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**CONTRACT FOR SERVICES AGREEMENT**

**Converse County, Wyoming  
Fiscal Year 2019-2020 (FY 20)**

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Please submit one (1) original of this form with your budget request. Page 3, SCOPE OF WORK, must be completed. For your records, a scan will be available on the County's website after the budget request is approved.

**Parties:** This agreement is made between the Board of Commissioners of Converse County, Wyoming, 107 N 5<sup>th</sup> St., Suite 114, Douglas, WY 82633-2448 (hereafter "**County**") and Human Resource Council of Converse County \_\_\_\_\_ (hereafter "**Contractor**").

**Purpose:** This agreement is for the purpose of obtaining resources (funds) from the **County** and using such funds towards those services identified in *Attachment A: Scope of Work*. This form shall be submitted with the Budget Request. No funds will be disbursed until this contact is approved by the Board of County Commissioners.

**Term:** This agreement shall be in effect for a one-year term beginning July 1, 2019 and ending June 30, 2020.

**Payment:** The **County** shall pay the **Contractor** in twelve equal monthly installments of \$ 1166.66, not to exceed \$ 14,000.00 in total during the term of this agreement.

**(Note: the County will insert the budget amounts in this paragraph after the final budget has been approved by the Commission on the 3<sup>rd</sup> Tuesday of July.)**

**Termination:** The **Contractor** may terminate this agreement thirty (30) days after giving notice in writing to the **County** of its intent to terminate. The **County** may terminate this agreement at any time for any breach thereof by **Contractor** or due to lack of sufficient funds in the County Treasury. Termination by either party ceases further obligation on the part of the **County** to make further payments under this agreement and **Contractor** shall be required to reimburse the **County** for any monies paid to **Contractor** under the terms of this agreement which have been paid in advance for services not yet rendered.

**Responsibilities of Contractor:** Contractor shall:

1. Use the funds solely for those services identified in *Attachment A: Scope of Work*.
2. Submit to the **County** a copy of its annual financial compilation, review or audit when completed for the end of each fiscal year. This document must be submitted by the **Contractor** along with the current budget funding request.
3. Contractor shall submit invoices monthly, quarterly, or biannually by the County's accounts payable deadline. Invoices shall be submitted by US Mail or by hand delivery to the County Clerk's Office.

4. Any allocation of funds not invoiced by the Contractor for the current Fiscal Year and by the deadline will revert to the County's General Fund and will not be paid to the Contractor.
5. The Contractor shall pay, in a timely manner, all property taxes and any other debts assessed in its name and payable to Converse County. The County may withhold any debts due and owing from the Contractor's final fiscal year allocation.

**Miscellaneous Provisions:**

1. The Parties hereby agree that **Contractor** may accumulate monies and need not expend all current funds provided; however, the **Contractor** shall not accumulate funds so as to be liable for any corporate tax.
2. By entering into this Agreement, the **County** does not waive its sovereign immunity or any other defense provided by law.
3. It is understood by both parties the funding provided to the **Contractor** is budgeted through the County's General Fund account; therefore, continued financial support for the **Contractor** after June 30, 2019 is contingent upon on an application form completed by the **Contractor** in the County's specified format; the **Contractor** meeting the *Scope of Work* identified in *Attachment A*; and, providing all documents and/or records as may be requested by the Board of County Commissioners from this date forward.

**Signatures:**

Converse County

  
 \_\_\_\_\_  
 Robert Short, Chair, BOCC

8/6/2019  
 \_\_\_\_\_  
 Date

Attest:   
 \_\_\_\_\_  
 Lucile K. Taylor, Converse County Clerk



**ORGANIZATION: Obtain Signatures, complete ALL blanks.**

{Contractor} Name of Organization: Human Resource Council of Converse County

Mailing Address: P.O. Box 1104

City Douglas State WY ZIP 82633

Phone Number: 307-351-1222

Email address: bshinmori@hotmail.com

  
 \_\_\_\_\_  
 Vice Chairman

4/5/19  
 \_\_\_\_\_  
 Date

Attest: \_\_\_\_\_  
Secretary

**(The next page [3], Attachment A, Scope of Work is REQUIRED.)**

### ATTACHMENT A - SCOPE OF WORK

Instructions to **Contractor**: Please identify and list the services that will be provided to County residents by using bullet points and provide sufficient detail for the Board of Commissioners to understand the project. It is not necessary to go into great detail. The Contractor shall be required to quantify (measure) the services provided prior to being considered for future funding.

Contractor Pharm Resource Council of Converse County Date 4/15/19

**Please list those services below or attach your document with the required information:**

**ATTACHMENT A  
STATEMENT OF WORK  
Community Services Block Grant**

This document is intended as a Statement of Work (SOW) to identify and describe projects to be performed through the Community Services Block Grant in Converse County, Wyoming during the term of this Contract. The goal of the project is to provide activities and supportive services to low-income individuals and families that empower them to overcome the effects of poverty and to support their progress toward greater self-sufficiency.

The following table shows specific projects, estimated number of clients to be served, amount of funding allocated to each project, and end dates. Human Resource Council of Converse County through the Converse County Tripartite Board will provide services and activities to low-income individuals and families until September 30, 2018 and will continuously pursue all options to effectively serve as many clients in need with the amount of funding granted to each project. The Agency agrees to pay the Contractor for the activities services described in Attachment A, Statement of Work, which is attached to and made part of this Contract by this reference. Total payment under this Contract shall not exceed eighty-two thousand, two hundred twenty-nine dollars (\$82,229.00). An initial payment, equaling twenty-five percent (25%) of the contracted amount, shall be made upon execution of the Contract in the amount of one hundred twenty-six thousand, six hundred thirty-four dollars (\$20,557.25). Monthly reimbursements will be issued, beginning February 2018, upon receipt of monthly invoice for prior month of service that contains sufficient detail to ensure that payments may be made in conformance with this Contract.

<b>Human Resource Council of Converse County 2017 CSBG Projects</b>				
<b>Project</b>	<b>Program Name</b>	<b>Estimated Clients to be Served</b>	<b>Amount Funded</b>	<b>Grant End Date</b>
	<b>Description</b>			
1	<b>Administration and Case Management</b>	N/A	\$38,362	9/30/2020
	Provide administration and case management.			
2	<b>Emergency and Non-Emergency Assistance</b>	200	\$81,501	9/30/2020
	Provide dental, medical, pharmaceutical, optical, housing, utility, employment-based, youth-based services, and other assistance as necessary.			
3	<b>Financial Management Course</b>	80	\$350.00	9/30/2020
	Provide a financial management course to eligible applicants and clients.			
4				
5				
	<b>Discretionary Funds Needs Assessment</b>			
<b>TOTALS</b>		<b>280</b>	<b>\$97,283</b>	<b>9/30/2020</b>