## WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

Originating Department:	Superior Court
Division/Program: (i.e. Dept. Division and Program)	Juvenile Court Administration
Contract or Grant Administrator:	David Reynolds
Contractor's / Agency Name:	Washington State Department of Children, Youth and Families
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes No No If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	
Does contract require Council Approval? Yes   No   Already approved? Council Approved Date:	
Is this a grant agreement?  Yes No No If yes, grantor agency contract number(s): 2363-48883 CFDA#:	
Is this contract grant funded?  Yes No No If yes, Whatcom County grant contract number(s):  New Grant and Contract	
Is this contract the result of a RFP or Bid process?  Yes No If yes, RFP and Bid number(s):	Contract Cost Center: 1900
Is this agreement excluded from E-Verify? No O Yes ① If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below:  Professional services agreement for certified/licensed professional. Goods and services provided due to an emergency Contract work is for less than \$100,000. Contract work is for less than \$100,000. Contract work is for less than 120 days. Interlocal Agreement (between Governments).  Contract Amount: (sum of original contract amount and any prior amendments):  \$\int_{\text{Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}}\$  Total Amended Amount:  \$\int_{\text{Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}}\$  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Total Amended Amount:  \$\int_{\text{Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}}\$  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Total Amended Amount:  \$\int_{\text{Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}}\$  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this time. Please reference Exhibit A "Funding". Paragraph 2.}  Unknown at this	
justice through the Evidence Based Expansion Program. Reimbursement will be according to the rates from the EBE Contract SFY 2022-2023 until September 1, 2023. The SFY 2022-2023 amount was up to \$61,285. Please reference Exhibit A "Funding", Paragraph 2 for additional information regarding funding. The contract funds the Coordination of Services Program.	
Term of Contract: July 1, 2023  Contract Routing: 1. Prepared by: Stephanie Kraft	Expiration Date: June 30, 2025  Date: 8/14/2023
Contract Routing: 1. Prepared by: Stephanie Kraft  2. Attorney signoff: Approved by Email/KF/SK	Date: 8/14/2023
3. AS Finance reviewed: Approved by Email/A	
4. IT reviewed (if IT related):	Date:
5. Contractor signed:	Date:
6. Executive contract review:	Date:
7. Council approved, if necessary:	Date:
8. Executive signed:	Date:  Date:
9. Original to Council:	Date.