

CIAH GRANT AGREEMENT BETWEEN:

KITSAP COUNTY AND EAGLE’S WINGS COORDINATED CARE

This GRANTEE AGREEMENT (“Agreement”) is made between Kitsap County, a Washington state political subdivision (“County”) and Eagle’s Wings Coordinated Care, a Washington Non-Profit Organization (“Grantee”).

IN ADDITION TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, the parties acknowledge that the following attachments are expressly incorporated into this agreement.

- Exhibit A Scope of Work
- Exhibit B Project Timeline
- Exhibit C Budget

IT IS MUTUALLY AGREED AS FOLLOWS:

SECTION 1. PURPOSE, PERMISSIBLE USES, AND TERM

- A. Grant Purpose: The purpose of this Agreement is to distribute funds collected pursuant to RCW 82.14.530 and RCW 82.14.540, implemented through KCC 4.34 and KCC 4.35.
- B. Permissible Uses: Use of CIAH funds are limited to those uses set out under RCW 82.14.530 and RCW 82.14.540, implemented through KCC 4.34 and KCC 4.35.
- C. Term: This Agreement will take effect on January 1, 2024, and terminate on December 31, 2027.

SECTION 2. GRANT AMOUNT, USE OF GRANT, AND BUDGET

- A. Grant Amount: The Grantee is awarded a total of \$245,556.
- B. Use of Grant: The Grantee shall use the award from this Agreement solely for the purpose and in the manner described in Exhibit A – Scope of Work, and on a timeline described in Exhibit B – Project Timeline. Adjustments to the Scope of Work and Project Timeline may be requested in writing and granted or denied at the sole discretion of the County.
- C. Budget: The award from this Agreement shall be expended by the Grantee as set forth in Exhibit C – Budget. Adjustments to the Budget may be requested in writing and granted or denied at the sole discretion of the County.

SECTION 3. CONTRACT ADMINISTRATION AND NOTICES

- A. Personnel: The Recipient will secure at its own expense all labor and materials required to perform any work in connection with the Project. The Recipient shall be responsible for all

applicable payroll, labor and industries premiums, and taxes. All employees and subcontractors of the Recipient shall be covered by Industrial Insurance in full compliance with Title 51 of the Revised Code of Washington ("RCW"). The Recipient shall defend and indemnify the County, and their officials, officers, employees, and agents from and against all claims arising from any actual or alleged violation of the Recipient's duties under this section or applicable law. Solely for the purposes of this indemnification provision, the Recipient expressly waives its immunity under Title 51 RCW and acknowledges that this waiver was mutually negotiated by the parties. The Recipient's duty to defend and indemnify shall survive the termination of this Agreement.

- B. Contract Representatives:** The parties designated representatives shall be responsible for the administration of this Agreement, which includes receiving notices given in connection to this Agreement and all billing procedures. The following are designated as the representatives for the parties:

KITSAP COUNTY:

Joel Warren, CIAH Program Supervisor
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366
360-627-1482
Jwarren@kitsap.gov

EAGLE'S WINGS COORDINATED CARE:

Ariana Miller, Quality Assurance Manager
PO Box 2168
Silverdale, WA 98383
360-801-7039
ariana@eagleswingscc.net

Either party may change its designated representative or address by providing notice, either written or via email, to the other party.

- C. Notices:** Any notice required or permitted to be made under this Agreement may be given personally, by facsimile, or by first-class, registered, or certified mail. A notice personally delivered to the other party is deemed given upon proper delivery. A notice sent by first-class, registered, or certified mail is deemed given three days after mailing, if properly addressed and having proper postage. Notices delivered by facsimile shall be deemed to have been given on the date of transmission if received during the recipient's business day or, if not, on the recipient's next business day.

