

Project title: 2021 Motel Shelter Program**Council Bill #** *interoffice use***Agenda dates requested:**

4/7/2021

Briefing

Proposed action

Consent

Action

Ordinance

Public hearing

Yes No**Budget amendment:**Yes No**PowerPoint presentation:**Yes No**Attachments:**

Agreement

Department(s) involved:

Police, Legal

Contact person:

Mark St.Clair

Phone number:

425-257-8432

Email:

mstclair@everettwa.gov

Initialed by:*DT*

Department head

Administration

Council President

Project: Motel Shelter Program**Partner/Supplier :** Snohomish County Humane Services**Location:** City of Everett**Preceding action:** N/A**Fund:** 156/Criminal Justice**Fiscal summary statement:**

Snohomish County HSD will reimburse \$82,671, in funds to find temporary housing for households experiencing literal homelessness and residing in unsanctioned encampments. There is no match requirement and reimbursements would be paid monthly.

Project summary statement:

The Everett Police Department, Community Outreach and Enforcement Team, will use funds supplied from Snohomish County HSD in the amount of \$82,671 to help with finding housing for the city's homeless population. The Motel Shelter Program has been set up by Snohomish County specifically to assist "households experiencing literal homelessness and residing in unsanctioned encampments within the City of Everett."

Recommendation (exact action requested of Council):

Authorize the Mayor to sign all necessary documents with the Snohomish County Human Services Division regarding the agreement, utilization, and acceptance of the \$87,671 for the 2021 Motel Shelter Program.

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



CONTRACT SPECIFICS	Contract Number: <u>HCS-21-80-04-198</u> Maximum Contract Amount: <u>\$82,671</u> Title of Project / Service: <u>Motel Shelter Program</u> Start Date: <u>01/01/2021</u> End Date: <u>12/31/2021</u> Status Determination: <u>Subrecipient</u>								
CONTRACTING ORGANIZATION	Agency Name: <u>City of Everett</u> Address: <u>3002 Wetmore Avenue</u> City, State & Zip: <u>Everett, WA 98201</u> IRS Tax No. / EIN: <u>91-6001248</u> Contact Person: <u>Tracey Landry</u> Unique Entity Identifier: <u>608909156</u> Telephone: <u>425-257-8447</u> Email Address: <u>tlandry@everettwa.gov</u>								
FUNDING SPECIFICS	Funding Authority: <u>Snohomish County General Funds</u> CFDA No. & Title: <u>N/A</u> Funding Specifics: <u>N/A</u> Federal Agency: <u>N/A</u> Federal Award ID No: <u>N/A</u> Federal Award Date: <u>N/A</u>								
COUNTY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Program Division</th> <th style="text-align: left;">Contact Person</th> <th style="text-align: left;">Contact Email</th> <th style="text-align: left;">Contact Phone</th> </tr> </thead> <tbody> <tr> <td><u>Housing and Community Services</u></td> <td><u>Debbi Trosvig</u></td> <td><u>Debbi.Trosvig@snoco.org</u></td> <td><u>425-388-7116</u></td> </tr> </tbody> </table>	Program Division	Contact Person	Contact Email	Contact Phone	<u>Housing and Community Services</u>	<u>Debbi Trosvig</u>	<u>Debbi.Trosvig@snoco.org</u>	<u>425-388-7116</u>
Program Division	Contact Person	Contact Email	Contact Phone						
<u>Housing and Community Services</u>	<u>Debbi Trosvig</u>	<u>Debbi.Trosvig@snoco.org</u>	<u>425-388-7116</u>						

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- 101-198, maintained on file at the Human Services Department:

Business Associate Agreement BAA-2018- 101-198, 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 (Date)
Department of Human Services

(Title)

EXHIBIT A
SPECIFIC TERMS AND CONDITIONS
MOTEL SHELTER PROGRAM

I. TERMS AND CONDITIONS

- A. This Contract is made by and between Snohomish County (hereinafter the County) and the City of Everett (hereinafter the City).
- B. The City is hereby awarded the total sum indicated in the Approved Contract Budget (Exhibit C), up to a maximum amount stated in the Contract Face Sheet or Amendment Face Sheet, to provide funding for the undertaking and performance of the Project.

