

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 1/31/2018

FUNDS AWARDED UNDER CONTRACT:

REVENUE SOURCE	FUNDING PERIOD	AMOUNT	AMENDMENT	TOTAL AMOUNT
1/10th of 1%	1/1/2018 to 12/31/2018	\$ 7,484		\$ 7,484
				-
				-
				-
				-
				-
TOTAL FUNDS AWARDED:		\$ 7,484	\$ -	\$ 7,484

MATCHING RESOURCES:

N/A N/A

TOTAL MATCHING RESOURCES: N/A

MATCH REQUIREMENTS FOR CONTRACT: % N/A AMOUNT: N/A

OTHER PROGRAM RESOURCES (Identify):

SOURCE	FUNDING PERIOD	AMOUNT
TOTAL OTHER 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)
7,484	Flex Funds	Cost of Flex Funds distributed to First Responders
\$ 7,484	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



Number _____

INVOICE – Cost Reimbursement Contracts

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

Estimated: Actual:

Amount of Payment: \$ _____

Agency Name and Address: City of Marysville 1049 State Avenue Marysville, WA 98270	Contract #: HCS-18-70-1804-200 Project Title: First Responders Flex Funds Contract Manager: Tyler Verda Reporting Period: _____ To: _____
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AUTHORIZING SIGNATURE: _____ **DATE:** _____
(sign in ink)

SUB OBJ	Account Title	Current Expenditures	Contract To Date Expenditures	Contract Budget	Budget Balance
10	Salaries/Wages				
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 AGENCY MATCHING FUNDS:		REVIEWED FOR PAYMENT:
CURRENT PERIOD:	\$ _____	
CONTRACT TO DATE:	\$ _____	
		AUTHORIZED FUND:

ATTACH: AGENCY CERTIFICATION FORM