SECTION 4. BILLING PROCEDURES, ADVANCE PAYMENTS, AND DISBURSEMENTS

- A. Billing Procedures:** The Grantee shall submit all requests for reimbursement by invoice to the County. Invoices shall be submitted at least quarterly, but not more often than monthly. Invoices shall be submitted to the County's Contract Representative specified in Section 3B. The County will pay Grantee upon acceptance of the services provided

and receipt of properly completed invoices. Payment shall be considered timely if made by the County within thirty (30) calendar days after receipt of properly completed invoices. Payment shall be sent to the address designated by the respective Grantee.

- B. Advance Payments: No payments in advance shall be made by the County in anticipation of work specified in Exhibit A – Scope of Work under this Agreement.
- C. Disbursement Limitations: In no event will the County be required to disburse funds in excess of the Agreement award amount specific in Section 2A.
- D. Disbursement without Prejudice: Any disbursement made by the County to the Grantee shall be without prejudice to the County's rights later to challenge the propriety of the Grantee's claimed costs or expenses.
- E. Withholding Disbursements: If the Grantee fails to perform any obligation under this Agreement, the failure has not been cured within ten (10) business days following notice from the County, the County may without penalty and in its sole discretion and upon written notice to the Grantee, withhold all monies otherwise due to the Grantee until such failure to perform is cured. This right to withhold disbursements is in addition to all other rights and remedies the County may have available to it under this Agreement or under law.

SECTION 5 – REPORTS, RECORDKEEPING, MONITORING, AND CLOSEOUT

- A. Reporting Requirements: At least once per quarter, and at the conclusion of either the Agreement expenditure or the Agreement contract period, the Grantee shall provide a report on the progress made to date on the Project. The County will prescribe the report format, as well as the time and location for submission of such reports. Required reports may include but are not limited to the following:
 - I. Quarterly reports which shall include the progress made to date, or justification for lack of progress, in providing the services specified in Exhibit A – Scope of Work of this Agreement.
 - II. Quarterly reports on income information regarding persons assisted by the Grantee or Subgrantee through this Agreement.
- B. Recordkeeping: The Grantee shall maintain records sufficient to fully document its compliance with all contractual, Agreement, and legal requirements, including but not limited to participant eligibility, income verification, and other required information on tenants.
- C. Monitoring: Upon reasonable advance notice, the Grantee shall provide the County, or its authorized agents, with full access to all the Grantee's records relating to this Agreement or the Project. The Recipient agrees to be financially and legally responsible for any audit exceptions or other irregularities in its performance or recordkeeping,

including but not limited to impermissible or unauthorized use of funds granted through this Agreement. This section shall survive termination of this Agreement.

- D. Closeout: Upon termination of this Agreement, in whole or in part for any reason including completion of the project, the following provisions shall apply:
- I. The Grantee shall submit within thirty (30) days after the date of expiration of this Agreement, all financial, performance and other reports required by this Agreement, and in addition, will cooperate in a program audit by Kitsap County or its designee.
 - II. In the event a financial audit has not been performed prior to close-out of this Agreement, the County retains the right to withhold a just and reasonable sum from the final payment to the Contractor or Subgrantee after fully considering the recommendation on disallowed costs resulting from the final audit.

SECTION 6 – INDEMNIFICATION

- A. Indemnification: To the fullest extent permitted by law, the Grantee shall indemnify, defend and hold harmless Kitsap County and the officials, officers, employees and agents of each of them, from and against all claims in any way resulting from or arising out of the performance of this Agreement, whether such claims arise from the acts, errors or omissions of the Grantee, its subcontractors, third parties, Kitsap County, or anyone directly or indirectly employed by any of them or anyone for whose acts, errors or omissions any of them may be liable. "Claim" means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys' fees and costs, attributable to personal or bodily injury, sickness, disease, or death, or to injury to or destruction of property, including the loss of use resulting therefrom. The Grantee's duty to indemnify, defend and hold harmless includes but is not limited to claims by the Grantee's or any subcontractor's officers, employees, or agents. The Grantee's duty, however, does not extend to claims arising from the sole negligence or willful misconduct of Kitsap County, or its officials, officers, employees, and agents. Solely for the purposes of this indemnification provision, the Grantee expressly waives its immunity under Title 51 of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This section shall survive the expiration or termination of this Agreement.

