


CITY OF MARYSVILLE AGENDA BILL

EXECUTIVE SUMMARY FOR ACTION

CITY COUNCIL MEETING DATE: 04/22/2019

AGENDA ITEM: Contract with Snohomish County Human Service; Ending Homelessness Program - Flex Funds	
PREPARED BY: Richard Smith	DIRECTOR APPROVAL: 
DEPARTMENT: Police	
ATTACHMENTS: Basic Terms and Conditions, Business Associate Agreement, Specific Terms and Conditions, Statement of Work/Project Description, Approved Contract Budget, Approved Invoice	
BUDGET CODE:	AMOUNT: \$18,695
SUMMARY:	

The attached documents are the contract between the City of Marysville and the Snohomish County Human Services for the First Responder Flex Funds as part of the Snohomish County Ending Homelessness Program.

In this contract the Snohomish County Human Services agrees to provide Flex Funds in the amount of \$18,695 for the 12 month period starting January 1, 2019 and ending December 31, 2019.

These Flex Funds are used by the Marysville Embedded Social Worker Program to procure goods and or services directly related to the needs of participants, which cannot be met through existing categorical services or formal/informal community mechanisms. Expenditures from this fund may include, but are not limited to, food, shelter, clothing, medical care, transportation, or other basic needs. Flex Funds shall not be paid directly to the participants or used for the purchase of alcohol, tobacco, vaping products, or marijuana products.

The goal of the Snohomish County Ending Homelessness Program is to assist participants by removing barriers to housing and / or abate emergency situations through the provision of Flex Fund assistance.

RECOMMENDED ACTION: Accept and approve the attached contract with Snohomish County Human Services for the First Responder Flex Funds, as part of the Snohomish County Ending Homelessness Program. Funding is for the 12 month period starting January 1, 2019 and ending December 31, 2019.
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EXHIBIT A
SPECIFIC TERMS AND CONDITIONS
FIRST RESPONDERS FLEX FUND

I. TERMS AND CONDITIONS

This Ending Homelessness Program Agreement (hereinafter the Contract) is made by and between Snohomish County (hereinafter the County) and the City of Marysville (hereinafter the City).

A. Designation

1. The City expressly agrees to undertake that certain Ending Homelessness Program (EHP) project more fully described in Exhibit B, Statement of Work (hereinafter the Project). EHP funding for the Project is authorized by Section 9 of Chapter 484, Laws of 2005 (as amended by Laws of 2007, Chapter 427; Laws of 2009, Chapter 462; Laws of 2011, Chapter 110; Laws of 2012, Chapter 90) "Document Recording Surcharge—Services for the Homeless the "Legislation." The Washington legislature authorized the imposition of a surcharge for the recording of documents with county auditors. A portion of that surcharge is to be used by counties for programs which directly accomplish the goals of counties' homeless housing plans.
2. The undertaking of the Project and City's performance under this Contract shall be in full accordance with the Legislation, codified as Revised Code of Washington ("RCW") Chapters 36.22.1791, and 43.185C 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 to carry out the Project.

B. Financial Award

The City is hereby awarded the total sum indicated in the Approved Contract Budget (Exhibit C) to provide funding for the undertaking and performance of the Project.

II. OTHER REVENUES

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

III. 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

- A. The Project shall assist Participants remove barriers to housing and/or abate emergency situations through the provision of Flex Fund assistance.
- B. The Project shall serve eligible Participants only. Participants must be individuals/families experiencing homelessness or at risk of homelessness.

II. PROGRAM ACTIVITIES

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

- A. The City shall develop a process to disburse Flex Funds to First Responders/Social Workers, not to exceed the total amount included in the Approved Project Budget (Exhibit C).
- B. First Responders/Social Workers shall access Flex Funds in order to procure goods and/or services directly related to the needs of Participants, 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 Participants or used for the purchase of alcohol, tobacco, vaping products, or marijuana products.
- D. The City shall submit supporting documentation for expenses covered by Flex Funds with the Approved Invoice (Exhibit D) for reimbursement.

III. REPORTS

The City shall submit one narrative each quarter providing a description of at least one individual or family that was able to remove a barrier to housing or abate an emergency situation as a result of the Project.

**EXHIBIT C
CONTRACT BUDGET - COST REIMBURSEMENT
FIRST RESPONDERS FLEX FUND**

AGENCY NAME: City of Marysville
CONTRACT PERIOD: 1/1/2019 to 12/31/2019

FUNDS AWARDED UNDER CONTRACT:

REVENUE SOURCE	FUNDING PERIOD	AMOUNT	AMENDMENT	TOTAL AMOUNT
EHP	1/1/2019 to 12/31/2019	\$ 18,695		\$ 18,695
				-
				-
				-
				-
				-
TOTAL FUNDS AWARDED:		\$ 18,695	\$ -	\$ 18,695

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 EHP	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	18,695						18,695	
Misc. Construction							-	
Acquisition							-	
Relocation							-	
							-	
TOTAL	\$ 18,695	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,695	\$ -

EXPENDITURE NARRATIVE

AMOUNT	CATEGORY	NARRATIVE (provide justification describing each category supported with funds awarded under this contract)
18,695	Flex Funds	Cost of Flex Funds distributed to First Responders
\$ 18,695	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

2019 Signature Authorization Form

Effective January 1, 2019 through December 31, 2019



Snohomish County
Human Services

➔ MAIL COMPLETED ORIGINAL FORM TO: Snohomish County Human Services - Attn: HSD Contracts
3000 Rockefeller, M/S 305 - Everett, WA 98201

Please sign in blue ink and type or print names clearly. All sections (1-5) must be completed.

SECTION 1: Official Business Name of Organization		
Business Name:	<u>City of Marysville</u>	Date Submitted: _____
Mailing Address:	<u>1049 State Ave</u>	<u>Marysville WA 98270</u>
	<i>Street</i>	<i>City State Zip</i>
SECTION 2: Authorizing Authority		
<i>Signature</i>	<i>Type or Print Name</i>	<i>Title</i>
SECTION 3: Authorization to Sign Contracts / Contract Amendments		
<i>Signature</i>	<i>Type or Print Name</i>	<i>Title</i>
SECTION 4: Authorization to Sign Invoices / Requests for Reimbursements		
<i>Signature</i>	<i>Type or Print Name</i>	<i>Title</i>
SECTION 5: Contract Delivery Designation – Email		
<i>Email Address (please print)</i>	<i>Type or Print Name</i>	<i>Title</i>