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|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>WHATCOM COUNTY CONTRACT INFORMATION SHEET</b>                                                                                                |                                                                                                                                          | Whatcom County Contract No.<br>202209001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
| Originating Department:                                                                                                                         |                                                                                                                                          | 85 Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |
| Division/Program: (i.e. Dept. Division and Program)                                                                                             |                                                                                                                                          | 8550 Human Services / 855060 Substance Abuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
| Contract or Grant Administrator:                                                                                                                |                                                                                                                                          | Alyssa Pavitt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
| Contractor's / Agency Name:                                                                                                                     |                                                                                                                                          | Island County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
| Is this a New Contract?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                  | If not, is this an Amendment or Renewal to an Existing Contract?<br>If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does contract require Council Approval?<br>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?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                               | If yes, grantor agency contract number(s):                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CFDA#:                                                   |
| Is this contract grant funded?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                           | If yes, Whatcom County grant contract number(s):                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 202201016                                                |
| Is this contract the result of a RFP or Bid process?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     | If yes, RFP and Bid number(s):                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Contract Cost Center:<br>677350                          |
| Is this agreement excluded from E-Verify?<br>No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>                                | If no, include Attachment D Contractor Declaration form.                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| If YES, indicate exclusion(s) below:                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| <input type="checkbox"/> Professional services agreement for certified/licensed professional.                                                   |                                                                                                                                          | <input type="checkbox"/> Contract for Commercial off the shelf items (COTS).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
| <input type="checkbox"/> Contract work is for less than \$100,000.                                                                              |                                                                                                                                          | <input type="checkbox"/> Work related subcontract less than \$25,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |
| <input type="checkbox"/> Contract work is for less than 120 days.                                                                               |                                                                                                                                          | <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |
| <input checked="" type="checkbox"/> Interlocal Agreement (between Governments).                                                                 |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| Contract Amount:(sum of original contract amount and any prior amendments):<br>\$ 25,000                                                        |                                                                                                                                          | Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when</b> :<br>1. Exercising an option contained in a contract previously approved by the council.<br>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.<br>3. Bid or award is for supplies.<br>4. Equipment is included in Exhibit "B" of the Budget Ordinance<br>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:<br>\$                                                                                                                    |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| Total Amended Amount:<br>\$                                                                                                                     |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
|                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| Summary of Scope: The purpose of this agreement is to fund implementation of youth cannabis and tobacco prevention activities in Island County. |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| Term of Contract:                                                                                                                               | 6 Months                                                                                                                                 | Expiration Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12/31/2022                                               |
| Contract Routing:                                                                                                                               | 1. Prepared by:                                                                                                                          | JT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date: 06/17/2022                                         |
|                                                                                                                                                 | 2. Health Budget Approval:                                                                                                               | KR/JG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date: 06/28/2022                                         |
|                                                                                                                                                 | 3. Attorney signoff:                                                                                                                     | RB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date: 06/24/2022                                         |
|                                                                                                                                                 | 4. AS Finance reviewed:                                                                                                                  | M Caldwell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date: 7/1/22                                             |
|                                                                                                                                                 | 5. IT reviewed (if IT related):                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:                                                    |
|                                                                                                                                                 | 6. Contractor approved:                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:                                                    |
|                                                                                                                                                 | 7. Submitted to Exec.:                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date: 9/8/2022                                           |
|                                                                                                                                                 | 8. Council approved (if necessary):                                                                                                      | AB2022-396                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date: 07/12/2022                                         |
|                                                                                                                                                 | 9. Executive signed:                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date: 9/9/2022                                           |
|                                                                                                                                                 | 10. Original to Council:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date:                                                    |



**MEMORANDUM**

**TO:** Satpal Sidhu, County Executive

**FROM:** Erika Lautenbach, Director

**RE:** Island County Youth Marijuana Prevention and Education Program  
Interlocal Agreement

**DATE:** August 31, 2022

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Attached is an interlocal agreement between Whatcom County and Island County for your review and signature.