SECTION 7 – INSURANCE

- A. Insurance: The Grantee shall procure and maintain, at the Grantee's own cost and expense for the duration of this Agreement, the following insurance placed with insurers authorized to do business within the state of Washington:
- I. *Commercial General Liability*: One million dollars (\$1,000,000) per occurrence for bodily injury, personal injury, and property damage. The general aggregate limit will apply separately to this Agreement and be no less than two million dollars (\$2,000,000).
 - II. *Comprehensive Automobile Liability Insurance*: If performing any component of Exhibit A – Scope of Work involves the use of vehicles, owned or operated by the Grantee or its subgrantee/subcontractor, automobile liability insurance shall be

required. The minimum limit for automobile liability is one million dollars (\$1,000,000) per occurrence, using a Combined Single Limit for bodily injury and property damage.

- III. *Professional Liability, Errors, and Omissions Insurance*: The Grantee shall maintain minimum limits of no less than one million dollars (\$1,000,000) per occurrence to cover all activities by the Grantee and licensed staff employed by or under Agreement to the Grantee.
- IV. *Workers' Compensation and Employer's Liability*: Workers' Compensation coverage as required by Title 51, Revised Code of Washington.

B. Miscellaneous Insurance Provisions:

- I. *Evidence of Insurance*: The Grantee shall present evidence of required insurance policies listed in Section 7A to Kitsap County Department of Human Services prior to the execution of this Agreement. In the event of non-renewal, cancellation, or material change in coverage, thirty (30) days written notice will be furnished to the County prior to the date of cancellation, non-renewal or change. Written notice of insurance policy cancellation or change will be mailed to the County Contract Representative specified in Section 3B.
- II. *Additional Insured*: The Agency's commercial general liability and automobile liability insurance (if applicable) will include the County, its officers, officials, employees, and agents as additional insured, without limitation, with respect to performance under the contract.
- III. *Grantee's Insurance is Primary*: The Grantee's liability insurance provisions will be primary with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees and agents.

SECTION 8 – NONDISCRIMINATION AND LEGAL COMPLIANCE

- A. Nondiscrimination**: The Grantee shall not discriminate against any employee or applicant for employment, or program participant or program participant applicant on account of race, color, sex, sexual orientation, religion, national origin, creed, marital status, age, veterans status, or the presence of any sensory, mental or physical handicap.

In the event of a Grantee's non-compliance or refusal to comply with any nondiscrimination law, regulation, or policy, this Agreement may be rescinded, cancelled, or terminated in whole or in part. Additionally, the Grantee may be declared ineligible for future County grants. Any dispute may be resolved in accordance with procedures set forth in Section 10.

- B. Compliance with Laws**: During the performance of this Agreement, the Grantee shall comply with all federal, state, and local nondiscrimination laws, regulations, and policies. The County shall have no obligation to ensure Grantee's compliance.
- C. Reservation of Rights**: Failure to insist upon strict compliance with any terms, covenants or conditions of this Agreement shall not be deemed a waiver of such, nor shall any waiver or relinquishment of such right or power at any time be taken to be a waiver of any other breach.

SECTION 9 – TERMINATION

- A. Termination for Cause:** In the event the County determines the Grantee has failed to comply with the conditions of this Agreement in a timely manner, the County has the right to suspend or terminate this Agreement. Before suspending or terminating the Agreement, the County shall notify the Grantee in writing of the need to take corrective action. If corrective action is not taken within thirty (30) calendar days, the Agreement may be terminated or suspended.

In the event of termination or suspension, the Grantee shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original Agreement and the replacement or cover Agreement and all administrative costs directly related to the replacement Agreement, e.g., cost of requests for proposals, mailing, advertising and staff time. The County reserves the right to suspend all or part of the Agreement, withhold further payments, or prohibit the Grantee from incurring additional obligations of funds during investigation of the alleged compliance breach and pending corrective action by the Grantee or a decision by the County to terminate the Agreement.

