Snohomish County Human Services

3000 Rockefeller Avenue, M/S 305 | Everett, WA 98201 (425) 388-7200



CT SS	Contract Number:		HCS-18-7	70-1804-200	Maxim	um Contr	act Amount: <u>\$7</u> ,	484
TRAC	Title of Project / Se	rvice:	First Res	oonders Flex	Fund			
CONTRACT SPECIFICS	Start Date: 01/01/	2018		End Date:	12/31/2018		Status Determination:	Subrecipient
(n Z	Agency Name:	City o	f Marysville	9				
	Address:	1049	State Ave					
CONTRACTING ORGANIZATION	City, State & Zip:	Marysville, WA		98270		IRS Tax No. / EIN:		91-6001459
	Contact Person:	Gloria	Hirashima	1		Unique E	Entity Identifier:	076658673
	Telephone:	360.3	63.8088		_ Email Addre	ess: ^{ghir}	ashima@marysvi	illewa.gov
s s	Funding Authority:	RCW	82.14.460					
IFIC	CFDA No. & Title:	N/A						
FUNDING	Funding Specifics:	1/10th	n of 1% Sa	les Tax				
0,	Federal Agency: <u>N//</u>	4		Federal Awa	rd ID No: N/A		Federal Av	ward Date: N/A
NTΥ	Program Division			Contact	Person	C	ontact Email	Contact Phone
COUNTY	Housing and Commu	unity Se	ervices	Tyler \	/erda	tyler.v	verda@snoco.org	425-262-2904

Additional terms of this Contract are set out in and governed by the following, which are incorporated herein by reference:

Basic Terms and Conditions HSD-2018-103-200, maintained on file at the Human Services Department:

Business Associate Agreement BAA-2018- 103-200, maintained on file at the Human Services Department:					
Specific Terms and Conditions	Attached as Exhibit A				
Statement of Work/Project Description	Attached as Exhibit B				
Approved Contract Budget	Attached as Exhibit C				
Approved Invoice	Attached as Exhibit D				

In the event of any inconsistency in this contract, the inconsistency shall be resolved by giving precedence in the following order: (a) appropriate provisions of state and federal law, (b) Specific Terms and Conditions, (c) Basic Terms and Conditions, (d) Business Associate Agreement, (e) other attachments incorporated by reference, and (f) other documents incorporated by reference.

THE CONTRACTING ORGANIZATION IDENTIFIED ABOVE (HEREINAFTER REFERRED TO AS AGENCY), AND SNOHOMISH COUNTY (HEREINAFTER REFERRED TO AS COUNTY), HEREBY ACKNOWLEDGE AND AGREE TO THE TERMS OF THIS CONTRACT. SIGNATURES FOR BOTH PARTIES ARE REQUIRED BELOW. BY SIGNING, THE AGENCY IS CERTIFYING THAT IT IS NOT DEBARRED, SUSPENDED, OR OTHERWISE EXCLUDED FROM PARTICIPATING IN FEDERALLY FUNDED PROGRAMS.

FOR THE CONTRACTING ORGANIZATION:

FOR SNOHOMISH COUNTY:

(Signature)

(Date)

Mary Jane Brell Vujovic, Director Department of Human Services (Date)

EXHIBIT A

SPECIFIC TERMS AND CONDITIONS

FIRST RESPONDERS FLEX FUNDS

I. TERMS AND CONDITIONS

The Chemical Dependency/Mental Health Program Fund Agreement (hereinafter the Contract) is made by and between Snohomish County (hereinafter the County) and the City of Marysville (hereinafter the City). This Contract shall be in full accordance with the Legislation, codified as Revised Code of Washington ("RCW") Chapters 82.14.460 and all other applicable laws, ordinances, rules and regulations not inconsistent therewith, including licensing, permitting and accreditation requirements, in all activities funded in whole or in part with funds provided under this Contract.

II. OTHER REVENUES

The City certifies that work to be performed under this Contract will not supplant other existing funding sources.

III. UNILATERAL AMENDMENT CLAUSE

In addition to the Unilateral Amendment provisions, contained in Section XLII. B of the Basic Terms and Conditions referenced on the Contract Face Sheet, both parties agree that unilateral amendments will be used to award additional funds if they become available.

IV. COST REIMBURSEMENT

- A. Flex Funds awarded under this Contract will be reimbursed on a cost reimbursement basis in support of the Statement of Work (Exhibit B) and the Approved Project Budget (Exhibit C).
- B. The City shall submit monthly requests for reimbursement using the Approved Invoice (Exhibit D) provided by the County.
- C. The City shall submit supporting documentation for requests for reimbursement of expenses covered by Flex Funds with the Approved Invoice (Exhibit D). This documentation shall identify the item(s) purchased and cost of expenses covered by Flex Funds. The City shall also maintain on record itemized receipts of expenses covered by Flex Funds under this Contract.

EXHIBIT B

STATEMENT OF WORK / PROJECT DESCRIPTION

FIRST RESPONDERS FLEX FUND

I. DESCRIPTION

The Chemical Dependency/Mental Health Program Fund will provide First Responder Flex Funds to the City in order to assist individuals/households identified as high risk for chemical dependency or mental health issues, who come into contact with First Responders/Social Workers and need assistance to abate an emergency situation.

