

WHATCOM COUNTY COUNCIL AGENDA BILL

2018-053

NO. _____

CLEARANCES	Initial	Date	Date Received in Council Office	Agenda Date	Assigned to:
Originator:	PP	1/11/2018		01/30/2018	Finance/Council
Division Head:	AD	1/12/2018			
Dept. Head:	AWD	1/16/18			
Prosecutor:	<i>[Signature]</i>	1-18-18			
Purchasing/Budget:	GB	1/23/18			
Executive:	<i>[Signature]</i>	1.23.18			

TITLE OF DOCUMENT:
 North Sound Behavioral Health Organization Mental Health Block Grant amendment 1

- ATTACHMENTS:**
1. Info sheet
 2. Executive memo
 3. 2 copies of contract

SEPA review required? () Yes (x) NO
 SEPA review completed? () Yes () NO

Should Clerk schedule a hearing? () Yes (x) NO
 Requested Date:

SUMMARY STATEMENT OR LEGAL NOTICE LANGUAGE: (If this item is an ordinance or requires a public hearing, you must provide the language for use in the required public notice. Be specific and cite RCW or WCC as appropriate. Be clear in explaining the intent of the action.)

This contract provides funding to promote recovery and resilience to homeless individuals thru the provision of housing case management, shelter operations services and a community outreach team.

The amendment adds a paragraph to clarify the terms and conditions of cost reimbursement. All other terms and requirements remain the same with no change to the total contract amount

COMMITTEE ACTION:

COUNCIL ACTION:

Related County Contract #:

Related File Numbers:

Ordinance or Resolution Number:

Please Note: Once adopted and signed, ordinances and resolutions are available for viewing and printing on the County's website at: www.co.whatcom.wa.us/council.

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.
201710010 -1

Originating Department:	Health		
Contract or Grant Administrator:	Anne Deacon		
Contractor's / Agency Name:	North Sound Behavioral Health Organization		
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 #: _____			
Does contract require Council Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If No, include WCC: _____ <small>(see Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)</small>	
Is this a grant agreement?		NSMHA- WHATCOM	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s): <u>MHBG-17-18</u> CFDA#: <u>93.958</u>		
Is this contract grant funded?		_____	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s): _____		
Is this contract the result of a RFP or Bid process?		Contract _____	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s): _____		Cost Center: <u>671100</u>
Is this agreement excluded from E-Verify? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If no, include Attachment D Contractor Declaration form.			
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Work related subcontract less than \$25,000.	
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).			
Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>168,339</u>		Contracts that require Council Approval (incl. agenda bill & memo) <ul style="list-style-type: none"> • Professional Services Agreement above \$20,000. • Bid is more than \$50,000. • Amendments that have either an increase greater than 10% or provide a \$10,000 increase in amount (whichever is greater) RENEWALS: Council approval is not required when exercising an option to renew that is provided in the original contract.	
This Amendment Amount: \$ <u>0</u>			
Total Amended Amount: \$ <u>168,339</u>			
Summary of Scope: This contract provides funding to promote recovery and resilience to homeless individuals thru the provision of housing case management, shelter operations services and a community outreach team. The amendment adds a paragraph to clarify the terms and conditions of cost reimbursement. All other terms and requirements remain the same with no change to the total contract amount			
Term of Contract: One year		Expiration Date: 06/30/2018	

Contract Routing:

1. Prepared by: <u>pp</u>	Date: <u>1/11/2018</u>
2. Attorney signoff: _____	Date: <u>1-18-18</u>
3. AS Finance reviewed: _____	Date: <u>1/23/18</u>
4. IT reviewed (if IT related): _____	Date: _____
5. Contractor signed: _____	Date: _____
6. Submitted to Exec.: _____	Date: _____
7. Council approved (if necessary): _____	Date: _____
8. Executive signed: _____	Date: _____
9. Original to Council: _____	Date: _____



RECEIVED

JAN 23 2018

MEMORANDUM

JACK LOUWS
COUNTY EXECUTIVE

TO: Jack Louws, County Executive
RAD

FROM: Regina A. Delahunt, Director

RE: North Sound Behavioral Health Organization, Mental Health Block Grant

DATE: January 16, 2018

Enclosed are two (2) originals of a contract amendment between Whatcom County and the North Sound Behavioral Health Organization for your review and signature.

▪ **Background and Purpose**

This contract provides funding to promote recovery and resilience to homeless individuals thru the provision of housing case management, shelter operations services and a community outreach team.

▪ **Funding Amount and Source**

The original contract approved in October 2017 is funded with federal Mental Health Block Grant dollars via the North Sound Behavioral Health Organization in the amount of \$168,339. The contract term is July 1, 2017 to June 30, 2018. Council approval is required per RCW 39.34.020(2) for agreements between public agencies.

▪ **Differences from Previous Contract**

There is no change to the total contract amount. The amendment adds a paragraph to clarify the terms and conditions of cost reimbursement. All other terms and requirements remain the same.

Please contact Anne Deacon at extension 6054, if you have any questions or concerns regarding the terms of this agreement,

Encl.



**NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION, LLC (NORTH SOUND BHO)
CONTRACT AMENDMENT**

CONTRACT #NORTH SOUND BHO-WHATCOM CO-MHBG-17-18 AMD 1

Amendment 1

Based on the Agreement of the parties the above-referenced Contract between the NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION, LLC (North Sound BHO) and WHATCOM COUNTY HUMAN SERVICES (Contractor) dated October 11, 2017, is hereby amended as follows:

The purpose of this amendment is to add a maximum consideration amount of \$168,339 to be paid to Whatcom County Human Services for services under this contract and to clarify the terms and conditions of cost reimbursement.

By mutual agreement of the parties, the following language is added to Exhibit A – Statement of Work:

Consideration

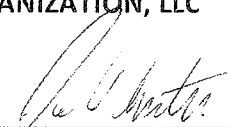
The consideration to be paid by North Sound BHO for the work to be provided by Contractor pursuant to this Contract shall not exceed \$168,339. Payment for services will be based on cost reimbursement of actual expenditures plus an additional 15 percent of actual costs for indirect overhead based on actual costs while performing services under this contract. Actual expenditures will include operating income not to exceed the approved budget amount. Operating income will be part of the actual expenditures. Any MHBG funds obligated under this contract which are not expended by June 30, 2018, may not be used or carried forward to any other Contract and lapse June 30, 2018. Final billing under this contract must be submitted by August 1, 2018.

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

**NORTH SOUND BEHAVIORAL HEALTH
ORGANIZATION, LLC**



Joe Valentine
Executive Director

1/8/18
Date

WHATCOM COUNTY HUMAN SERVICES



Regina Delahunt
Director

1/16/18
Date

DEPARTMENT APPROVAL

Anne Deacon

Anne Deacon, Human Services Division Manager

1/12/18

Date

WHATCOM COUNTY

JACK LOUWS
County Executive

STATE OF WASHINGTON)
)
COUNTY OF WHATCOM)

On this _____ day of _____, 2016, before me personally appeared Jack Louws, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for
the State of Washington,
residing at Bellingham.

My Commission expires: _____

APPROVED AS TO FORM

Royce Buckingham

Royce Buckingham, Deputy Prosecuting Attorney

1-18-18

Date