- B. Termination for Convenience:** The County may terminate this Agreement for convenience upon giving the Grantee at least 30 days' advance written notice. In that event, the Grantee will be entitled to payment only for those expenses and costs reasonably and actually incurred prior to the effective date of the termination.
- C. Termination Procedure:** Upon termination of this Agreement, the County in addition to any other rights provided in this Agreement, may require the Grantee to repay all funds disbursed under this Agreement or to seek specific performance.

The rights and remedies of the County provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement. After receipt of a notice of termination, and except as otherwise directed by the County's Contract Representative specified in Section 3B, the Grantee shall take such action as may be necessary, or as the County's Contract Representative may direct, for the protection and preservation of the property related to this Agreement, which is in the possession of the Grantee and in which the County has or may acquire an interest.

Section 10 – DISPUTE PROCEDURE

- A. Dispute Resolution:** The Parties will attempt in good faith to resolve any dispute or claim arising out of or in relation to this Agreement through negotiations between representatives with authority to settle the relevant dispute. If the dispute cannot be settled amicably within fourteen (14) days from the date on which either Party has served written notice on the other of the dispute, then either party may request a dispute hearing with the County Administrator of Kitsap County. The County Administrator may designate a neutral person to decide the dispute.

- B. Dispute Hearing Request: The request for a dispute hearing must be submitted in writing to the other party, as well as the County Administrator (or their designee) and the neutral person who may decide the dispute, if applicable. The written request must:
- I. Clearly state the issue in dispute
 - II. Clearly state the position of both parties
 - III. Identify the Grantee's name, address, and Agreement number
- C. Dispute Hearing Process: The party that receives the request for a dispute hearing must respond in writing within five (5) working days of receipt. The County Administrator will review the written statements of each party and respond with a dispute decision within ten (10) working days of receipt. The decision made by the County Administrator (or their designee) is not admissible in any succeeding judicial or quasi-judicial tribunal. Both parties of this Agreement agree that this dispute process shall precede any action in judicial or quasi-judicial tribunal. Nothing in this Agreement shall be construed to limit parties' choice of a mutually acceptable alternate resolution method such as binding arbitration, in addition to the dispute hearing procedure outlined above.

SECTION 11 – CONFLICT OF INTEREST

- A. The County may, in its sole discretion by written notice to the Grantee, terminate this Agreement if it is found after due notice and examination by the County that there is a violation of the Ethics in Public Service Act, Chapters 42.23 RCW and 42.52 RCW; or any similar statute involving the Grantee in the procurement of, or performance under this Agreement. Specific restrictions apply to granting with current or former state employees pursuant to Chapter 42.52 of the Revised Code of Washington. If it is determined by the County that a conflict of interest exists, the Grantee may be disqualified from further consideration of CIAH awards.

In the event this Agreement is terminated due to a conflict of interest, the County shall be entitled to pursue the same remedies against the Grantee as it could pursue in the event of a breach of the Agreement by the Grantee. The rights and remedies of the County provided for in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law. The existence of facts upon which the County makes any determination under this section shall be an issue and may be reviewed as provided in Section 10 – Dispute Procedure clause of this Grant Agreement.

SECTION 12 – SUBGRANTING

- A. Subgranting Procedure: The Grantee may only subgrant work contemplated under this Agreement if it obtains the prior written approval of the County. If the County approves subgranting, the Grantee shall maintain written procedures related to subgranting, as well as copies of all subgrants and records related to subgrants. The County may, in writing: (a) require the Grantee to amend its subgranting procedures as they relate to this Agreement; (b) prohibit the Grantee from subgranting with a particular person or entity; or (c) require the Grantee to rescind or amend a subgrant. Every subgrant shall bind the Subgrantee to follow all applicable terms of this Agreement. The Grantee is responsible to the County if the Subgrantee fails to comply with any applicable term or condition of this Grant. The Grantee shall appropriately monitor the activities of the Subgrantee to assure fiscal conditions of this Grant. In no event shall the existence of a

subgrant operate to release or reduce the liability of the Grantee to the County for any breach in the performance of the Grantee's duties. Every subgrant shall include a term that the County is not liable for claims or damages arising from a Subgrantee's performance of the subgrant.

