



# 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:** 05/06/2025

**Presenting:** Esther Magasis

*Board of County Commissioners Record Assigned*

# BOCC Agreement

**146-2025**

Yakima County, WA

### Action Requested – Check Applicable Box:

☐ PASS RESOLUTION

☐ PASS ORDINANCE

☐ ISSUE PROCLAMATION

☒ EXECUTE or AMEND

AGREEMENT, CONTRACT, or GRANT

☐ OTHER \_\_\_\_\_

### Document Title:

Yakima Neighborhood Health Services Eviction Prevention 2025 Contract Modification  
(YNHS-EP-2025-MOD2)

### Background Information:

Yakima Neighborhood Health Services was awarded \$362,006 for their Year 1 Eviction Prevention contract. This modification increases the Year 1 award by \$150,000, bringing the total to \$512,006, while leaving the Year 2 allocation unchanged. The additional funding comes from excess funds voluntarily returned by another grantee, who expected the funds would go unused by the end of the contract period.

### Describe Fiscal Impact:

\$150,000. This brings the total Year 1 contract amount to \$512,006 for the period from July 1, 2024, through June 30, 2025.

### Summary & Recommendation:

Recommended to approve.

DocuSigned by:

*Esther Magasis*

0041EA280DC348E...

DocuSigned by:

**Department Head/Elected Official Signature**

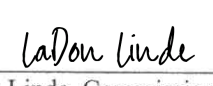
86958D4A6B72420...

DS

*DC*

**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: <b>YNHS-EP-2025-MOD2</b>	
1. NAME/ADDRESS: <b>Yakima Neighborhood Health Services</b> <b>UEI: MLLRMK6YJ2T2NNBRG1</b> <b>12 S 8<sup>th</sup> St</b> <b>Yakima, WA 98901</b> <b>(509) 574-5552</b>	2. ORIGINAL CONTRACT AMOUNT: <b>\$235,000</b>	5. PREVIOUS CONTRACT AMOUNT: <b>\$362,006</b>	
	3. CASH MATCH REQUIREMENT:	6. MODIFICATION AMOUNT: <b>\$150,000</b>	
	4. TOTAL CONTRACT AMOUNT:	7. NEW TOTAL CONTRACT AMOUNT: <b>\$512,006</b>	
8. CONTACT: <b>Rhonda Hauff, President</b> <b>PO Box 2605</b> <b>Yakima, WA 98907</b> <b>(509) 574-5558</b> <a href="mailto:rhonda.hauff@ynhs.org">rhonda.hauff@ynhs.org</a>	9. COUNTY PROGRAM CONTACT: <b>Yakima County Human Services</b> <b>Melissa Holm, Grant Manager</b> <b>223 N 1st Street</b> <b>Yakima, WA 98901-2639</b> <b>(509) 865-5005</b> <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> <b>Kimberly Ruelas, Accountant II</b> <b>223 N 1st Street</b> <b>Yakima, WA 98901-2639</b> <b>(509) 823-8881</b> <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> <b>Consolidated Homeless Grant/ Local Housing Fees 2163</b>		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 increase funding amounts, per availability of Eviction Prevention funds, as requested by grantee.</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> <b>EXHIBIT F – Modification 2 - Budget</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>  <small>AF589BAF8CC343B...</small> Rhonda Hauff, President 4/23/2025 Date Approved as to Form:  <small>E0BF4F928E4348B...</small> Deputy Prosecuting Attorney Agreement Number BOCC Agreement		<b>BOARD OF COUNTY COMMISSIONERS</b> EXCUSED Kyle Curtis, Chair  LaDon Linde, Commissioner  Amanda McKinney, Commissioner <b>DATED: MAY 06 2025</b> Attest:  Julie Lawrence, Clerk of the Board or Erin Franklin, Deputy Clerk of the Board	



146-2025

Yakima County, WA

**EXHIBIT F**  
**MODIFICATION 2**

This Contract is modified as follows:

**EXHIBIT B BUDGET**

GRANTEE is authorized to spend no more than **FIVE-HUNDRED AND TWELVE THOUSAND AND SIX 00/100 DOLLARS (\$512,006) FROM July 1st, 2024, through June 30th, 2025.**

Budget Category	Current Contract Amount	Modification 2	New Contract Amount
Administration	\$7,240	\$0	\$7,240
Rental Assistance	\$312,448	\$139,500	\$451,948
Operations	\$42,318	\$10,500	\$52,818
<b>TOTAL</b>	<b>\$362,006</b>	<b>\$150,000</b>	<b>\$512,006</b>

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