

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202210001 - 3

| | |
|---|--------------------------------------|
| Originating Department: | 85 Health and Community Services |
| Division/Program: (i.e. Dept. Division and Program) | 8550 Human Services / 855040 Housing |
| Contract or Grant Administrator: | Amanda Burnett |
| Contractor's / Agency Name: | Road2Home |

| | | | |
|---|--|---|-----------------------------|
| 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 #: | 202210001 | |

| | | |
|--|--|---------------------|
| 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) | |

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|---|--|--------|
| Is this a grant agreement? | If yes, grantor agency contract number(s): | CFDA#: |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |

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|---|--|------------------|
| Is this contract grant funded? | If yes, Whatcom County grant contract number(s): | 202008014 / ARPA |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |

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|--|-----------------------|------------------|
| Is this contract the result of a RFP or Bid process? | Contract Cost Center: | 122800 / 1388502 |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, RFP and Bid number(s): | | |

| | |
|---|---|
| Is this agreement excluded from E-Verify? | No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |
|---|---|

If YES, indicate exclusion(s) below:

| | |
|---|--|
| <input type="checkbox"/> Professional services agreement for certified/licensed professional. | <input type="checkbox"/> Goods and services provided due to an emergency. |
| <input checked="" 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): | 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. |
| \$ 79,729 | |
| This Amendment Amount: | |
| \$ 16,000 | |
| Total Amended Amount: | |
| \$ 95,729 | |

Summary of Scope: This contract provides funding for operations at overnight severe weather shelters. This amendment shift funding between transportation and utility line items to personnel and increases funding to support the unexpectedly high cost of operating the shelters.

| | | | |
|-------------------|--------|------------------|------------|
| Term of Contract: | 1 Year | Expiration Date: | 09/14/2023 |
|-------------------|--------|------------------|------------|

| | | | | |
|-------------------|-------------------------------------|------------|-------|------------|
| Contract Routing: | 1. Prepared by: | JT | Date: | 04/14/2023 |
| | 2. Health Budget Approval | KR | Date: | 04/18/2023 |
| | 3. Attorney signoff: | RB | Date: | 04/20/2023 |
| | 4. AS Finance reviewed: | A Martin | Date: | 4/25/2023 |
| | 5. IT reviewed (if IT related): | | Date: | |
| | 6. Contractor signed: | | Date: | |
| | 7. Executive Contract Review: | | Date: | |
| | 8. Council approved (if necessary): | AB2023-320 | Date: | |
| | 9. Executive signed: | | Date: | |
| | 10. Original to Council: | | Date: | |

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

**Whatcom County
Whatcom County Health and Community Services
509 Girard Street
Bellingham, WA 98225**

**AND CONTRACTOR:
Road2Home
PO Box 3091
Bellingham, WA 98227**

CONTRACT PERIODS:

**Original: 09/15/2022 – 09/14/2023
Amendment #1: 11/07/2022 – 09/14/2023
Amendment #2: 12/01/2022 – 09/14/2023
Amendment #3: 02/01/2023 – 09/14/2023**

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. Amend Exhibit B – Compensation, to shift \$736 in funding from transportation and utility line items to personnel and increase funding for personnel and subsequent indirect costs by \$16,000, to support the unexpectedly high costs of operating the shelters.
2. Amend Exhibit G – ESG-CV Subaward Information to update the amount of funding committed and obligated.
3. Amend Exhibit J – ARPA Subaward Information to update the amount of funding committed and obligated.
4. Funding for the total contract period (09/15/2022 – 09/14/2023) is not to exceed \$95,729.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 02/01/2023.

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.

APPROVAL AS TO PROGRAM: _____
 Ann Beck, Community Health & Human Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
 Erika Lautenbach, Health and Community Services Director Date

APPROVAL AS TO FORM: _____
 Royce Buckingham, Senior Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

| | | |
|----------------------|------------------------------------|------|
| | Ashley Buerger, Executive Director | |
| Contractor Signature | Printed Name and Title | Date |

FOR WHATCOM COUNTY:

 Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

Road2Home
 PO Box 3091
 Bellingham, WA 98227
 360-927-9534
ashley@road2home.org

EXHIBIT “B” – Amendment #3
(COMPENSATION)

- I. **Budget and Source of Funding:** The source of funding for this contract, in an amount not to exceed \$95,729, is the Washington State Department of Commerce Emergency Solutions Grant COVID-19 (ESG-CV – CFDA 14.231) and American Rescue Plan Act (ARPA – CFDA 21.027). The budget for this contract is as follows:

| *Item | Documents Required with Each Invoice | Budget |
|---|---|-----------------|
| ESG-CV Funds: | | |
| Personnel (wages + benefits) | Expanded GL report for the period | \$45,693 |
| Supplies and equipment (includes food and beverages, health, hygiene, comfort and other needs, clothing and shoes, air purifiers/filters and other COVID response and mitigation supplies/equipment, and emergency supplies) | GL detail; paid invoices or receipts | \$11,302 |
| Utilities – including phone, internet, WIFI/hotspot access | | \$450 |
| Client Transportation – mileage reimbursement and one-time fuel and winter tire chain expense | Paid invoices or receipts. Mileage log to include unique client ID number, date of travel, starting and end points of destination, number of miles traveled, federal reimbursement rate (per www.gsa.gov) and a brief description of the purpose of travel. | \$400 |
| Staff and Volunteer Training | Receipts for registration fees or other documentation of paid training expenses. Lodging and meal costs are not to exceed the rates at www.gsa.gov , specific to location. Receipts for meals are not required. | \$1,000 |
| ESG-CV SUBTOTAL | | \$58,845 |
| ARPA Funds | | |
| Personnel (wages + benefits) | Expanded GL report for the period | \$21,200 |
| Supplies and equipment (includes food and beverages, health, hygiene, comfort and other needs, clothing and shoes, air purifiers/filters, and other COVID response and mitigation supplies/equipment, and emergency supplies) | GL detail; paid invoices or receipts | \$6,982 |
| ARPA SUBTOTAL | | \$28,182 |
| SUBTOTAL | | \$87,027 |
| **ESG-CV Funded Indirect @ 10% MTDC*** | | \$5,884 |
| **ARPA Indirect @ 10% | | \$2,818 |
| TOTAL | | \$95,729 |

