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MAR 19 2019

Snohomish County Human Services
 3000 Rockefeller Avenue, M/S 305 | Everett, WA 98201
 (425) 388-7200



CONTRACT SPECIFICS	Contract Number: <u>BH-19-15-21-335</u> Maximum Contract Amount: <u>\$150,000</u>			
	Title of Project / Service: <u>Student Support Advocate Program</u>			
	Start Date: <u>01/01/2019</u> End Date: <u>12/31/2019</u> Status Determination: <u>Subrecipient</u>			
CONTRACTING ORGANIZATION	Agency Name: <u>Stanwood-Camano School District</u>			
	Address: <u>26920 Pioneer Hwy</u>			
	City, State & Zip: <u>Stanwood, WA 98292</u> IRS Tax No. / EIN: <u>91-098-1326</u>			
	Contact Person: <u>Maurene Stanton</u> Unique Entity Identifier: <u>02-2462659</u>			
	Telephone: <u>360-629-1213</u> Email Address: <u>mstanton@stanwood.wednet.edu</u>			
FUNDING SPECIFICS	Funding Authority: <u>RCW 82.14.460</u>			
	CFDA No. & Title: <u>N/A</u>			
	Funding Specifics: <u>1/10th of 1% Local Sales Tax</u>			
	Federal Agency: <u>N/A</u> Federal Award ID No: <u>N/A</u> Federal Award Date: <u>N/A</u>			
COUNTY	Program Division	Contact Person	Contact Email	Contact Phone
	<u>Behavioral Health</u>	<u>Amanda Franke</u>	<u>Amanda.Franke@snoco.org</u>	<u>425-388-7422</u>

Additional terms of this Contract are set out in and governed by the following, which are incorporated herein by reference:

- Basic Terms and Conditions HSD-2018-237-335, maintained on file at the Human Services Department:
- Business Associate Agreement BAA-2018-237-335, maintained on file at the Human Services Department:
- Specific Terms and Conditions Attached as Exhibit A
- Statement of Work/Project Description Attached as Exhibit B
- Approved Contract Budget Attached as Exhibit C

In the event of any inconsistency in this contract, the inconsistency shall be resolved by giving precedence in the following order: (a) appropriate provisions of state and federal law, (b) Specific Terms and Conditions, (c) Basic Terms and Conditions, (d) Business Associate Agreement, (e) other attachments incorporated by reference, and (f) other documents incorporated by reference.

THE CONTRACTING ORGANIZATION IDENTIFIED ABOVE (HEREINAFTER REFERRED TO AS AGENCY), AND SNOHOMISH COUNTY (HEREINAFTER REFERRED TO AS COUNTY), HEREBY ACKNOWLEDGE AND AGREE TO THE TERMS OF THIS CONTRACT. SIGNATURES FOR BOTH PARTIES ARE REQUIRED BELOW. BY SIGNING, THE AGENCY IS CERTIFYING THAT IT IS NOT DEBARRED, SUSPENDED, OR OTHERWISE EXCLUDED FROM PARTICIPATING IN FEDERALLY FUNDED PROGRAMS.

FOR THE CONTRACTING ORGANIZATION:

FOR SNOHOMISH COUNTY:

[Redacted Signature] 3-5-19
 (Signature) (Date)
Exec. Dir. of Human Resources
 (Title)

[Redacted Signature] 3/19/19
 (Signature) (Date)
 Mary Jane Brall Vujovic, Director
 Department of Human Services