system. Weekly meetings between families and Lydia Place staff will outline goals and objectives that are important to the client. The program will strive to find permanent housing within 45 days, although some families will require more time to locate appropriate housing and resolve challenges to housing placement.

**III. Program Requirements**

- A. Client referrals will be issued by the Whatcom Homeless Service Center's coordinated entry homelessness response system. All services will be provided in compliance with:
1. Washington State Department of Commerce Shelter Program Grant Guidelines: <https://www.commerce.wa.gov/serving-communities/homelessness/office-of-family-and-adult-homelessness/shelter-program-grant/>
  2. Washington State Department of Commerce ESG-CV Emergency Solutions Grant Guidelines, including periodic updates to the guidelines which can be accessed at: [https://www.commerce.wa.gov/wp-content/uploads/2020/06/Commerce-ESG-CV - Overview.pdf](https://www.commerce.wa.gov/wp-content/uploads/2020/06/Commerce-ESG-CV-Overview.pdf) and <https://www.commerce.wa.gov/wp-content/uploads/2016/10/hau-esg-guidelines-2017-2019.pdf>.
  3. Washington State Department of Commerce Consolidated Homeless Grant Guidelines, including periodic updates to the guidelines which can be accessed at: <https://deptofcommerce.app.box.com/s/4d1ilui45uqljmhseufez4flxqv1q6b>

#### **IV. Reporting Requirements**

The contractor shall submit quarterly reports\* utilizing the Interim Housing Facility Report template accessed on the Whatcom County Health Department Housing Program website at the following link: <https://www.whatcomcounty.us/DocumentCenter/View/51905/WCHDQuarterlyESreportLPmotelshelter> and the WCHD online reporting tool: <https://www.surveymonkey.com/r/JKWC27G>

Quarterly reports are due April 15<sup>th</sup>, July 15<sup>th</sup>, October 15<sup>th</sup>, and January 15<sup>th</sup>.

\*Contractors will be notified via email of updates to this quarterly reporting template, which will be posted on the website.

Reports will include the following information:

- A. Unique households sheltered over the quarter.
- B. Number of nights that the four rooms were in use.
- C. Length of stay for each household at their time of exit (mean and median).
- D. Percent of exiting guests that are enrolled or participated in new activities/programs that have been shown to increase housing retention.
- E. Number of exits over the quarter and the destination type for each exiting household.
- F. Number of new households that became sheltered over the quarter and the type of housing condition they were in prior to entry to motel room.

**EXHIBIT “B” – Amendment #6**  
(COMPENSATION)

I. **Budget and Source of Funding:** The source of funding for this contract, in an amount not to exceed \$707,074 is the Washington State Department of Commerce Shelter Program, Consolidated Homeless and Emergency Solutions COVID-19 (CFDA 14.231) Grants as well as local Document Recording Fees (DRF). 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:

*Cost Description	Documents Required Each Invoice	Budget
ESG Funding – Personnel	GL Detail	\$13,030
ESG Funding – Operating resources (including office/program supplies, phone service, internet, utilities, etc.)		\$1,083
ESG Funding – As Needed Motel Rooms		\$300,000
<i>Subtotal</i>		\$314,113
**Indirect @ 7%		\$21,987
<b>ESG-CV Total</b>		<b>\$336,100</b>
DRF Funding – Case Management and Supportive Services (Personnel)	GL Detail	\$5,358
**Indirect (DRF Funding @ 10%)		\$536
<b>DRF Total</b>		<b>\$5,894</b>
Shelter Grant Funding – Four Annual Motel Rooms (does not include indirect costs)	GL Detail	\$81,760
<b>Shelter Grant Total</b>		<b>\$81,760</b>
CHG Funding – Hotel Leasing and Rapid Re-housing: As-Needed Hotel/Motel Rooms (Room Rental Costs Only)	GL Detail	\$241,200
**Indirect (CHG Funding @ 10%)		\$24,120
Reimbursement to motels for damages over and above normal wear and tear		\$18,000
<b>CHG Total</b>		<b>\$283,320</b>
<b>TOTAL</b>		<b>\$707,074</b>

\* The Contractor may transfer funds among budget line items in an amount up to 10% of the total budget. Changes to the line item budget that exceed 10% of the contract amount must be approved in writing by the County.

\*\* In no instance shall indirect costs exceed the amount indicated 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. Contractor shall submit invoices to (include contract/PO#) 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 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