▪ **Background and Purpose**

Whatcom County Health Department is the lead agency for the North Sound Region Youth Cannabis & Commercial Tobacco Prevention Program [YCCTPP – formerly the Youth Marijuana Prevention & Education Program (YMPEP)] serving Whatcom, Island, San Juan, Skagit, and Snohomish Counties. Whatcom County receives funding from Washington State Department of Health (DOH) to coordinate implementation of strategies aimed at reducing initiation and use of cannabis and tobacco by youth (ages 12-20) in the North Sound Region. The purpose of this agreement is to support Island County's participation in planning and engagement in youth cannabis and tobacco prevention strategies and activities.

Final changes to the YCCTPP budgets and workplans at DOH are still being made and once finalized, an amendment will be executed to extend this Agreement through the end of the 06/30/2023 fiscal year.

▪ **Funding Amount and Source**

Funding for this contract, in an amount not to exceed \$25,000, is provided by the Washington State Department of Health YMPEP. These funds are included in the 2022 budget. Council approval is required per RCW 39.34.030(2) for agreements between public agencies.

Please contact Ann Beck, Community Services Manager at 360-778-6055 ([ABeck@co.whatcom.wa.us](mailto:ABeck@co.whatcom.wa.us)) or Kathleen Roy, Assistant Director at 360-778-6007 ([KRoy@co.whatcom.wa.us](mailto:KRoy@co.whatcom.wa.us)), if you have any questions or concerns regarding this request.



Whatcom County Contract Number

202209001

INTERLOCAL COOPERATIVE AGREEMENT BETWEEN  
WHATCOM COUNTY  
AND  
ISLAND COUNTY

THIS AGREEMENT is made and entered into by and between Whatcom County ("Whatcom") and Island County ("Island"); both Counties in the State of Washington pursuant to the authority granted by Chapter 39.34 RCW, INTERLOCAL COOPERATION ACT.

1. PURPOSE: The purpose of this agreement is to implement youth cannabis and tobacco prevention activities outlined in the Island County Workplan.

2. RESPONSIBILITIES:

Whatcom will:

- A. Lead and facilitate the North Sound Region Youth Cannabis & Tobacco Prevention Program (YCCTPP) Strategic Plan
- B. Provide technical assistance and support to Island in carrying out their YCCTPP work
- C. Include Island staff in regional YCCTPP communication, trainings, and meetings
- D. Share State and regional YCCTPP resources with designated Island staff
- E. Provide Island with templates for submitting work plan, budget, and reporting
- F. Lead North Sound Region YCCTPP partners through assessment and workplan updates during July – September 2022, as required by the Washington State Department of Health (DOH). At completion of the updated regional workplan, Whatcom County will approve a detailed workplan covering YCCTPP tasks for the remainder of the funding period.

Island will:

- A. Designate lead staff to actively engage in YCCTPP & Network who will:
  1. Attend bi-monthly regional network meetings
  2. Attend bi-monthly regional subcontractor meetings
  3. Participate in regional YCCTPP planning efforts
    - a. Participate in Regional Need Assessment and Regional Workplan Development, as required by DOH.
    - b. Participate in Regional Equity and Network Assessments, as required by DOH
  4. Participate in YCCTPP Practice Collaborative (PC)
    - a. Attend monthly PC meetings, as available (Sept – Dec)

