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 Homeless	sness Program - Flex Funds
PREPARED BY:	DIRECTOR APPROVAL:
Richard Smith	
DEPARTMENT:	
Police	
ATTACHMENTS:	
Basic Terms and Conditions, Business Associate Agreement, Specif	ic 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 though 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.

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



L &	Contract Number:		HCS-19-62-1908-20) Maxir	num Contract Amount: \$18	3,695
TRAC	Title of Project / Se	rvice:	First Responders Fle	x Fund		
CONTRACT SPECIFICS	Start Date: 01/01	/2019	End Date	: 12/31/2019	Status Determination:	Subrecipient
CONTRACTING ORGANIZATION	Agency Name: Address: City, State & Zip: Contact Person: Telephone:	1049 S Marys Gloria	Marysville State Ave ville, WA 98270 Hirashima	Email Add	_ IRS Tax No. / EIN: _ Unique Entity Identifier: Iress: ghirashima@marysv	91-6001459 076658673 illewa.gov
FUNDING SPECIFICS	Funding Authority: CFDA No. & Title: Funding Specifics: Federal Agency: N/	N/A RCW	g Homelessness Pro 36.22.1791 and 43.1 Federal A		A Federal A	ward Date: N/A
Ł	Program Division		Conta	ct Person	Contact Email	Contact Phone
COUNTY	Housing and Comm	nunity Se	ervices Tyle	r Verda	tyler.verda@snoco.org	425-262-2904
Addition Basic Te Business Specific Stateme Approve Approve In the eappropri	erms and Conditions HS s Associate Agreement I Terms and Conditions ent of Work/Project Desc d Contract Budget d Invoice vent of any inconsistent ate provisions of state a	BAA-201 cription	set out in and governed 103-200, maintained of 8-103-200, maintaine Attached as Exhibit A Attached as Exhibit E Attached as Exhibit C Attached as Exhibit C s contract, the inconsistal law, (b) Specific Term	d by the following file at the Humber of the t	tyler.verda@snoco.org ng, which are incorporated he an Services Department: uman Services Department: resolved by giving precedence s, (c) Basic Terms and Condition hents incorporated by reference.	in the following order: (a)
Addition Basic Te Business Specific Stateme Approve Approve In the etappropri Agreeme THE CO COUNTY CONTRA	erms and Conditions HS s Associate Agreement I Terms and Conditions ent of Work/Project Desc d Contract Budget d Invoice vent of any inconsisten ate provisions of state a ent, (e) other attachment ONTRACTING ORGAN Y (HEREINAFTER REI ACT. SIGNATURES FO	BAA-201 cription	set out in and governed 103-200, maintained of 8-103-200, maintained of 8-103-200, maintained Attached as Exhibit Extrached by Specific Termorated by reference, and Industries Industries Associated by Total As Country), HARTIES ARE REQUITED ASCOUNTY), HARTIES ARE REQUITED 103-200.	d by the following file at the Humber of the	ng, which are incorporated he an Services Department: uman Services Department:	in the following order: (a) hs, (d) Business Associate ICY), AND SNOHOMISH THE TERMS OF THIS CERTIFYING THAT IT IS
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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.

Exhibit A HCS-19-62-1908-200 City of Marysville Page 1 of 2

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 CON	TRACT:			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
REVENUE SOURCE	FUNDING PERIOD)	AMOUNT	AMENDMENT	TOTAL	. AMOUNT
EHP	1/1/2019 to 12/31/201	9	\$ 18,695		\$	18,695
						_
						_

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	TOTAL FUNDO ANAMADO	-D.	ф 40.00г			40.005
	TOTAL FUNDS AWARDE	=D:	\$ 18,695	\$ -	\$	18,695
MATCHING RESOURCES:		,,				
N/A					N/A	
in the second se				-		
				.		
		T	OTAL MATCHING	- G RESOURCES:		N/A
MATCH REQUIREMENTS	FOR CONTRACT:	%	N/A	AMOUNT:	N/A	
OTHER PROGRAM RESOURCE	S (Identify):				 	
			ı			
SOUR	CE		FUNDING	PERIOD	AN	OUNT

	· · · · · · · · · · · · · · · · · · ·					
			TOTAL OTHER	RESOURCES:	\$	-

Exhibit C HCS-19-62-1908-200 City of Marysville Page 1 of 4

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

JOMA	JNT	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						
				1		

TOTAL: \$0

NOTE: Above figures may reflect rounding

Exhibit C HCS-19-62-1908-200 City of Marysville Page 4 of 4



Invoice	Number:			
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INVOICE-Cost Reimbursement Contracts

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

Actual:	x Estimated:								
Contrac	cting City and Address:	Contract #:	HCS-19-62-1908-200						
	Marysville		Project Title: First Responders Flex Fund						
	tate Ave		Contract Manager: Tyler Verda (425) 262-2904						
Marysv	rille,WA 98270	Reporting Period:		To:					
AUTHO	RIZING SIGNATURE:	(sign i	in ink)	Date					
SUB OBJ	Account Title	Current Expenditures	Contract To Date Expenditures	Total Contract Budget	Contract Budget Balance				
52	Flex Funds			\$ 11,295.00	\$ 11,295.00				
					-				
					-				
		-		-	-				
		-		-					
				-	-				
	TOTALS	\$ -	\$	- \$ 11,295.00	\$ 11,295.00				
			REVIEWED FOR PAY AUTHORIZED FUND:						

ATTACH: CONTRACTOR CERTIFICATION FORM



SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT 3000 ROCKEFELLER, 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:			DATE:					
Voucher		Invoice	Invoice		Charge	and To:		
Check #	Vendor	Refer. #	Description	Total Amount	Non-Grant	Grant		
OHOOK IF	Variabi	TOG. #	Description	Attiount	Non-Grant	Orani		

	- CONTRACTOR OF THE CONTRACTOR							
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	** 100 C				-			
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/I.I A . I.P.C.	1.D. N.	over X			T			
(Use Additional Pages as Necessary)			Total:	\$ -	\$ -	\$ -		

Exhibit D HCS-19-62-1908-200 City of Marysville Page 2 of 2

2019 Signature Authorization Form

Effective January 1, 2019 through December 31, 2019



→ 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 C	Organization			
Business Name: City of Mar	ysville	Date Su	ıbmitted:	
Mailing Address: City of Mar	the	Marysville	WA	98270
Street		City	State	Zip
SECTION 2: Authorizing Authority				
Signature	Type or Print Name		Title	е
SECTION 3: Authorization to Sign Contra	acts / Contract Amendmer	nts		
Signature	Type or Print Name		Title	е
SECTION 4: Authorization to Sign Invoic	es / Requests for Reimbu	rsements		
Signature	Type or Print Name		Title	9
				a caracteristic de la cara
SECTION 5: Contract Delivery Designation	on – Email			
Email Address (please print)	Type or Print Name		Title	9
,				

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