CONSOLIDATED HOMELESS GRANT PROGRAM CONTRACT
FACE SHEET

<table>
<thead>
<tr>
<th>CONTRACT NUMBER: 2016-17 CHG YNHS (mod 1)</th>
</tr>
</thead>
</table>

### 1. NAME/ADDRESS:
Anita Monoian, CEO
Yakima Neighborhood Health Svcs
PO BOX 2605
Yakima WA 98907-2605

### 2. ORIGINAL CONTRACT AMOUNT:
$1,000

### 3. CASH MATCH REQUIREMENT:
$0.00

### 4. TOTAL CONTRACT AMOUNT:
$1000.00

### 5. PREVIOUS CONTRACT AMOUNT:
$1000.00

### 6. MODIFICATION AMOUNT:
$312,862.61

### 7. NEW TOTAL CONTRACT AMOUNT:
$313,862.61

### 8. CONTACT INFO:
Rhonda Hauff, COO/Dep CEO
509-574-5552
rhonda.hauff@ynhs.org

### 9. YVCOG PROGRAM CONTACT INFO:
Crystal Testerman, Program Mgr
311 N 4th Street, Suite 204
Yakima WA 98901
509-759-7987
crystal.testerman@yvcog.org

### 10. YVCOG FISCAL CONTACT INFO:
Christina Wickenhagen
311 N 4th St, Suite 204
Yakima WA 98901
509-759-7986
chris.wickenhagen@yvcog.org

### 11. CONTRACT START DATE:
January 1, 2017

### 12. CONTRACT END DATE:
June 30, 2017

### 13. FUNDING AUTHORITY:
Washington State Dept of Commerce Consolidated Homeless Grant (CHG)

### 14. STATE AND FEDERAL “BARS” CODE:
N/A

### 15. CFDA NUMBER(S):
N/A

### 16. PURPOSE:
This contract provides resources to address the needs of people who are homeless or at-risk of homelessness, as described in the YVCOG Local Homeless Plan in the county of Yakima where Grantee will provide services. CHG funds and supports a variety of activities, including: operation of facility-based support, rental assistance, data collection and reporting.

### EXHIBITS:
When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract by reference:

- Exhibits (specify):
  - Exhibit A – Special Terms and Conditions
  - Exhibit B – Scope of Work
  - Exhibit C - Budget

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.

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### YAKIMA NEIGHBORHOOD HEALTH SVS

Anita Monoian, CEO
Signature: [Signature]
Date: 2-7-17

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### YAKIMA VALLEY CONFERENCE OF GOVERNMENT

James A Restuccci, Chairman
Signature: [Signature]
Lauris C Mattson, Executive Director
Signature: [Signature]

### Attest:

Jessica Hansen, Office & Enum. Specialist
Signature: [Signature]

### Approved as to form:

YVCOG Attorney
W$BA#
BUDGET

YAKIMA NEIGHBORHOOD HEALTH SERVICES (YNHS)

<table>
<thead>
<tr>
<th>Project</th>
<th>Admin</th>
<th>Rent Assist. (for profit)</th>
<th>Facility Support (for profit)</th>
<th>Operations</th>
<th>TANF FP Rent</th>
<th>TANF Operations</th>
<th>CHG Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YNH RRH</td>
<td>$2,393.25</td>
<td>$58,706.09</td>
<td>$0</td>
<td>$7,239.86</td>
<td>$26,372.00</td>
<td>$9,037.00</td>
<td>$103,748.20</td>
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<td>YNH Respite</td>
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<td>$0</td>
<td>$9,948.00</td>
<td>$0</td>
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<td>$0</td>
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<td><strong>$2,393.25</strong></td>
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<td><strong>$9,037.00</strong></td>
<td><strong>$113,696.20</strong></td>
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</tbody>
</table>

HEN FY17

<table>
<thead>
<tr>
<th>Project</th>
<th>Admin</th>
<th>Rent/Utilities /EN</th>
<th>Operations</th>
<th>HEN Total</th>
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<tbody>
<tr>
<td>YNH HEN</td>
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<td>$165,263.75</td>
<td>$32,827.10</td>
<td>$200,166.41</td>
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</tbody>
</table>

Invoicing Provisions:

A. Monthly invoices and documentation must be submitted in both the following two ways:

- Electronically: Submitted electronic invoices must be provided concurrently to the program manager and to your fiscal contact. Electronic invoices must be submitted no later than the 8th of the month. If the 8th falls on a Saturday or Sunday, invoices must be received by close of business the following Monday.

- Original invoice via delivery: A signed original hard copy of the invoice must be submitted to Yakima Valley Conference of Governments Financial Services. The signed original invoice must be received no later than the 10th of the month to be paid on the next scheduled payable date at the following address:

  Yakima Valley Conference of Governments  
  311 N 4th Street, Suite 204  
  Yakima, WA 98901

B. Under “General Terms and Conditions,” documentation of Insurance as reflected section 16. Must accompany the first invoice before payment will be made.

C. All late invoices will not be paid until the following month; the decision to approve or deny payment of claims for services submitted more than 45 days after the end of the end