

# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.  
202507009 – 1

Originating Department:	85 - Health
Division:	8550 - Human Services
Program:	855050 - Developmental Disabilities
Contract or Grant Administrator:	Jessica Lee
Contractor's / Agency Name:	Kulshan Supported Employment

<b>Type of contract:</b>	Standard Contract for Services	
Is this a <b>new contract</b> ? No	If not, <b>is this an amendment</b> or renewal to an existing contract? Yes	If amendment or renewal (per W.C.C. 3.08.11(a)), <b>original contract #</b> : 202507009
Is this a <b>grant</b> agreement? No	If yes, grantor agency contract numbers:	ALN:  <i>Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds</i>
Is this contract <b>grant-funded</b> ? Yes	If yes, Whatcom County grant contract number(s): 202507002	
Is this contract the result of an <b>RFP or Bid</b> Process? RFP	If yes, RFP and Bid number(s): RFP 22-60/61	Federal reimbursement? No
<b>Procurement Method:</b>	Request for Proposal (RFP) - For services or technologically complex equipment such as comp	
<b>Council review requirements &amp; exemptions:</b>	Required - Amendment exceeds \$10,000 or 10% threshold	

Fund:	1000, 1854	<b>Original Contract Amount (if amendment):</b>	1,588,773
Cost Center:	10008583, 18541001	<b>This Amendment Amount (if applicable):</b>	1,889,779
Object Account:	6610	<b>Total Contract Amount:</b>	3,478,552

**Contract term ends:** 06/30/2027 | Estimated funding source allocations: 10008583 (\$1,882,279), 18541001 (\$7,500)

**Contract routing (please initial & date):**

Prepared by:	JT 02/27/2026	Contractor signed:	
Contractor review:		Executive review:	
Attorney signoff:	JCW 05/20/2026	Council approval, if necessary:	AB#: AB2026-437
AS Finance review:	DMK 05/27/2026		
IT review (if related):	n/a	Executive signed	

**WHATCOM COUNTY CONTRACT AMENDMENT**  
**Services to Individuals with Developmental Disabilities**

**PARTIES:**

**Whatcom County**  
**Whatcom County Health and Community Services**  
**509 Girard Street**  
**Bellingham, WA 98225**

**AND CONTRACTOR:**  
**Kulshan Supported Employment**  
**1314 N. State Street**  
**Bellingham, WA 98225**

**CONTRACT PERIODS:**

**Original: 07/01/2025 – 06/30/2026**  
**Amendment #1: 07/01/2026 – 06/30/2027**

**THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO**

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**DESCRIPTION OF AMENDMENT:**

1. Extend the duration and other terms of this contract for one year, pursuant to the original contract “General Terms, Section 10.2, Extension”. The cumulative term of this contract may not extend beyond 06/30/2029.
2. Pursuant to the original contract “General Terms, Section 40.1, Modifications”, amends Exhibit B – Compensation, increases the estimated not to exceed funding amount, from \$1,588,773 to \$1,889,779, and adds the cost centers and the new contract period dates (07/01/2026 – 06/30/2027).
3. Funding for this contract period (07/01/2026 – 06/30/2027) is estimated not to exceed \$1,889,779
4. Funding for the total contract period (07/01/2025 – 06/30/2027) is estimated not to exceed \$3,478,552.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 07/01/2026.



**EXHIBIT B – Amendment #1**  
**(COMPENSATION)**

- I. **Budget & Source of Funding:** The source of funding for this contract period (07/01/2026 – 06/30/2027), in an amount estimated not to exceed \$1,889,779, is the Washington State Department of Social and Health Services, Developmental Disabilities Administration (DSHS/DDA, cost center 10008583.6610), and local DD Millage (cost center 18541001.6610). Total compensation for the contract will depend upon the number of clients and service levels authorized by DSHS/DDA and the County. This is a vendor agreement and not a sub-recipient agreement.

The County will pay the contractor for services delivered to DSHS/DDA authorized clients:

1. Service levels are individualized, based on assessed client need;
2. The service hours authorized for each client is mutually agreed upon by DDA, the County, and the Contractor;
3. Limits to client service authorizations are established in Washington Administrative Code (WAC) [388-828-7020;388-828-9205, 388-828-9310](#)
4. Funding is allocated for services delivered to an individual client. The client's service allocation and funding will follow the client in the event that they choose to receive services through another Contractor;
5. The billing unit for services is hourly