II. PROGRAM ACTIVITIES

In compliance with the terms of the Contract, the City shall perform the tasks and services as follows:

- A. The City will develop a process and means to disburse Flex Funds to First Responders and Social Workers, not to exceed the total amount included in the Approved Project Budget (Exhibit C).
- B. Flex Funds will be provided to First Responders and Social Workers to procure goods and/or services directly related to the needs of individuals/households, which cannot be met through existing categorical services or formal/informal community mechanisms. Examples of such purchases may include, but are not limited to, shelter, food, clothing, medical care, transportation, or other basic needs.
- C. Flex Funds shall not be paid directly to the individual/household receiving emergency assistance or used for the purchase of alcohol, tobacco, vaping products or marijuana products. Supporting documentation for requests for reimbursement for expenses covered by Flex Funds must be submitted monthly, with the Approved Invoice (Exhibit D) for reimbursement.
- D. Priority for Flex Funds will be given to individuals/households that are imminently or literally homeless, or who are in a situation lacking critical resources (i.e. seniors in need of emergency care, an individual fleeing domestic violence).

III. REPORTS

The City will submit one brief narrative each quarter providing a description of at least one individual or household that was able to abate an emergency situation as a result of access to First Responder Flex Funds.

EXHIBIT C CONTRACT BUDGET - COST REIMBURSEMENT FIRST RESPONDERS FLEX FUND

AGENCY NAME:	City of Marysville			_
CONTRACT PERIOD:	1/1/2018 to	1/31/201	8	
FUNDS AWARDED UNDER CO	NTRACT:			
REVENUE SOURCE	FUNDING PERIOD	AMOUN		TOTAL AMOUNT
1/10th of 1%	1/1/2018 to 12/31/2018	\$ 7,	484	\$ 7,484
				-
	TOTAL FUNDS AWARDED):\$7,	484 \$ -	- \$ 7,484
		<u> </u>		
MATCHING RESOURCES: N/A				N/A
		FOTAL MATC	HING RESOURCES	:N/A
MATCH REQUIREMENTS	FOR CONTRACT: %	N/A	AMOUNT	: N/A
OTHER PROGRAM RESOURCE	ES (Identify):			
SOUR	CE	FUN	DING PERIOD	AMOUNT
		TOTAL OTI	HER RESOURCES:	\$ -

EXPENDITURES

CATEGORY	FUND SOURCE 1/10th of 1%	FUND SOURCE	FUND SOURCE	FUND SOURCE	FUND SOURCE	FUND SOURCE	TOTAL	OTHER RESOURCES
Salaries/Wages							\$-	
Benefits							-	
Supplies/Minor Equip.							-	
Prof. Services							-	
Postage							-	
Telephone							-	
Mileage/Fares							-	
Meals							-	
Lodging							-	
Advertising							-	
Leases/Rentals							-	
Insurance							-	
Utilities							-	
Repairs/Maint.							-	
Client Flex Funds							-	
Printing							-	
Dues/Subscrip.							-	
Regis./Tuition							-	
Machinery/Equip.							-	
Administration							-	
Indirect							-	
Miscellaneous							-	
Flex Funds	7,484						7,484	
Misc. Construction							-	
Acquisition							-	
Relocation							-	
							-	
TOTAL	\$ 7,484	\$ -	\$-	\$-	\$-	\$-	\$ 7,484	\$-

EXPENDITURE NARRATIVE

AMOUNT	CATEGORY	NARRATIVE (provide justification describing each category supported with funds awarded under this contract)
7,4	4 Flex Funds	Cost of Flex Funds distributed to First Responders
\$ 7,4	4 TOTAL	

DETAIL SALARIES / WAGES

POSITION	FUND SOURCE	% of time to fund source	TOTAL MONTHLY	MONTHLY CHARGE TO FUND SOURCE	# OF MONTHS	TOTAL CHARGE TO FUND SOURCE
N/A						
					TOTAL:	\$0

NOTE: Above figures may reflect rounding

Exhibit C HCS-18-70-1804-200 City of Marysville Page 4 of 4



INVOICE – Cost Reimbursement Contracts

Number

Snohomish County Human Services Department-3000 Rockefeller, M/S 305, Everett, WA 98201

Estimated:

Actual:

Amount of Payment: _\$____

_____ DATE: _____

Agency Name and Address:	Contract #:	HCS-18-70-1804-200
City of Marysville	Project Title:	First Responders Flex Funds
1049 State Avenue	Contract Manager:	Tyler Verda
Marysville, WA 98270	Reporting Period:	То:

SUB	Account Title	Current	Contract To Date	Contract	Budget Balance
OBJ 10	Salaries/Wages	Expenditures	Expenditures	Budget	Balance
	_				
20	Personal Benefits				
30	Supplies				
40	Prof. Services				
42	Postage				
42	Telephone				
43	Mileage				
43	Meals				
43	Lodging				
44	Advertising				
45	Op. Rentals/Leasing				
46	Insurance				
47	Utilities				
48	Repair/Maintenance				
49	Printing/Copying				
50	Dues/Subscriptions				
51	Regis./Tuition				
52	Flex Funds			\$7,484	\$7,484
	TOTALS			\$7,484	\$7,484

CONTRACTING AGI	ENCY MATCHING FUNDS:	REVIEWED FOR PAYMENT:					
CURRENT PERIOD:	\$	AUTHORIZED FUND:					
CONTRACT TO DATE:	\$						

ATTACH: AGENCY CERTIFICATION FORM



_____ DATE: _____

SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT 3000 ROCKEFELLER AVENUE, M/S 305 EVERETT, WA 98201

AGENCY CERTIFICATION FORM

Agency Certification: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise, or services furnished to Snohomish County, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, national origin, handicap, sex, or age.

AUTHORIZING SIGNATURE:

(sign in ink)

Voucher		Invoice		Total	Charged Non-Grant	To:
Check #	Vendor	Refer.#	Description	Amount	Non-Grant	Grant

(Use Additional Pages as Necessary)

Total: