



# 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

**319-2024**

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 Rental Assistance 2025 Contract Modification 1  
(YNHS-RA-2025-MOD1)

### Background Information:

Yakima Neighborhood Health Services requested \$259,950 (per year) in the 2024-26 HHAP RFP for Rental Assistance. Yakima Neighborhood Health Services was awarded \$136,250. This modification increases their year 1 award by \$123,700 bringing the total year 1 award to the full requested \$259,950 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:

\$123,700 from July 1st, 2024, through June 30th, 2025.

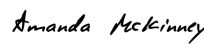
### Summary & Recommendation:

Recommend to approve.

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-RA-2025-MOD1	
1. NAME/ADDRESS: <b>Yakima Neighborhood Health Services</b> UEI: MLLRMK6YJ2T2NNBRG1 12 S 8 <sup>th</sup> St Yakima, WA 98901 (509) 574-5552	2. ORIGINAL CONTRACT AMOUNT: <b>\$136,250</b>	5. PREVIOUS CONTRACT AMOUNT: <b>\$136,250</b>	
	3. CASH MATCH REQUIREMENT:	6. MODIFICATION AMOUNT: <b>\$123,700</b>	
	4. TOTAL CONTRACT AMOUNT: <b>\$136,250</b>	7. NEW TOTAL CONTRACT AMOUNT: <b>\$259,950</b>	
8. CONTACT: <b>Rhonda Hauff, President</b> PO Box 2605 Yakima, WA 98907 (509) 574-5558 <a href="mailto:rhonda.hauff@vnhs.org">rhonda.hauff@vnhs.org</a>	9. COUNTY PROGRAM CONTACT: <b>Yakima County Human Services</b> Melissa Holm, Grant Manager 223 N 1st Street Yakima, WA 98901-2639 (509) 865-5005 <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> Kimberly Ruelas, Accountant II 223 N 1st Street Yakima, WA 98901-2639 (509) 823-8881 <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> Consolidated Homeless Grant/ Local Housing Fees 2163		14. INDIRECT RATE: <b>N/A</b>	
15. CFDA NUMBER(s): <b>N/A</b>		16. CFDA TITLE(S): <b>N/A</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>			
<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  <b>Approved as to Form:</b>   Deputy Prosecuting Attorney  <b>Agreement Number</b> BOCC Agreement		<b>BOARD OF COUNTY COMMISSIONERS</b>   Amanda McKinney, Chair   Kyle Curtis, Commissioner   LaDon Linde, Commissioner <b>DATED AUG 20 2024</b>  Attest: Julie Lawrence, Clerk of the Board or Erin Franklin, Deputy Clerk of the Board	



319-2024

**EXHIBIT E**

**MODIFICATION 1**

This Contract is modified as follows:

**EXHIBIT B BUDGET**

GRANTEE is authorized to spend no more than **TWO-HUNDRED FIFTY-NINE THOUSAND NINE-HUNDRED AND FIFTY AND 00/100 DOLLARS (\$259,950) 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	\$2,698	\$2,449	\$5,147
Operations	\$57,865	\$52,536	\$110,401
Rental Assistance	\$75,687	\$68,715	\$144,402
<b>TOTAL</b>	<b>\$136,250</b>	<b>\$123,700</b>	<b>\$259,950</b>

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