II. **Billing and Payment**

1. Invoices and attached service documentation will be submitted monthly in a format approved by the County. A complete billing includes both an invoice coversheet and attached client services documentation. The Contractor shall send invoices and service documentation to the following addresses: [JLLee@co.whatcom.wa.us](mailto:JLLee@co.whatcom.wa.us) and [HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us)
2. The County must receive all invoices and supporting documentation within ten (10) calendar days following the last day of the month for which reimbursement is claimed. If an invoice or required documentation is incorrect, it will be returned to the Contractor. All invoice corrections or modifications must be submitted no later than 45 days after the last day of the month in which the services were provided. The County reserves the right to request additional documentation in order to determine eligible costs. Additional documentation must be received within 10 business days of the County's request.
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 the Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract. Invoices and invoice corrections or modifications related to work done prior to December 31 of the contract year will be accepted no later than January 15, following the end of the County fiscal year (December 31).
4. The Contractor will not be paid for any billings or invoices for services occurring prior to the execution of the contract or after its termination.
5. The Contractor shall not bill the county for service performed or provided under this contract if the Contractor has been or will be paid for the same service by any other source. Such sources include, but are not limited to, the Division of Vocational Rehabilitation Social Security Work Incentives such as Plans for Achieving Self Support (PASS) or Impairment Related Work Expense (IRWE). The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.
6. 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.**
7. A total annual funding authorization for all clients will be communicated to the Contractor at the start of the contract year. The funding authorization may be amended, based on use, over the course of the contract year without contract amendment. Expenditures may not exceed the total funding approved by the County and in no case will exceed the total available funding restricted to these services.

**III. Reimbursement Rates for Supported Employment and Community Inclusion Services**

Service Type	Description	Unit Rate
A. Individual Employment	Individualized staff support authorized <u>up to 30 hours</u> a month per client.	\$108.80/hour
B. Individual Employment Exceptional Service level	For every 10-hour increment above 30*, the hourly rate will be reduced as described below. Minimum hourly rate is \$69/ hour for IE services. a. 31-40 hour= \$89/hour b. Additional reduction of \$5/hour for every 10-hour increment above 40. <b>Example:</b> 41-50 hours=\$84/hour; 51-60 hours=\$79/hour	Variable \$69-\$89/ hour
C. Group Supported Employment	Shared staff support within the GSE setting and individualized staff support outside of the GSE setting as authorized	\$93.80/hour
D. Community Inclusion	Individualized support in integrated community settings	\$66.08/hour

\* Both the rate and the service level are attached to the client's authorization approved by DSHS/DDA. This means that if the actual number of hours provided falls below 30 (or another 10-hour increment), the lower hourly rate will still apply. Exceptional service hours may be limited by funding availability and DSHS/DDA approval.

**IV. Reimbursement Rates for Other Consumer Supports and Other Activities:** Activities A-C are authorized based on funding available and as approved by the County.

Activity	Description	Unit/Rate
A. Partnership Projects	Hourly consultation with school districts, families, employers to improve the transition of young adults from school to work and adult services. Not to exceed hours authorized by the County.	\$108.80/hour
B. Staff training, Projects and other activities	Training, projects and activities as detailed in Section V., above, and approved in writing by the County, using exhibit B of the <a href="#">Program Implementation Guide</a> .	Reimbursement
C. DSHS/DDA Defined Outcome Payments	Payment points related to outcomes defined in Section VI.C., above may be found on the DSHS/DDA best practices website ( <a href="https://www.dshs.wa.gov/dda/county-best-practices">https://www.dshs.wa.gov/dda/county-best-practices</a> ). Outcome payments and the Client data upon which they are based must be approved by the County.	Varies based on outcome payment defined by DSHS/DDA.

## EXHIBIT "B.1" – Invoice Preparation Checklist for Vendors

The County intends to pay you promptly. Below is a checklist to ensure your payment will be processed quickly. Provide this to the best person in your company for ensuring invoice quality control.

- Send the invoices to the correct address:  
[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [JLLee@co.whatcom.wa.us](mailto:JLLee@co.whatcom.wa.us)
- Submit invoices monthly, or as otherwise indicated in your contract.

### Verify that:

- invoices 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.**
- the time period for services performed is clearly stated and within the contract term beginning and end dates. Also verify any other dates identified in the contract, such as annual funding allocations;
- invoice items have not been previously billed or paid, given the time period for which services were performed;
- enough money remains on the contract and any amendments to pay the invoice;
- the invoice is organized by task and budget line item as shown in Exhibit B;
- the Overhead or Indirect Rate costs match the most current approved rate sheet;
- the direct charges on the invoice are allowable by contract. Eliminate unallowable costs.
- personnel named are explicitly allowed for within the contract and the Labor Rates match the most current approved rate sheet;
- back-up documentation matches what is required as stated in Exhibit B and B.1;
- contract number is referenced on the invoice;
- any pre-authorizations or relevant communication with the County Contract Administrator is included; and
- Check the math.

### Whatcom County will not reimburse for:

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 10% except as approved in an indirect or overhead rate agreement.