SECTION 13 – CIAH GRANT PROVISIONS

- A. CIAH Income Verification:** The Department of Housing and Urban Development's (HUD) Area Median Income (AMI), updated annually, will be used as the measure to define income qualification. Tenant incomes must be verified with full documentation annually.

- B. CIAH Characteristic Verification:** The grantee must verify and document that project participants are eligible to benefit from CIAH funds for the duration of this Grant Agreement. Along with only serving households earning 60% AMI or less, the household must also fit one of the following criteria:
 - a. Persons with behavioral health disabilities;
 - b. Veteran;
 - c. Senior citizens
 - d. Persons who are homeless or at-risk of being homeless, including families with children;
 - e. Unaccompanied homeless youth or young adults;
 - f. Persons with disabilities;
 - g. Domestic violence survivors.

- C. Property Standards:** The Grantee shall ensure that housing assisted with CIAH funds is decent, safe, sanitary, and in good repair. Housing that is acquired, constructed, or rehabilitated with CIAH funds must meet all applicable state and local codes, state and local housing standards, ordinances, and zoning ordinances, and code requirements through the duration of this grant agreement.

- D. Tenant Protections:** There must be a written lease between the tenant and the Grantee or Subgrantee, as the owner of rental housing assisted with CIAH funds. The lease agreement should be for a period of not less than one year unless a shorter period is specified by mutual agreement between the tenant and the owner.

SECTION 14 – INTEGRATED DOCUMENT

This Agreement with any attachments constitutes the entire agreement between the parties and both parties acknowledge that there are no other agreements, written or oral, that have not been fully set forth in the text of this Agreement.

Dated this 22nd day of December, 2023.

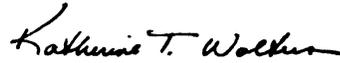
Dated this 8 day of Jan, 2024.

GRANTEE: Eagle's Wings Coordinated Care

**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**



Michelle Fleetwood, Director



Katherine T. Walters, Chair



Christine Rolfes, Commissioners



Charlotte Garrido, Commissioner



ATTEST:



Dana Daniels, Clerk of the Board

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Exhibit A – Scope of Work

<i>Project Details</i>	
Project Name	EWCC Rental Assistance
Funded Amount	\$245,556
Policy Plan Year	2024 - 2025
Eligible Activity	Provide supportive housing related services
Service Area	Kitsap County
Project Address/Location	
Eligible Target Population	<u>Income</u> : 30% AMI or less <u>Characteristic</u> : Person(s) with a disability, Homeless, At-risk of homelessness

Description of Scope

Eagle’s Wings Coordinated Care will provide housing stability to individuals and/or households through rental assistance (which can include rental arrearages, utility support, and deposits).

Performance Measures

1. Provide rental assistance to 75 individuals and/or households
2. Provide 24 number of months of rental assistance to individuals and/or households
3. 75 clients receiving services in a 12 month period.
4. 75 clients receiving utility support or arrearage support.

Exhibit B – Project Timeline

2024 Project Timeline

List the specific tasks to complete and manage this project, including the start and end dates for each task. The tasks include such things as obtaining other funding/financing, bidding process, identifying clients, marketing, planning and permit process, construction, environmental review, rent-up or project completion, site control, market studies, relocation, community meetings (if applicable).

