# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract Number: 202012021 – 8

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 Contrac									
	,					•	res 🖂	140	
Yes ☐ No ☑ If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:									
Does contract require Council Approval? Yes ⊠ No □ If No, include WCC:									
Already approved? C	Council Ap	proved Date:		(Exclusions see:	Whatcom C	ounty Codes	3.06.010, 3.	08.090 and 3.08.10	00)
Is this a grant agreem	s this a grant agreement?								
	No ⊠ If yes, grantor agency contract		ncv contract nu	act number(s):			CFDA#:	14.231 / 21	.027
Is this contract grant funded?         Yes ☑       No ☐       If yes, Whatcom County grant contract number(s):       202009003 / 202008014 / 202105020									105000
Yes ⊠ No □		If yes, Whatcom C	county grant co	ntract number(s)	:	20200	19003 / 20	12008014 / 202	105020
Is this contract the result of a RFP or Bid process?				Contract Cost			122900 / 122800 /		
Yes ☑ No ☐ If yes, RFP and Bid number(s): 20-53 Center:							138100 / 122200		
Is this agreement excluded from E-Verify? No ⊠ Yes □									
		<u> </u>	<u> </u>	_					
If YES, indicate exclusi		w: eement for certified/lic	anaad profess	ional					
☐ Contract work is f			ensea proiess		or Comm	orcial off the	o shalf ita	ms (COTS)	
☐ Contract work is f					☐ Contract for Commercial off the shelf items (COTS). ☐ Work related subcontract less than \$25,000.				
		een Governments).			☐ Public Works - Local Agency/Federally Funded FHWA.				
	,		Council oppor						ng \$40,000
Contract Amount:(sum any prior amendments)	•	i contract amount and		oval required for; a onal service contra					
\$ 1,463,014	) <b>.</b>			act amount, which				outo grouter una	. • . • , • • • • •
This Amendment Amo	unt:			ng an option conta					
\$ 172,111.49				t is for design, con					capital costs
Total Amended Amour	nt:			ed by council in a c ward is for supplies		јет арргорна	illori ordina	ince.	
\$ 1,635,125.49				ent is included in E		of the Budge	et Ordinand	ce	
		,		t is for manufactur					
	systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.								per of
Summary of Scope: T	nis contra	ct provides funding for i						neriencina unsh	altarad
homelessness. This an					gency no	using for id	ii iiii co cx	ocherioling drish	Citorca
			, ·						
Term of Contract:	1 Ye	ar		Expiration Da	te:	12/31/20	23		
	1. Prepa	red by:	JT	'	I		Date:	02/06/2023	
Contract Routing:	2. Health	Budget Approval	KR/JG				Date:	02/13/2023	
	3. Attorn	ey signoff:	RB				Date:	02/14/2023	
	4. AS Finance reviewed: A. Martin						Date:	2/24/2023	
	5. IT reviewed (if IT related):								
	6. Contractor signed:							2/10/2005	
7. Executive Contract Review:						Date:	3/16/2023		
Council approved (if necessary):  AB202			3-170			Date:	03/07/2023		
	9. Execu	tive signed:					Date:	3/17/2023	
	10. Origi	nal to Council:					Date:		

# WHATCOM COUNTY Health Department



Erika Lautenbach, MPH, Director

Amy Harley, MD, MPH, Co-Health Officer Greg Thompson, MD, MPH, Co-Health Officer

### **MEMORANDUM**

TO: Satpal Sidhu, County Executive

**FROM:** Erika Lautenbach, Director

**RE**: Lydia Place – Shelter Grant Contract Amendment #8

**DATE:** March 8, 2023

Attached is a contract amendment between Whatcom County and Lydia Place for your review and signature.

### Background and Purpose

This contract provides year-round funding for a variable number of motel rooms to be used on an as-needed basis for families with children who would otherwise experience unsheltered homelessness. A portion of the funds will be used to provide supportive services to help those families exit motel rooms into permanent, stable housing. This amendment increases funding by \$172,111.49 through June 30, 2023, to support the increased cost of motel rooms and the duration of time families are spending in motels while the Contractor seeks permanent housing solutions in a competitive, low-inventory market.

## Funding Amount and Source

Funding for this contract, in an amount not to exceed \$573,129.49 during this contract period (01/01/2023 – 12/31/2023) and \$1,635,125.49 during the entire contract period (10/01/2020 – 12/31/2023), is provided by the Washington State Department of Commerce's Shelter and ESG-CV (CFDA 14.231) Grants, local document recording fees, and federal American Rescue Plan Act funding (CFDA 21.027). These funds are included in the 2023 budget. Council approval is required as this amendment adds funding that exceeds 10% of the amount authorized by Council on 09/13/2022.