- b. Join and participate in 1 or more statewide YCCTPP workgroup/coalition
  - B. Conduct outreach with coalition, school and community partners on:
    - A. Local, regional, and state opportunities for youth trainings and engagement in prevention
    - B. Regional opportunities for School Substance Use Discipline Policies support
    - C. Prevention related professional development training opportunities (regional, state and national)
    - D. Recruiting partners in your communities to participate in regional network and strategies
    - E. Educational resources on cannabis and tobacco prevention
    - F. Healthy Youth Survey Data regarding Youth Cannabis and Tobacco Prevention
  - C. Conduct community engagement work related to regional youth cannabis and tobacco prevention workplan, including:
    - 1. Local assessment of cannabis and tobacco advertising practices
    - 2. Gathering community input on cannabis and tobacco prevention from local youth and/or parents
    - 3. Education to local partners on current hot topics in youth cannabis and tobacco prevention
  - D. Coordinate YCCTPP communication and media tasks in Island County, such as:
    - 1. Promote YCCTPP youth and adult campaigns through local channels
    - 2. Conduct outreach to local and state decision makers regarding youth cannabis and tobacco prevention topics
  - E. Attend or support adult and/or youth prevention partners in Island County to attend approved local, state and national trainings related to youth cannabis and tobacco prevention
  - F. Other efforts, as approved, that align with the North Sound Region Youth Cannabis and Tobacco Prevention Regional Plan
  - G. Maintain accurate records of staff time dedicated to YCCTPP activities.
  - H. Provide monthly reports of program activities and staff effort to Lead Regional Coordinator for inclusion in DOH reporting. Contractor will use reporting form provided by Whatcom. Due dates will be no later than 10<sup>th</sup> day of the month, following the month activities occurred.
  - I. Perform all work necessary within the limits of the available resources from this agreement to implement the strategies, action steps and deliverables agreed to with regional partners and approved by DOH.
  - J. Request approval for budget adjustments that total 10% or more – approval required at least 15 days prior to expanding adjusted budget items.
  - K. Comply with all applicable Federal and State requirements that govern this agreement and will cooperate with Whatcom on at least one annual site visit at a mutually agreeable time to discuss Island County program process and contract oversight.
3. **TERM OF AGREEMENT:** The start date of this grant funded program is July 1, 2022 therefore the start date of this agreement has been established as of that date, and shall be in effect through December 31, 2022.
4. **EXTENSION:** The duration of this agreement may be extended by mutual, written consent of the parties.

5. **ADMINISTRATION:** The following individuals are designated as representatives of the respective parties. The representatives shall be responsible for the administration of this agreement and for coordinating and monitoring performance under this agreement. In the event such representatives are changed, the party making the change shall notify the other party:

Whatcom's representative shall be:

Alyssa Pavitt, Program Specialist – [apavitt@co.whatcom.wa.us](mailto:apavitt@co.whatcom.wa.us)  
Whatcom County Health Department  
509 Girard Street, Bellingham WA 98225  
(360) 778-6061

Island's representative shall be:


Leah Wainman, Assessment and Healthy Communities Manager – [l.wainman@islandcountywa.gov](mailto:l.wainman@islandcountywa.gov)  
Island County Public Health  
PO Box 5000, Coupeville WA 98239  
(360) 678-7940

6. **TREATMENT OF ASSETS AND PROPERTY:** No fixed assets or personal or real property will be jointly or cooperatively acquired, held, used, or disposed of pursuant to this agreement.
7. **INDEMNIFICATION:** Each party agrees to be responsible and assume liability for its own wrongful and/or negligent acts or omissions or those of their officials, officers, agents, or employees to the fullest extent required by law and further agrees to save, indemnify, defend, and hold harmless the other party from any such liability. It is further provided that no liability shall attach to Whatcom County by reason of entering into this agreement, unless expressly provided herein.
8. **TERMINATION:** Any party hereto may terminate this agreement upon (30) day notice in writing either personally delivered or mailed to the party's last known address for the purposes of giving notice under this paragraph. If this agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this agreement prior to the effective date of termination.
9. **CHANGES, MODIFICATIONS, AMENDMENTS, OR WAIVERS:** The agreement may be changed, modified, amended, or waived only by written agreement executed by the parties hereto. Waiver or breach of any term or condition of this agreement shall not be considered a waiver of any prior or subsequent breach.
10. **SEVERABILITY:** In the event of any term or condition of this agreement or application thereof to any person or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications of this agreement which can be given effect without the invalid term, condition or application. To this end, the terms and conditions of this agreement are declared severable.
11. **ENTIRE AGREEMENT:** This agreement contains all the terms and conditions agreed upon by the parties. All items incorporated herein by reference are attached. No other understandings, oral or otherwise, regarding the subject matter of this agreement shall be deemed to exist or to bind any of the parties hereto.
12. **OTHER PROVISIONS:** Island County will comply with all applicable Federal and State requirements that govern this agreement.