* 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.

** Indirect costs may not exceed the rates identified above.

*** Modified Total Direct Cost (MTDC) – All direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition reimbursement, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

II. Invoicing

- The Contractor shall submit invoices to HL-BusinessOffice@co.whatcom.wa.us.
- 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.

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.

**“Exhibit G” – Amendment #3
ESG-CV Subaward Information**

| | Item Description | Contract Information |
|----|--|--|
| 1 | Subrecipient Name (Exactly as listed on www.SAM.gov): | Road2Home |
| 2 | Subrecipient UEI Number: www.SAM.gov | In process (Previous DUNS Number: 032999905) |
| 3 | Federal Award Identification Number (FAIN): | E-20-DW-53-0001 |
| 4 | Federal Award Date (from Federal contract) | 10/01/2020 – 09/30/2023 |
| 5 | Start and End Date of the contract: | 09/15/2022 – 09/14/2023 |
| 6 | Amount of Federal Funds Obligated by this action: | \$3,044,770 |
| 7 | Total Amount of Federal Funds Obligated to the subrecipient by Whatcom County for this subaward (current and past obligations): | \$62,964 |
| 8 | Total Amount of the Federal Award <u>committed</u> to the subrecipient through Whatcom County: | \$62,964 |
| 9 | Project description from Federal Award: | To assist people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness and to address the needs of people in emergency shelters and unsheltered situations. |
| 10 | Name of the Federal awarding agency: | U.S. Department of Housing & Urban Development |
| 11 | Name of the pass-through entity/entities: | Washington State Department of commerce / Whatcom County |
| 12 | Contact information for awarding official- (Name of County project coordinator) | Amanda Burnett |
| 13 | Contact information for awarding official- General Contact email or phone number: | ABurnett@co.whatcom.wa.us |
| 14 | CFDA Number | 14.231 |
| 15 | CFDA Name Program Name | Emergency Solutions Grant Program |
| 16 | Is the award Research and Development? | No |
| 17 | Indirect Cost Rate per the Federal Award | https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E |
| 18 | Federal requirements imposed on the subrecipient by Whatcom County: | See Exhibit F |
| 19 | Additional requirements imposed by Whatcom County to meet its own responsibilities to the awarding agency: | See Exhibit A |
| 20 | Indirect Rate: Subrecipient approved rate or de minimis | 10% MTDC |
| 21 | Access to subrecipient’s accounting records and financial statements as needed. | Yes |
| 22 | Closeout Requirements | Yes |

**“Exhibit J” – Amendment #3
ARPA Subaward Information**

| | Item Description | Contract Information |
|----|---|--|
| 1 | Subrecipient Name – Exactly as listed on www.SAM.gov | Road2Home |
| 2 | Subrecipient UEI Number: www.SAM.gov | In process (Previous DUNS Number: 032999905) |
| 3 | Federal Award Identification Number (FAIN): | SLFRP1195 |
| 4 | Federal Award Date (from Federal contract) | 05/13/2021 |
| 5 | Start and End Date of the contract: | 03/03/2021 – 12/31/2026 |
| 6 | Amount of Federal Funds Obligated by this action: | \$44,528,542 |
| 7 | Total Amount of Federal Funds Obligated to the subrecipient by Whatcom County for this subaward (current and past obligations): | \$32,765 |
| 8 | Total Amount of the Federal Award <u>committed</u> to the subrecipient through Whatcom County: | \$32,765 |
| 9 | Project description from Federal Award: | Coronavirus Local Fiscal Recovery |
| 10 | Name of the Federal awarding agency: | U.S. Department of the Treasury |
| 11 | Name of the pass-through entity/entities: | Whatcom County |
| 12 | Contact information for awarding official- (Name of County project coordinator) | Amanda Burnett |
| 13 | Contact information for awarding official- General Contact email or phone number: | 360-778-6069 / ABurnett@co.whatcom.wa.us |
| 14 | CFDA Number | 21.027 |
| 15 | CFDA Name Program Name | Coronavirus State and Local Fiscal Recovery Funds |
| 16 | Is the award Research and Development? | No |
| 17 | Indirect Cost Rate per the Federal Award | Not specified |
| 18 | Federal requirements imposed on the subrecipient by Whatcom County: | See Exhibit H |
| 19 | Additional requirements imposed by Whatcom County to meet its own responsibilities to the awarding agency: | See Scope of Work – Amendment #1 |
| 20 | Indirect Rate: Subrecipient approved rate or de minimis | 10% de minimis |
| 21 | Access to subrecipient’s accounting records and financial statements as needed. | Yes |
| 22 | Closeout Requirements | Yes |