

Contract #CCAP_Permanent Supported Housing

Amendment #1- CCAP_Permanent Supported Housing

PURPOSE OF THE CHANGE: To amend the contract between Coastal Community Action Program (CCAP) and Pacific County.

IT IS MUTUTALLY AGREED AND THEREFORE THE CONTRACT IS HEREBY AMENDED AS FOLLOWS:

1. Pacific County is electing to amend CCAP's agreement for Permanent Supported Housing from the Department of Housing and Urban Development (HUD) to move funds from Rental Assistance and Supportive Services to Admin.
2. Pacific County is also electing to amend this agreement to add the 2023 – 2024 funds for the Permanent Supported Housing program from the Department of Housing and Urban Development (HUD) contract WA0352LOT012207. These funds can be used from Oct. 1, 2023 – Sept. 30, 2024.
3. Incorporated by reference to this Agreement is contract WA0352LOT012207 from the Department of Housing and Urban Development (HUD).
4. A new budget, labeled as Amendment #1 Budget, provides the budget for the contract.
5. ALL OTHER TERMS AND CONDITIONS of the original contract and Amendments shall remain in full force and effect.
6. This Agreement may be executed in any number of counterparts and by the parties hereto on separate counterparts, each of which when so executed and delivered shall be an original but such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the undersigned have affixed by their duly authorized representatives their signatures below.

SUB RECIPIENT
Coastal Community Action Program

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Authorized Representative Date

Lisa Olsen, Chair

Title

Jerry Doyle, Commissioner

Address

David Tobin, Commissioner

Address

APPROVED AS TO FORM:

ATTEST:

Prosecutor's Office

Amanda Bennett, Clerk of Board

Date

Subrecipient Agreement #CCAP_Permanent Supported Housing
Exhibit F- Budget

| Funding Source | Time Period | Original Contract | Amendment #1 | Amendment #2 | Amendment #3 | Total |
|---------------------------------|------------------------------------|--------------------------|---------------------|---------------------|---------------------|--------------|
| HUD PSH | | | | | | |
| Rental Assistance | February 1, 2023-Sept 30, 2023 | 141,170.54 | 128,102.64 | | | 269,273.18 |
| Supportive Services Admin | | 54,575.24 | 51,078.07 | | | 105,653.31 |
| | | 13,783.21 | 24,330.17 | | | 38,113.38 |
| HUD PSH | | | | | | |
| Rental Assistance | October 1, 2023-Sept 30, 2024 | | 169,423.00 | | | 169,423.00 |
| Supportive Services Admin | | | 63,018.00 | | | 63,018.00 |
| | | | 21,637.00 | | | 21,637.00 |
| Commerce CHG PSH CHF* | | | | | | |
| PSH CHF: Rent/FAC Support Lease | February 1, 2023-June 30, 2023 | 6,835.00 | | | | 6,835.00 |
| PSH CHF: Operations | | 659.63 | | | | 659.63 |
| Commerce CHG PSH CHF* | | | | | | |
| Rental Assistance | July 1, 2023-June 30, 2025 | | | | | - |
| Supportive Services Admin | | | | | | - |
| | | | | | | - |
| Recording Fees (179)** | February 1, 2023-November 30, 2023 | | | | | - |
| Recording Fees (179)** | December 1, 2023-November 30, 2024 | | | | | - |
| | | | | | | 674,612.50 |

Definitions

HUD PSH: Housing & Urban Development Permanent Supported Housing
Commerce CHG PSH CHF- Commerce Consolidated Homeless Grant Permanent Supported Housing Chronically Homeless Families
*CHG PSH CHF is used as match for the HUD PSH program

**If allocated to this contract, Recording Fees (179) will be designated as match towards the HUD PSH grant



U.S. Department of Housing and Urban Development
Office of Community Planning and Development
909 First Avenue
Suite 200
Seattle, WA 98104

Grant Number: WA0352L0T012207
Recipient's Name: Pacific County
Tax ID Number: 91-6001356
Unique Entity Identifier [SAM]: SGBTK2G54NX7
Federal Award Date: 8/17/2023