II. COST REIMBURSEMENT

- A. Motel Voucher 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 all reimbursements using the Approved Invoice (Exhibit D) provided by the County.
- C. The City shall submit supporting documentation for requests for reimbursement of expenses with the Approved Invoice (Exhibit D). The City shall also maintain on record itemized receipts of expenses covered under this Contract.
- D. All invoices should be submitted directly to the Fiscal Unit in the Human Services Department.

III. DOCUMENTS ON FILE

Documents consistent with federal and state regulations, as applicable, shall be kept on file in the office of the local program and available for review. Such documents shall include, but not be limited to:

- A. Latest Audit, and
- B. Insurance policies required by the Contract.

IV. APPLICABLE LAWS AND REGULATIONS

The City shall comply with all applicable laws, ordinances, codes, regulations, and policies of local, state and federal governments, as now or hereafter amended.

EXHIBIT B

STATEMENT OF WORK / PROJECT DESCRIPTION

MOTEL SHELTER PROGRAM

I. DESCRIPTION

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

- A. The City shall provide Motel Vouchers to households experiencing literal homelessness and residing in unsanctioned encampments within the City of Everett.
- B. Funding may also be used for other sheltering or participant needs.
- C. Assistance shall not be paid directly to the Participants or used for the purchase of alcohol, tobacco, vaping products, or marijuana products. Motel assistance shall be paid directly to the hotel establishments.
- D. The City shall encourage participants to enroll in Investing in Futures (IIF) Coordinated Entry (CE) System by:
 - 1. Coordinating direct referrals of households to the assigned County IIF Housing Navigator(s);
 - 2. Referring households to partner agencies to be enrolled directly into the IIF CE System; or
 - 3. Referring households to North Sound 2-1-1 to enroll the household into the IIF CE System.

II. REPORTS

The Agency shall submit to the County such reports as the County requests pursuant to the requirements of federal, state, and/or local law, as applicable. At a minimum, the City shall submit the total number of motel units utilized daily, reported on a monthly basis.

**EXHIBIT C
 CONTRACT BUDGET - COST REIMBURSEMENT
 MOTEL SHELTER PROGRAM**

AGENCY NAME: City of Everett
CONTRACT PERIOD: 1/1/2021 to 12/31/2021

FUNDS AWARDED UNDER CONTRACT:

REVENUE SOURCE	FUNDING PERIOD	AMOUNT	AMENDMENT	TOTAL AMOUNT
General Funds	1/1/2021 to 12/31/2021	\$ 82,671		\$ 82,671
				-
				-
				-
				-
				-
TOTAL FUNDS AWARDED:		\$ 82,671	\$ -	\$ 82,671

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 General Funds	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	\$ 82,671						\$ 82,671	
Misc. Construction							-	
Acquisition							-	
Relocation							-	
							-	
TOTAL	\$ 82,671	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 82,671	\$ -

EXPENDITURE NARRATIVE

AMOUNT	CATEGORY	NARRATIVE (provide justification describing each category supported with funds awarded under this contract)
\$ 82,671	Miscellaneous	Based on estimated costs for motel; and other sheltering needs
\$ 82,671	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



Invoice Number: _____

INVOICE-Cost Reimbursement Contracts

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

Actual: Estimated:

Contracting City and Address: City of Everett 2930 Wetmore Ave Everett, WA 98201	Contract #:	HCS-21-80-04-198	
	Project Title:	Motel Shelter Program	
	Contract Manager:	Debbi Trosvig	
	Reporting Period:	_____	To: _____

