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 Public Health & Human Services (the "Recipient").

This Agreement is governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the "Act"); the Continuum of Care Program rule (the "Rule"), as amended from time to time; and the Notice of Funds Availability for the fiscal year competition in which the funds were awarded.

The terms "Grant" or "Grant Funds" mean the funds that are provided under this Agreement. The term "Application" means the application submissions on the basis of which the Grant was approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition. All other terms shall have the meanings given in the Rule.

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.

HUD's total funding obligation for this grant is $248,223, allocated between the projects listed below and, within those projects, between budget line items, as shown below.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Grant Term</th>
<th>Performance Period</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA0352L0T011904</td>
<td>12 months</td>
<td>10-01-2020 - 09-30-2021</td>
<td>$248,223</td>
</tr>
</tbody>
</table>

a. Continuum of Care planning activities $0  
b. Acquisition $0  
c. Rehabilitation $0  
d. New construction $0  
e. Leasing $0  
f. Rental assistance $170,316  
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
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 performance period of renewal projects funded by this Agreement will begin immediately at the end of the under the grant agreement being renewed. Eligible costs incurred between the end of Recipient's final operating year under the grant agreement being renewed and the date of this Agreement is executed by both parties may be reimbursed with funds from the first operating year of this Agreement. No funds for renewal projects may be drawn down by Recipient before the end date of the project’s final operating year under the grant that has been renewed.

For any transition project funded under this Agreement the 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 renewed 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 in the HUD Exchange 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 performance periods for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of 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 Application, unless the Recipient changes the address and key contacts 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.
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]

Jack Peters, Director
(Type Name and Title)

March 24, 2020
(Date)

RECIPIENT
Pacific County
(Name of Organization)

By:

[Signature]

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

4/1/2020
(Date)
## Indirect Cost Schedule

<table>
<thead>
<tr>
<th>Agency/Dept./Major Function</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>12.34%</td>
<td>Everything, but</td>
</tr>
<tr>
<td></td>
<td></td>
<td>contracts' subrecipients</td>
</tr>
</tbody>
</table>

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).
Mary P Goelz  
Pacific Co Public Health and Human Services Dept.  
P.O. Box 26  
South Bend, WA 98589

Dear Ms. Goelz,

The original Indirect Cost Rate Agreement is enclosed. This agreement reflects an understanding reached between your organization and the Washington State Department of Health concerning the rate that may be used to support your claim for indirect costs on grants and contracts with Federal funds.

Please have the original signed by a duly authorized representative of your organization and return a signed copy to me via e-mail at subrecipientindirect@doh.wa.gov and retain the original for your files.

Please note the duration given for this rate approval is 1/1/2020 – 12/31/2020.

The proposal for your plan starting 1/1/2021, will be due no later than 6/30/2020.

Sincerely,

[Signature]

Toni Smith  
Director, Office of Accounting and Grants  
Washington State Department of Health

Enclosures
RATE AGREEMENT
LOCAL AGENCIES

LOCAL AGENCY: Pacific Co Health and Human Serv
P.O. Box 26
South Bend, WA 98586

DATE: December 19, 2019

The indirect cost rates approved in this agreement are for use on subgrants, contracts and other agreements of Federal programs administered by the Washington State Department of Health, and other State Agencies, subject to the conditions contained in Section III.

Section I: RATES

Indirect Cost Rates

<table>
<thead>
<tr>
<th>Effective Period</th>
<th>Type</th>
<th>From</th>
<th>To</th>
<th>Rate</th>
<th>Location</th>
<th>Applicable To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predetermined</td>
<td></td>
<td>1/1/2020</td>
<td>12/31/2020</td>
<td>12.34%</td>
<td>All</td>
<td>All</td>
</tr>
</tbody>
</table>

BASE:
Modified Total Direct Costs

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
The fringe benefits are specifically identified to each employee and are charged in the same manner as salaries and wages.

TREATMENT OF PAID ABSENCES
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT
Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds $5,000.

The following fringe benefits are treated as direct costs:
SOCIAL SECURITY, HEALTH INSURANCE, MEDICAL AID PLUS INDUSTRIAL INSURANCE, AND RETIREMENT.

NEXT PROPOSAL DUE DATE
A proposal for your plan starting 1/1/2021, will be due no later than 6/30/2020.
A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given subgrant, contract or other agreement only to the extent that funds are available. Acceptance of the rate is subject to the following conditions: (1) Only costs incurred by the agency or allocated to the agency by an approved cost allocation plan were included in its indirect cost pool as finally accepted; such costs are legal obligations of the agency and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs have not been claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the agency which was used to establish the rates is not later found to be materially incomplete or inaccurate.

B. ACCOUNTING CHANGES:
If a fixed or predetermined rate is in this Agreement, it is based on the accounting system purported by the agency to be in effect during the Agreement period. Changes to the method of accounting for costs that affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The agency may provide copies of this Agreement to other State Agencies to give them early notification of this Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the agency should (1) credit such costs to the affected programs and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to the programs.

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BY THE ORGANIZATION

PACIFIC COUNTY PUBLIC HEALTH DEPT.

(ORGANIZATION)

Signature

Mary L. Goetz

(Name [Please print])

Director 360-875-9343

(Title - Telephone Number)

1-14-2020

(Date)

BY THE COGNIZANT AGENCY
ON BEHALF OF THE FEDERAL GOVERNMENT

WASHINGTON STATE DEPT OF HEALTH

(Agency)

Signature

Tony Smith

(Name [Please print])

Director, Office of Accounting and Grants (360) 236-4535

(Title - Telephone Number)

December 19, 2019

(Date)