#### Differences from Previous Contracts

Section	Revision Purpose		
Exhibit B – Compensation	Increase total Commerce Shelter Grant funding by \$172,111.49 through June 30, 2023		

Please contact Chris D'Onofrio, Housing and Homeless Services Supervisor at 360-778-6049 (<a href="mailto:CDonofri@co.whatcom.wa.us">CDonofri@co.whatcom.wa.us</a>) or Kathleen Roy, Financial & Administrative Manager at 360-778-6007 (<a href="mailto:KRoy@co.whatcom.wa.us">KRoy@co.whatcom.wa.us</a>), if you have any questions or concerns regarding this request.



Whatcom County Contract Number:

202012021 - 8

# WHATCOM COUNTY CONTRACT AMENDMENT SHELTER GRANT

**PARTIES:** 

Whatcom County AND CONTRACTOR:

Whatcom County Health Department Lydia Place 509 Girard Street PO Box 28487

Bellingham, WA 98225 Bellingham, WA 98228

**CONTRACT PERIODS:** 

Original: 10/01/2020 – 12/31/2021 Amendment #5: 02/01/2022 – 12/31/2022 Amendment #1: 10/01/2020 – 12/31/2021 Amendment #6: 10/01/2022 – 12/31/2022 Amendment #7: 01/01/2023 – 12/31/2023 Amendment #3: 08/11/2021 – 12/31/2021 Amendment #8: 03/01/2023 – 12/31/2023

Amendment #4: 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. Amend Exhibit B Compensation, to increase Shelter Grant funding by \$172,111.49 through June 30, 2023 to support the increased cost of motel rooms and the duration of time families are spending in motels while the Contractor seeks permanent housing solutions in a competitive, low-inventory market.
- 2. Funding for this contract period (01/01/2023 12/31/2023) is not to exceed \$573,129.49.
- 3. Funding for the total contract period (10/01/2020 12/31/2023) is not to exceed \$1,635,125.49.
- 4. All other terms and conditions remain unchanged.
- 5. The effective start date of the amendment is 03/01/2023.

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.

DocuSigned by:					
ann Beck	3/8/2023				
APPROVAL AS TO PROGRAM: 28365BB0422344A					
Ann Beck, Comm	Date				
Docusigned by: Erika Lautu	Nach	3/9/2023			
DEPARTMENT HEAD APPROVAL:955C651A30374BD					
	, Health Department Director	Date			
Royu Bukingham		3/9/2023			
APPROVAL AS TO FORIVI:1EE5DDBD9542404	m Canias Civil Danuty Decade star	Data			
Royce Buckingna	m, Senior Civil Deputy Prosecutor	Date			
FOR THE CONTRACTOR:  DocuSigned by:					
ashley thomasson	Ashley Thomasson, Executive Director	3/16/2023 			
Contractor Signature	Print Name and Title	Date			
	1	•			

FOR WHATCOM COUNTY:

--- DocuSigned by:

Satpal Single Sidler 3/17/2023

Date

Satpal Singh Sidhu, County Executive

#### **CONTRACTOR INFORMATION:**

Lydia Place PO Box 28487 Bellingham, WA 98228 Ashleyt@lydiaplace.org

### EXHIBIT "B" – Amendment #8 (COMPENSATION)

I. <u>Budget and Source of Funding</u>: The source of funding for this contract, in an amount not to exceed \$573,129.49 is the Washington State Department of Commerce Shelter Program, Consolidated Homeless and Emergency Solutions COVID-19 (CFDA 14.231) Grant, local Document Recording Fees (DRF), and Federal American Rescue Plan Act funds (CFDA 21.027). 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 with Each Invoice	Budget
ESG-CV Funded Motel Rooms	GL Detail	\$187,032
**Indirect (ESG-CV Funding 7%)		\$13,092
	\$200,124	
DRF Funding – Case Management and Supportive Services (Personnel)	GL Detail	\$5,358
**Indirect (DRF Funding @ 10%)	\$536	
	\$5,894	
Shelter Grant Funding (January – June 2023 only)		
Shelter Grant Funding – Motel Rooms for Families with Children	GL Detail	\$183,737.72
**Indirect (Shelter Grant Funding @ 10%)		\$18,373.77
	Shelter Grant Total	\$202,111.49
ARPA Funded Motel Rooms	GL Detail	\$150,000
**Indirect (ARPA Funding @ 10%)		\$15,000
	ARPA Total	\$165,000
	TOTAL	\$573,129.49

<sup>\*</sup> 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.

### 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.
- 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.

<sup>\*\*</sup> In no instance shall indirect costs exceed the amounts indicated above.