**CONTINUUM OF CARE PROGRAM (CDFA# 14.267)
GRANT AGREEMENT**

This Grant Agreement ("this Agreement") is made by and between the United States Department of Housing and Urban Development ("HUD") and Pacific County (the "Recipient"). This Agreement, the Recipient's use of funds provided under this Agreement (the "Grant" or "Grant Funds"), and the Recipient's operation of projects assisted with Grant Funds are governed by

1. The Consolidated Appropriations Act, 2022 (Pub. L. 117-103, approved March 15, 2022);
2. title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the "Act");
3. the Continuum of Care Program rule at 24 CFR part 578 (the "Rule"), as amended from time to time;
4. and the Notice of Funding Opportunity for the fiscal year in which the funds were awarded; and
5. the Recipient's application submissions on the basis of which these Grant Funds were approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition (collectively, the "Application").

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control. Capitalized terms that are not defined in this agreement shall have the meanings given in the Rule.

HUD's total funding obligation authorized by this grant agreement is \$258,267, allocated between the project(s) listed below (each identified by a separate grant number) and, within those projects, between budget line items, as shown below. The Grant Funds an individual project will receive are as shown in the Application on the final HUD-approved Summary Budget for the project. Recipient shall use the Grant Funds provided for the projects listed below, during the budget period(s) period stated below.

| Grant No. | Grant Term | Performance Period | Total Amount |
|---|------------|-------------------------|--------------|
| WA0352LOT012207 | 12 months | 10-01-2023 - 09-30-2024 | \$258,267 |
| a. Continuum of Care planning activities | | | \$0 |
| b. Acquisition | | | \$0 |
| c. Rehabilitation | | | \$0 |
| d. New construction | | | \$0 |
| e. Leasing | | | \$0 |
| f. Rental assistance | | | \$180,360 |
| g. Supportive services | | | \$63,018 |
| h. Operating costs | | | \$0 |
| i. Homeless Management Information System | | | \$0 |
| j. Administrative costs | | | \$14,889 |
| k. Relocation Costs | | | \$0 |
| l. HPC homelessness prevention activities: | | | |
| Housing relocation and stabilization services | | | \$0 |
| Short-term and medium-term rental assistance | | | \$0 |

Pre-award Costs for Continuum of Care Planning

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the effective date of this Agreement, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

These provisions apply to all Recipients:

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the grant being renewed. Eligible costs incurred between the end of Recipient's budget period and performance period under the grant being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period and performance period under the grant that has been renewed.

For any transition project funded under this Agreement the budget period and performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule incurred between the end of Recipient's final operating year under the grant being transitioned and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published on HUD.gov in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period and performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

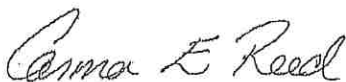
Build America, Buy America Act. The Grantee must comply with the requirements of the Build America, Buy America (BABA) Act, 41 USC 8301 note, and all applicable rules and notices, as may be amended, if applicable to the Grantee's infrastructure project. Pursuant to HUD's Notice, "Public Interest Phased Implementation Waiver for FY 2022 and 2023 of Build America, Buy America Provisions as Applied to Recipients of HUD Federal Financial Assistance" (88 FR 17001), any funds obligated by HUD on or after the applicable listed effective dates, are subject to BABA requirements, unless excepted by a waiver.

The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:
UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development

By:



(Signature)

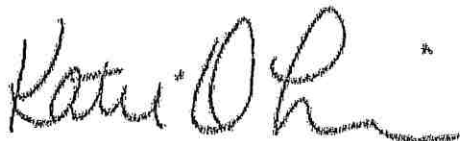
Carma Reed, Acting CPD Director
(Typed Name and Title)

August 17, 2023
(Date)

RECIPIENT

Pacific County
(Name of Organization)

By:



(Signature of Authorized Official)

Katie Lindstrom, Director
(Typed Name and Title of Authorized Official)

August 18, 2023

(Date)

Indirect Cost Schedule

| Agency/Dept./Major Function | Indirect Cost Rate | Direct Cost Base |
|-----------------------------|--------------------|------------------|
| PCHHS 2023 | 11.27 % | \$ 2,143,013.50 |
| PCHHS 2024 | 11.06 % | \$ 2,277,045.54 |
| | | |
| | | |

This schedule must include each indirect cost rate that will be used to calculate the Recipient's indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).

