EMERGENCY SOLUTIONS GRANT PROGRAM CONTRACT
FACE SHEET

1. NAME/ADDRESS:
Anita Monoian, CEO
Yakima Neighborhood Health Services
PO Box 2605
Yakima, WA 98907-2605

2. ORIGINAL CONTRACT AMOUNT:
$1,000.00

3. CASH MATCH REQUIREMENT:
$0

4. TOTAL CONTRACT AMOUNT:
$1,000.00

5. PREVIOUS CONTRACT AMOUNT:
$1,000.00

6. MODIFICATION AMOUNT:
$216,509.53

7. NEW TOTAL CONTRACT AMOUNT:
$217,509.53

8. CONTACT INFO:
Rhonda Hauff, COO/Deputy 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
509-424-4695
crystal.testerman@yvcog.org

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

11. CONTRACT START DATE:
January 1, 2017

12. CONTRACT END DATE:
June 30, 2017

13. FUNDING AUTHORITY:
Local 2163 funds – Homeless Program

14. CFDA NUMBER(S):
14.231

15. CFDA TITLE(S):
Emergency Solutions Grant Program

16. PURPOSE: The contractor shall perform professional services as defined by the Scope of Work incorporated herein.

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

X 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.

YAKIMA NEIGHBORHOOD HEALTH SERVICES
Anita Monoian, CEO

YAKIMA VALLEY CONFERENCE OF GOVERNMENT
James A Restucci, Chairman
Lauris C Mattson, Executive Director

Date
2-7-17

Attest:
Jessica Hansen, Office & Comm. Specialist

Approved as to form:
YVCOG Attorney
WSBA#
BUDGET

HURAY PROJECT – LOCAL 2163 FUNDS
Yakima Neighborhood Health Services (YNHS)

<table>
<thead>
<tr>
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<th>January 1, 2017 – June 30, 2017</th>
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<tbody>
<tr>
<td>Admin</td>
<td>Rental Assistance (RRH)</td>
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<td>RRH</td>
<td>$5,800</td>
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TOTAL CONTRACT AMOUNT**: $217,509.53

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 of the invoice period shall rest solely with the Executive Director; the Director’s decision shall be final and not capable of right to appeal.

D. Submitted invoices must explicitly allocate costs by contracted line items. The Contractor is responsible for ensuring submitted cost documentation is clearly associated with contracted line items. Invoices not meeting this requirement will be returned for correction (All submission deadlines still apply to invoices in need of correction).