


WHATCOM COUNTY CONTRACT INFORMATION SHEET		Whatcom County Contract No. <u>202208008 – 2</u>	
Originating Department:		85 Health	
Division/Program: (i.e. Dept. Division and Program)		Response Systems Division / Alternative Response Team	
Contract or Grant Administrator:		Vanessa Martin	
Contractor's / Agency Name:		Washington State Health Care Authority	
Is this a New Contract? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a))	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Original Contract #: 202208008
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):	K6144-02	CFDA#:
Is this contract grant funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):	Contract Cost Center:	124135
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.			
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Work related subcontract less than \$25,000.	
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ 2,213,000		Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when : 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.	
This Amendment Amount: \$ 1,174,000			
Total Amended Amount: \$ 3,387,000			
Summary of Scope: This amendment extends the agreement for two fiscal years and updates deliverables and their due dates. The purpose of this Agreement is for Whatcom County to establish an alternative response team pilot program to respond to 911 calls that do not require emergency medical services or law enforcement.			
Term of Contract:	2 Years, 9.5 Months	Expiration Date:	06/30/2025
Contract Routing:	1. Prepared by:	JT	Date: 10/19/2023
	2. Attorney signoff:	RB	Date: 10/19/2023
	3. AS Finance reviewed:	A Martin	Date: 10/25/2023
	4. IT reviewed (if IT related):		Date:
	5. Contractor approved:		Date:
	6. Submitted to Exec.:		Date:
	7. Council approved (if necessary):	AB2023-712	Date:
	8. Executive signed:		Date:
	9. Original to Council:		Date:

		CONTRACT AMENDMENT	HCA Contract #: K6144 Amendment #: 2 Whatcom County Contract #: 202208008
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME Whatcom County		CONTRACTOR doing business as (DBA) Whatcom County Health and Community Services	
CONTRACTOR ADDRESS 509 Girard Street Bellingham, WA 98225		CONTRACTOR CONTRACT MANAGER Name: Vanessa Martin Email: vmartin@co.whatcom.wa.us	
AMENDMENT START DATE July 1, 2023		CONTRACT END DATE June 30, 2025	
Prior Maximum Contract Amount \$2,213,000	Amount of Increase \$1,174,000	Total Maximum Compensation \$3,387,000	

WHEREAS, HCA and Contractor previously entered into a Contract to establish an alternative response team pilot program, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 7 to add funding and deliverables for two (2) additional fiscal years;

WHEREAS, HCA and Contractor agreed to continue Alternate Response Team work through SFY2024 and SFY2025, and;

WHEREAS, HCA and Contractor wish to amend Schedule A: Statement of Work, Section 5, *Deliverables Table*, to reflect deliverable due dates that fall within SFY2024 and SFY2025, and;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3, Period of Performance, is amended to extend the Contract End Date to June 30, 2025.
2. Section 4, Payment, is amended to increase Total Maximum Contract Compensation by \$1,174,000 from \$2,213,000 to \$3,387,000.
3. Schedule A, Statement of Work, Section 3, Cost Reimbursement of Supplies, is hereby removed for SFY2024 & SFY2025.
4. Schedule A: Statement of Work, Section 4, Program Evaluation Report, is hereby amended and retitled as Section 4, Reports, to read as follows:
 4. Reports
 - 4.1 Quarterly Reports
 - 4.1.1 Summary of program activities, successes and challenges during the time period; and
 - 4.1.2 Other components, as agreed to by Contractor and HCA Contract Manager.
 - 4.2 Program Evaluation Reports
 - 4.2.1 Summary of program activities, successes and challenges during the time period; and
 - 4.2.2 Other components, as agreed to by Contractor and HCA Contract Manager.

5. Schedule A: Statement of Work, Section 5, Deliverables Table, is amended to add compensation and deliverable due dates for SFY2024 and SFY2025, and is amended to read as follows:

5. Deliverables Table.

5.1 Contractor will invoice HCA upon completion of timely deliverables in accordance with the deliverable descriptions and payment amounts below.

5.2 Due dates may be extended with written approval from HCA Contact Manager but will in no case be extended beyond June 30, 2025 unless agreed upon via a signed Amendment.

#	Description	Date Range	Due Date	Rate	Amount
SFY2024					
1	Quarterly Reports	Oct-Dec 2023	10 th day of the month following the month of service	\$145,000 per report x 3 reports	\$435,000
		Jan-Mar 2024			
		Apr-June 2024			
2	Program Evaluation Reports	July 2023-June 2024		\$152,000 per report x 1 report	\$152,000
Subtotal, SFY2024					\$587,000
SFY2025					
3	Quarterly Reports	July-Sept 2024	10 th day of the month following the month of service	\$145,000 per report x 3 reports	\$435,000
		Oct-Dec 2024			
		Jan-Mar 2025			
4	Program Evaluation Reports	July 2024-June 2025	With final invoice	\$152,000 per report x 1 report	\$152,000
Subtotal, SFY2025					\$587,000
Total Maximum Compensation for deliverables completed in SFY2024 & SFY2025					\$1,174,000

6. This Amendment will be effective as of July 1, 2023 (“Effective Date”).

7. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

8. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE <small>DocuSigned by:</small> <i>Annette Schuffenhauer</i>	Annette Schuffenhauer Chief Legal Officer	10/9/2023

APPROVAL AS TO PROGRAM: _____
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health & Community Services Director Date

APPROVAL AS TO FORM: _____
Royce Buckingham, Senior Civil Deputy Prosecutor Date

Washington State Health Care Authority

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