ACORD™

Client#: 194108

COASCOMM1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|--|
| PRODUCER Propel Insurance 1201 Pacific Avenue; Suite 1000 COM Middle Market Tacoma, WA 98402-4321 | | CONTACT NAME: Michelle Wolfe PHONE (A/C, No, Ext): 800 499-0933 E-MAIL ADDRESS: michelle.wolfe@propelinsurance.com FAX (A/C, No): 866 577-1326 | |
| INSURED Coastal Community Action Program 101 E Market St Aberdeen, WA 98520 | | INSURER(S) AFFORDING COVERAGE INSURER A: Berkley Regional Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 29580 | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL/SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|-----------------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | HHN859599011 | 06/01/2023 | 06/01/2024 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | HHN859599011 | 06/01/2023 | 06/01/2024 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE | | HHN859599011 | 06/01/2023 | 06/01/2024 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | HHN859599011 WA Stop Gap | 06/01/2023 | 06/01/2024 | PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| A | Prof Liability | | HHN859599011 | 06/01/2023 | 06/01/2024 | 1,000,000/2,000,000 |
| A | Abuse/Molestation | | HHN859599011 | 06/01/2023 | 06/01/2024 | 1,000,000/2,000,000 |
| A | Cyber Liability | | HHN859599011 | 06/01/2023 | 06/01/2024 | 50,000/1,000 Ded |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder included as additional insured per attached form(s)

CERTIFICATE HOLDER

CANCELLATION

Pacific County Health & Human
Services
7013 Sandridge Rd
Long Beach, WA 98631

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rhonda Ross



COASTAL COMMUNITY ACTION PROGRAM

| | | |
|--|---|---|
| Unique Entity ID KM6FKH3XN3P5 | CAGE / NCAGE 5LRR8 | Purpose of Registration Federal Assistance Awards Only |
| Registration Status Active Registration | Expiration Date Dec 15, 2023 | |
| Physical Address 101 E Market ST STE A Aberdeen, Washington 98520-5208 United States | Mailing Address 101 E. Market Street Aberdeen, Washington 98520-5208 United States | |

Business Information

| | | |
|---|--|----------------------------|
| Doing Business as (blank) | Division Name (blank) | Division Number (blank) |
| Congressional District Washington 06 | State / Country of Incorporation Washington / United States | URL coastalcap.org |

Registration Dates

| | | |
|---------------------------------|---------------------------------|---|
| Activation Date Dec 19, 2022 | Submission Date Dec 15, 2022 | Initial Registration Date Jul 27, 2009 |
|---------------------------------|---------------------------------|---|

Entity Dates

| | |
|-----------------------------------|--------------------------------------|
| Entity Start Date Oct 15, 1967 | Fiscal Year End Close Date Dec 31 |
|-----------------------------------|--------------------------------------|

Immediate Owner

| | |
|-----------------|--------------------------------|
| CAGE (blank) | Legal Business Name (blank) |
|-----------------|--------------------------------|

Highest Level Owner

| | |
|-----------------|--------------------------------|
| CAGE (blank) | Legal Business Name (blank) |
|-----------------|--------------------------------|

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

| | | |
|---|---|---------------------------------|
| Entity Structure Corporate Entity (Tax Exempt) | Entity Type Business or Organization | Organization Factors (blank) |
| Profit Structure Non-Profit Organization | | |

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments
No

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
5LRR8

Points of Contact**Electronic Business**

✎
Lucyna Machowek, CFO

101 E. Market Street STE. A
Aberdeen, Washington 98520
United States

Government Business

✎
CRAIG DUBLANKO, CEO

101 E. Market Street
Aberdeen, Washington 98520
United States

Service Classifications**NAICS Codes**

Primary

NAICS Codes

NAICS Title

Disaster Response

This entity does not appear in the disaster response registry.