AUTHORIZING SIGNATURE: _____ (sign in ink) Date: _____

SUB OBJ	Account Title	Current Expenditures	Contract To Date Expenditures	Total Contract Budget	Contract Budget Balance
	Misc. (motel and other shelter costs)			\$ 82,671.00	\$ 82,671.00
TOTALS		\$ -	\$ -	\$ 82,671.00	\$ 82,671.00

REVIEWED FOR PAYMENT:

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

(Use Additional Pages as Necessary)

Total:	\$ -	\$ -	\$ -
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2021 Signature Authorization Form

Effective January 1, 2021 through December 31, 2021



Snohomish County
Human Services

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

Or..... ➔ EMAIL SCANNED (PDF) COPY TO: HSD.Contracts@snoco.org

Please sign in ink, electronic signature, or both. ALL SECTIONS below must be completed.

SECTION 1: Official Business Name of Organization		
Business Name:	City of Everett Police Department	Date Submitted: 03/02/21
Mailing Address:	3002 Wetmore Ave	Everett WA 98201
	<i>Street</i>	<i>City</i> <i>State</i> <i>Zip</i>
SECTION 2: Authorizing Authority		
<i>Signature(s)</i>	<i>Type or Print Name</i>	<i>Title</i>
	Cassie Franklin	Mayor
SECTION 3: Authorization to Sign Contracts / Contract Amendments		
<i>Signature(s)</i>	<i>Type or Print Name</i>	<i>Title</i>
	Cassie Franklin	Mayor
SECTION 4: Authorization to Sign Invoices / Requests for Reimbursements		
<i>Signature(s)</i>	<i>Type or Print Name</i>	<i>Title</i>
<i>Tracey L Landry</i>	Tracey L. Landry	Police Svcs Program Manager
<i>Amanda L Harper</i>	Amanda Harper	Police Admin Coordinator
SECTION 5: Email Address for Contract Delivery Designation		
<i>Email Address(es) printed/typed</i>	<i>Type or Print Name</i>	<i>Title</i>
TLandry@everettwa.gov	Tracey L. Landry	Police Svcs Program Manager

Signature Authorization Form

PURPOSE

The Signature Authorization Form identifies the person(s) who has the authority to sign contracts, amendments and invoices/requests for reimbursement. The form also designates the email address for the authorized recipient(s) of contracts and amendments from the Human Services Department.

It is important that the signatures on file with the Department are current. Whenever there is a change in an authorized signor, a new Signature Authorization Form must be completed. The new form supersedes the previous form. Additional forms may be requested by sending an email to HSD.Contracts@snoco.org or by contacting your program staff.

INSTRUCTIONS

Please print the Signature Authorization Form on white paper and complete each section. Make a copy of the form for your records and return the signed original form to the address below or email a copy to HSD.Contracts@snoco.org. If using electronic signatures, please complete each section and email the completed form to HSD.Contracts@snoco.org.

Snohomish County Human Services
Attn: HSD Contracts
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201

SECTION 1: Official Business Name of Organization

Complete organization name, mailing address and date form is submitted.

SECTION 2: Authorizing Authority

This section is to be completed by the person(s) who has the authority to authorize the person(s) entered in Section 3 and Section 4 to represent your organization for these actions. Usually this person(s) will be the board president, chair, director, CEO or other person(s) delegated by the ruling body of the organization to act on its behalf.

SECTION 3: Authorization to Sign Contracts / Contract Amendments

Complete this section with the name of the person(s) authorized by your organization and/or board of directors to sign contracts and contract amendments for all programs.

SECTION 4: Authorization to Sign Invoices / Requests for Reimbursements

Complete this section with the name of the person(s) authorized by your organization and/or board of directors to sign invoices requesting reimbursement of costs and services from the Snohomish County Human Services Department for all programs.

SECTION 5: Contract Delivery Designation

Complete this section with the name, title and email address of the person(s) who should receive contracts (via email) for your organization.

Note: This form is not write-protected. Add additional lines to any section if needed.
Include all appropriate signors to cover ALL contracts with the Human Services Department.