Each signatory below to this Agreement warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and to bind the party thereto.

**ISLAND COUNTY:**

  
Melanie Bacon, Board of County Commissioners, Island County      8/23/22  
Date

  
Janet St. Clair, Chair of Board of Health, Island County      8/16/2022  
Date

**WHATCOM COUNTY:**

**Recommended for Approval:**

DocuSigned by:  
      8/31/2022  
2B365BB0422344A  
Ann Beck, Community Services Manager      Date

DocuSigned by:  
      9/6/2022  
BA352D0115CB4CC  
Erika Lautenbach, Health Department Director      Date

**Approved as to form:**

DocuSigned by:  
      9/6/2022  
1EF50DBD9542404  
Royce Buckingham, Senior Civil Deputy Prosecutor      Date

**Approved:**

Accepted for Whatcom County:

DocuSigned by:  
      9/9/2022  
By: 1192C7C18B664E3  
Satpal Singh Sidhu, Whatcom County Executive      Date

**CONTRACTOR INFORMATION:**

Island County  
PO Box 5000  
Coupeville, WA 98239

**EXHIBIT "B"**  
(COMPENSATION)

The source of funding for this contract, in an amount not to exceed \$25,000, is the Youth Cannabis & Commercial Tobacco Prevention Program, passed through the Consolidated Contract with the Washington State Department of Health.

| <b>Contract Budget 07/01/2022 – 12/31/2022</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>*Item</b>                                   | <b>Documentation required with invoice</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>**Budget</b> |
| Personnel                                      | Expanded GL Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$16,400        |
| Advertising                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$2,500         |
| Travel & Training                              | For travel, training and conference expenditures, mileage will be reimbursed at the current Federal rate. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts. Lodging and meal costs are not to exceed the U.S. General Services Administration Domestic Per Diem Rates ( <a href="http://www.gsa.gov">www.gsa.gov</a> ), specific to location. Reimbursement requests for allowable travel, training and membership expenses (including conference/training registration fees) must be accompanied by receipts or vendor invoices. Receipts for meals are not required. Mileage records, including the name of the staff member, date of travel, starting point and destination of travel, the number of miles traveled, the per mile reimbursement rate, and a brief description of the purpose of travel, are required for mileage reimbursement. | \$1,000         |
| Supplies & Materials                           | Expanded GL Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$933           |
| <b>SUBTOTAL</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>\$20,833</b> |
| Indirect @ 20%                                 | Copy of approved indirect cost plan required for 20%; if not received, 10% will be the maximum allowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$4,167         |
| <b>TOTAL</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>\$25,000</b> |

1. \*Contractor may transfer funds between line items with prior County approval.
2. \*\*Budget adjustments that total ten percent (10% or more) – need approval at least 15 days prior to expending adjusted budget items
3. Contractor may be required to submit a spend down plan to the County if the following budget spending guidelines are not met: 50% by October 1, 2022. If a spend down plan is submitted and not carried through, it will be considered in future funding decisions.

**I. Invoicing**

1. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 20<sup>th</sup> day of the month following the month of service. Invoices submitted for payment must include sufficient documentation to prove the validity of all costs claimed. A general ledger report of costs claimed toward this project will be sufficient for invoicing this agreement. Whatcom County reserves the right to request further back-up documentation for any costs

claimed for reimbursement. Equipment purchases are not an allowable expense. Food and incentive purchases must follow DOH YCCTPP guidelines.

2. The Contractor shall submit invoices to *(include contract/PO #)* [HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us).
3. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.
4. Invoices must include the following statement, with an authorized signature and date:

**I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**

5. Duplication of Billed Costs or Payments for Service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.