



# BOARD OF YAKIMA COUNTY COMMISSIONERS

## Agenda Request Form (ARF)

*Deliver completed ARF and finalized agenda item to the Clerk or Deputy Clerk of the Board at the Yakima County Commissioners' Office, Room 232.*

Prepared by: Kimberly Ruelas

Department: Human Services

Requested Agenda Date: 08/20/2024

Presenting: Lance Larsen

Board of County Commissioners Record Assigned

# BOCC Agreement

318-2024

Yakima County, WA

### Action Requested – Check Applicable Box:

PASS RESOLUTION

EXECUTE or AMEND

PASS ORDINANCE

AGREEMENT, CONTRACT, or GRANT

ISSUE PROCLAMATION

OTHER \_\_\_\_\_

### Document Title:

Yakima Neighborhood Health Services Outreach 2025 Contract Modification 1  
(YNHS-Outreach-2025-MOD1)

### Background Information:

Yakima Neighborhood Health Services requested \$56,120 (per year) in the 2024-26 HHAP RFP for Outreach. Yakima Neighborhood Health Services was awarded \$19,158. This modification increases their year 1 award by \$36,962 bringing the total year 1 award to the full requested \$56,120 and leaving year 2 unchanged. The additional funding is from one-year non-recurring funds granted by the State Department of Commerce.

### Describe Fiscal Impact:

\$36,962 from July 1st, 2024, through June 30th, 2025.

### Summary & Recommendation:

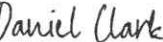
Recommend to approve.

DC

Department Head/Elected Official Signature

Corporate Counsel Initial (for Agreements Only)

## HUMAN SERVICES CONTRACT FACE SHEET

CONTRACTOR IS A <input checked="" type="checkbox"/> SUBRECIPIENT <input type="checkbox"/> VENDOR		CONTRACT NUMBER: YNHS-Outreach-2025-MOD1	
<b>1. NAME/ADDRESS:</b> <b>Yakima Neighborhood Health Services</b> <b>UEI: MLLRMK6YJ2T2NNBRG1</b> <b>12 S 8<sup>th</sup> St</b> <b>Yakima, WA 98901</b> <b>(509) 574-5552</b>	2. ORIGINAL CONTRACT AMOUNT: <b>\$19,158</b>	5. PREVIOUS CONTRACT AMOUNT: <b>\$19,158</b>	
	3. CASH MATCH REQUIREMENT:	6. MODIFICATION AMOUNT: <b>\$36,962</b>	
	4. TOTAL CONTRACT AMOUNT: <b>\$19,158</b>	7. NEW TOTAL CONTRACT AMOUNT: <b>\$56,120</b>	
<b>8. CONTACT:</b> <b>Rhonda Hauff, President</b> <b>PO Box 2605</b> <b>Yakima, WA 98907</b> <b>(509) 574-5558</b> <a href="mailto:rhonda.hauff@vnhs.org">rhonda.hauff@vnhs.org</a>	9. COUNTY PROGRAM CONTACT: <b>Yakima County Human Services</b> <b>Melissa Holm, Grant Manager</b> <b>223 N 1st Street</b> <b>Yakima, WA 98901-2639</b> <b>(509) 865-5005</b> <a href="mailto:Melissa.Holm@co.yakima.wa.us">Melissa.Holm@co.yakima.wa.us</a>	10. COUNTY FISCAL CONTACT: <b>Yakima County Human Services</b> <b>Kimberly Ruelas, Accountant II</b> <b>223 N 1st Street</b> <b>Yakima, WA 98901-2639</b> <b>(509) 823-8881</b> <a href="mailto:kimberly.ruelas@co.yakima.wa.us">kimberly.ruelas@co.yakima.wa.us</a>	
11. CONTRACT START DATE: <b>July 1, 2024</b>	12. CONTRACT END DATE: <b>June 30, 2025</b>		
13. FUNDING AUTHORITY: <b>Washington State Department of Commerce</b> <b>Consolidated Homeless Grant/ Local Housing Fees</b> <b>2163</b>	14. INDIRECT RATE: <b>N/A</b>		
15. CFDA NUMBER(s): <b>N/A</b>	16. CFDA TITLE(S): <b>N/A</b>		
<b>17. MODIFICATION PURPOSE:</b> To change funding amounts, per the availability of funds and in accordance with amounts as requested by the subrecipient.			
<b>EXHIBITS:</b> When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract by reference: <input checked="" type="checkbox"/> Exhibits (specify): <b>EXHIBIT A – Special Terms &amp; Performance Measures</b> <b>EXHIBIT B – Budget</b> <b>EXHIBIT C – Insurance Certificate</b> <b>EXHIBIT D – Uniform Guidance</b> <b>EXHIBIT E – Modification 1</b>			
This Contract contains all of the terms and conditions agreed upon by the parties and all documents attached or incorporated by reference, include Basic Interagency Agreement or its successor. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind the parties. The parties signing below warrant that they have read and understand this Contract and have authority to enter into this Contract.			
<b>Yakima Neighborhood Health Services</b>  Rhonda Hauff, President 8/12/2024 Date Approved as to Form:  Daniel Clark Deputy Prosecuting Attorney		<b>BOARD OF COUNTY COMMISSIONERS</b>  Amanda McKinney, Chair  Kyle Curtis, Commissioner  LaDon Linde LaDon Linde, Commissioner <b>DATED</b>  <b>AUG 20 2024</b> <b>Attest:</b>  Julie Lawrence, Clerk of the Board or Erin Franklin, Deputy Clerk of the Board	
			

318-2024

## EXHIBIT E

### MODIFICATION 1

This Contract is modified as follows:

### EXHIBIT B BUDGET

GRANTEE is authorized to spend no more than **FIFTY-SIX THOUSAND ONE-HUNDRED AND TWENTY AND 00/100 DOLLARS (\$56,120)** FROM July 1st, 2024, through June 30th, 2025.

<u>Budget Category</u>	<u>Current Contract Amount</u>	<u>Modification 1</u>	<u>New Contract Amount</u>
Administration	\$307	\$591	\$898
Operations	\$18,851	\$36,371	\$55,222
<b>TOTAL</b>	<b>\$19,158</b>	<b>\$36,962</b>	<b>\$56,120</b>

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