Specific Tasks	Start Date	End Date
Identifying clients and begin providing rental assistance	1/1/2024	1/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	2/1/2024	2/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	3/1/2024	3/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	4/1/2024	4/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	5/1/2024	5/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	6/1/2024	6/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	7/1/2024	7/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	8/1/2024	8/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	9/1/2024	9/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	10/1/2024	10/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	11/1/2024	11/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	12/1/2024	12/10/2024
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	1/1/2025	1/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this	2/1/2025	2/10/2025

month		
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	3/1/2025	3/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	4/1/2025	4/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	5/1/2025	5/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	6/1/2025	6/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	7/1/2025	7/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	8/1/2025	8/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	9/1/2025	9/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	10/1/2025	10/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	11/1/2025	11/10/2025
Identifying clients and providing rental assistance to those unable to afford rental fees/move in costs for this month	12/1/2025	12/10/2025

Exhibit C – Project Budget

2024/2025 Sources of Financing - All Project Funding Sources				
Organization Name:		Eagle's Wings Coordinated Care		
Program:		Supportive Housing		
Funding Source	Committed	Conditional	Tentative	TOTAL
2024 CGAP Services Grant Request				
Total CGAP Requested Funds (CIAH)	245,556			\$ 245,556
Total Requested Funds	\$ 245,556	\$ -		\$ 245,556
Federal				
None				\$ -
				\$ -
				\$ -
				\$ -
Total Federal	\$ -	\$ -	\$ -	\$ -
State				
Foundational Community Supports-Medicaid		1,900,000		\$ 1,900,000
DOC Vouchers		120,000		\$ 120,000
WAQRR-Rental Assistance		200,000		\$ 200,000
HCA Respite		432,000		\$ 432,000
DSHS		21,600		\$ 21,600
Total State	\$ -	\$ 2,673,600	\$ -	\$ 2,673,600
100%				
Local				
Housing Essential Needs (HEN)		410,000		\$ 410,000
Housing Solutions Center- various programs			170,000	\$ 170,000
Olympic Communities of Health - RightChoice DV	33,334			\$ 33,334
Trueblood/Kitsap Mental Health Services		42,200		\$ 42,200
				\$ -
Total Local	\$ 33,334	\$ 452,200	\$ 170,000	\$ 655,534
5% 69% 26%				
Applicant				
Self-pay rents		226,930		\$ 226,930
				\$ -
				\$ -
Total Applicant	\$ -	\$ 226,930	\$ -	\$ 226,930
100%				
Private				
Donations		24,000		\$ 24,000
Restitution		54,744		\$ 54,744
				\$ -
				\$ -
Total Private	\$ -	\$ 78,744	\$ -	\$ 78,744
100%				
In-Kind				
Kitsap Transit			3,000	\$ 3,000
				\$ -
				\$ -
Total In-Kind	\$ -	\$ -	\$ 3,000	\$ 3,000
100%				
TOTAL PROJECT FUNDING	\$ 278,890	\$ 3,431,474	\$ 173,000	\$ 3,883,364
7% 88% 4%				

