

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202012021 - 9

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855040 Housing
Contract or Grant Administrator:	Christopher D'Onofrio
Contractor's / Agency Name:	Lydia Place

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 #:	202012021	

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?				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, grantor agency contract number(s):	CFDA#:	14.231 / 21.027	

Is this contract grant funded?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):	202009003 / 202008014 / 202105020	

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 / 1388502 / 122200

Is this agreement excluded from E-Verify?	No <input checked="" type="checkbox"/> Yes <input 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"/> Goods and services provided due to an emergency. |
| <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):	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:
\$ 1,635,125.49	1. Exercising an option contained in a contract previously approved by the council.
This Amendment Amount:	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.
\$ 108,650	3. Bid or award is for supplies.
Total Amended Amount:	4. Equipment is included in Exhibit "B" of the Budget Ordinance
\$ 1,743,775.49	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.

Summary of Scope: This contract provides funding for motel rooms to be used as emergency housing for families experiencing unsheltered homelessness. This amendment increases funding motel stays and for personnel to support the increased costs of labor.

Term of Contract:	1 Year	Expiration Date:	12/31/2023
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Contract Routing:	1. Prepared by:	JT	Date:	03/22/2023
	2. Health Budget Approval		Date:	
	3. Attorney signoff:		Date:	
	4. AS Finance reviewed:		Date:	
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Executive Contract Review:		Date:	
	8. Council approved (if necessary):	AB2023-	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:
Lydia Place
PO Box 28487
Bellingham, WA 98228**

CONTRACT PERIODS:

Original:	10/01/2021 – 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 #2:	01/01/2021 – 12/31/2021	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	Amendment #9: 05/10/2023 – 12/31/2023

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 A – Scope of Work, to increase the number of families served annually from 60 to between 65 and 70.
2. Amend Exhibit B – Compensation, to add \$108,415 in Commerce Emergency Solutions Grant (ESG-CV) funding for 90-day motel stays for approximately eight unique households. This amendment also increases funding for personnel by \$235 to support the increased costs of labor.
3. Amend Exhibit E – Subaward Information to update the amount of funding obligated and committed from the ESG-CV.
4. Funding for this contract period (01/01/2023 – 12/31/2023) is not to exceed \$681,779.
5. Funding for the total contract period (10/01/2021 – 12/31/2023) is not to exceed \$1,743,775.49.
6. All other terms and conditions remain unchanged.
7. The effective start date of the amendment is 05/10/2023.

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: _____
Christopher D'Onofrio, Housing & Homeless Services Supervisor 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 Thomasson, Executive Director		
Contractor Signature	Printed Name and Title	Date

FOR WHATCOM COUNTY:

Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

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

EXHIBIT "A" – Amendment #9
(SCOPE OF WORK)

I. Background

The 2022 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 experiencing homelessness. This contract provides year-round funding for 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 provide motel room stays throughout the year to local families with children who are experiencing unsheltered homelessness. The anticipated number of families to be served annually is 65-70 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 60 days, although some families will require more time to locate appropriate housing and resolve challenges to housing placement.

III. Program Requirements

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> and
<https://www.commerce.wa.gov/wp-content/uploads/2016/10/hau-esg-guidelines-2017-2019.pdf>.

IV. Reporting Requirements

Current quarterly reporting templates for interim housing programs may be accessed at:
<https://www.whatcomcounty.us/DocumentCenter/View/69043/Interim-Housing-Contract-Quarterly-Report-Template-Fillable-8-22>. Contractors will be notified via email of updates to quarterly reporting templates.

Quarterly reports are due on April 15th, July 15th, October 15th, and January 15th. Whatcom County Health Department may update reporting templates or formats during the contract period, and will provide advance notice of new reporting requirements prior to the start of the reporting quarter.

Reports will include:

- A. Number of unique households that stayed at the facility during the reporting quarter.
- B. Number of household units of capacity at the facility.
- C. Utilization of facility expressed as a percent of capacity in which beds or units were in use.
- D. Average and median length of stay for all households that exited the facility during the quarter.
- E. Total number of entries and the former living situation of new households immediately prior to entering facility.
- F. Total number of households that exited the facility and the living situation they exited to.

Additionally, the County is required to report HMIS project expenditures to the Washington State Department of Commerce for their annual report submitted to the Washington State Legislature. When requested, the Contractor shall provide the County with the necessary expenditure information in a timely manner.

EXHIBIT “B” – Amendment #9
(COMPENSATION)

- I. **Budget and Source of Funding:** The source of funding for the contract period (01/01/2023 – 12/31/2023) shall not exceed \$681,779. Funding for this contract is from 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 Funding (January 1 – September 30)		
Motel Rooms	GL Detail	\$280,490
**Indirect (ESG-CV Funding 10% MTDC)		\$28,049
ESG-CV Total		\$308,539
DRF Funding (January 1 – December 31)		
***Case Management and Supportive Services (Personnel)	GL Detail	\$5,572
**Indirect (DRF Funding @ 10% MTDC)		\$557
DRF Total		\$6,129
Shelter Grant Funding (January 1 – June 30)		
Motel Rooms for Families with Children	GL Detail	\$183,737.72
**Indirect (Shelter Grant Funding @ 10% MTDC)		\$18,373.77
Shelter Grant Total		\$202,111
ARPA Funding (January 1 – December 31)		
Motel Rooms	GL Detail	\$150,000
**Indirect (ARPA Funding @ 10% MTDC)		\$15,000
ARPA Total		\$165,000
TOTAL		\$681,779

- * 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 amounts indicated 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.
- *** The Contractor will submit composite rate worksheets as documentation for each staff member assigned to the program, hours worked and rate of pay. These worksheets shall be submitted annually or when staff rate(s) change.

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. 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. 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 E” – Amendment #9
ESG-CV SUBAWARD INFORMATION**

	Item Description	Contract Information
1	Subrecipient Name (Exactly as listed): www.SAM.gov	Lydia Place, A Nonprofit Corporation
2	Subrecipient UEI Number: www.SAM.gov	FTNVDK3L4ME1
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:	01/01/2023 – 12/31/2023 – ESG funding ends on 9/30/2023 as specified in Exhibit B.
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):	\$308,539
8	Total Amount of the Federal Award <u>committed</u> to the subrecipient through Whatcom County:	\$308,539
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:	WA State Department of Commerce / Whatcom County
12	Contact information for awarding official- (Name of County project coordinator)	Christopher D’Onofrio
13	Contact information for awarding official- General Contact email or phone number:	360-778-6049 CDonofri@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	Not specified
18	Federal requirements imposed on the subrecipient by Whatcom County:	See Exhibit D
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	7%
21	Access to subrecipient’s accounting records and financial statements as needed.	Yes
22	Closeout Requirements	Yes