2024/2025 Total Services Program Budget

Organization Name: **Eagle's Wings Coordinated Care**

Program: **Supportive Housing**

Categories/Line Items	Total CGAP Requested Funds (CIAH)	%	Total Other Funds (Federal, State, Local, Applicant, Private)	%	Total Program Budget	%
Sources of Financing Totals	\$ 245,556	6%	\$ 3,883,364	100%	\$ 3,883,364	
Enter the estimated costs associated with your project/program from CGAP Sources and from Other Funds						
Personnel						
Managers and Staff (program related)		0%	\$ 1,590,652	41%	\$ 1,590,652	41%
Fringe Benefits		0%	\$ 653,010	17%	\$ 653,010	17%
SUBTOTAL	\$ -	0%	\$ 2,243,662	58%	\$ 2,243,662	58%
Supplies & Equipment						
Equipment					\$ -	
Office Supplies		0%	\$ 18,328	0%	\$ 18,328	0%
Other (describe):					\$ -	
SUBTOTAL	\$ -	0%	\$ 18,328	0%	\$ 18,328	0%
Administration						
Advertising/Marketing		0%	\$ 2,900	0%	\$ 2,900	0%
Audit/Accounting		0%	\$ 52,200	1%	\$ 52,200	1%
Communication		0%	\$ 29,000	1%	\$ 29,000	1%
Fees and Taxes		0%	\$ 48,140	1%	\$ 48,140	1%
Indirect Administrative Expenses		0%	\$ 91,890	2%	\$ 91,890	2%
Insurance/Bonds		0%	\$ 27,840	1%	\$ 27,840	1%
Legal Services		0%	\$ 20,880	1%	\$ 20,880	1%
Training		0%	\$ 11,600	0%	\$ 11,600	0%
Travel/Transportation		0%	\$ 55,564	1%	\$ 55,564	1%
Other (describe): Rent, Morg & Prop tax	\$ -	0%	\$ 997,255	26%	\$ 997,255	26%
SUBTOTAL	\$ -	0%	\$ 1,337,269	34%	\$ 1,337,269	34%
Ongoing Operations & Maintenance						
Janitorial Service					\$ -	
Maintenance Contracts					\$ -	
Maintenance of Existing Landscaping		0%	\$ 45,000	1%	\$ 45,000	1%
Repair of Equipment and Property		0%	\$ 216,000	6%	\$ 216,000	6%
Utilities		0%	\$ 183,512	5%	\$ 183,512	5%
Other (describe):					\$ -	
SUBTOTAL	\$ -	0%	\$ 444,512	11%	\$ 444,512	11%
Other						
Debt Service		0%	\$ 56,582	1%	\$ 56,582	1%
Short Term Rental Assistance	\$ 245,556					
Subcontract (describe):					\$ -	
Other (describe): Food/HA/Process Groups		0%	\$ 62,000	2%	\$ 62,000	2%
SUBTOTAL	\$ 245,556	6%	\$ 118,582	3%	\$ 118,582	3%
REMAINING (Sources of Financing Total minus Budget Subtotals)	\$0.00		(\$278,989.00)		(\$278,989.00)	
TOTAL PROJECT BUDGET	\$ 245,556		\$ 4,162,353		\$ 4,162,353	



EAGLES WINGS COORDINATED CARE

Unique Entity ID JLTBPJUMEV83	CAGE / NCAGE 9GB77	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Nov 20, 2024	
Physical Address 2819 NW Kitsap PL Silverdale, Washington 98383-7686 United States	Mailing Address PO Box 2168 Silverdale, Washington 98383 United States	

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Washington 06	State / Country of Incorporation Washington / United States	URL (blank)

Registration Dates		
Activation Date Nov 23, 2023	Submission Date Nov 21, 2023	Initial Registration Date Jan 24, 2023

Entity Dates	
Entity Start Date Dec 12, 2017	Fiscal Year End Close Date Dec 31

Immediate Owner	
CAGE (blank)	Legal Business Name (blank)

Highest Level Owner	
CAGE (blank)	Legal Business Name (blank)

Executive Compensation
 Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions
 Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Active Exclusions Records?

No

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Business Types

Entity Structure Other	Entity Type Business or Organization	Organization Factors (blank)
Profit Structure Non-Profit Organization		

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.



Accepts Credit Card Payments No	Debt Subject To Offset No
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EFT Indicator 0000	CAGE Code 9GB77
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Electronic Business

✎ Michelle L Fleetwood, Director	PO Box 2168 Silverdale, Washington 98383 United States
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Government Business

✎ Michelle L Fleetwood, Director	PO Box 2168 Silverdale, Washington 98383 United States
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NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	624229	Other Community Housing Services



This entity does not appear in the disaster response registry.

Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name:
 Principal:
 From: To:

WA UBI Number:
 RCW:
 Penalty Due:
 Wage Due:

License Number:

[Download all debarment data](#) 

Show per page Showing 0 records [First](#) [Previous](#) [Next](#) [Last](#)

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.									

Show per page Showing 0 records [First](#) [Previous](#) [Next](#) [Last](#)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Eagle's Wings Coordinated Care			
2 Business name/disregarded entity name, if different from above Same as above			
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<input checked="" type="checkbox"/> Other (see instructions) ▶ Non-Profit			
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 2168		Requester's name and address (optional)	
6 City, state, and ZIP code Silverdale, WA 98383			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	2		-	3	6	9	0	8	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶ **10-13-23**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.