

# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No. \_\_\_\_\_

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| Originating Department: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Division/Program: <i>(i.e. Dept. Division and Program)</i> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Contract or Grant Administrator: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Contractor's / Agency Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>Is this a New Contract?    If not, is this an Amendment or Renewal to an Existing Contract?    Yes    No</p> <p>Yes    No    If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____</p> <p>Does contract require Council Approval?    Yes    No    If No, include WCC: _____</p> <p>Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)</p> <p>Is this a grant agreement?    Yes    No    If yes, grantor agency contract number(s): _____ ALN: _____</p> <p><small>Complete ALN field if contract involves direct federal grants/ cooperative agreements or pass-through federal funds.</small></p> <p>Is this contract grant funded?    Yes    No    If yes, Whatcom County grant contract number(s): _____</p> <p>Is this contract the result of a RFP or Bid process?    Contract</p> <p>Yes    No    If yes, RFP and Bid number(s): _____ Cost Center: _____</p> <p>Is this agreement excluded from E-Verify?    No    Yes    If no, include Attachment D Contractor Declaration form.</p> <p>If YES, indicate exclusion(s) below:</p> <p><input type="checkbox"/> Professional services agreement for certified/licensed professional.    Goods and services provided due to an emergency</p> <p><input type="checkbox"/> Contract work is for less than \$100,000.    <input type="checkbox"/> Contract for Commercial off the shelf items (COTS).</p> <p><input type="checkbox"/> Contract work is for less than 120 days.    <input type="checkbox"/> Work related subcontract less than \$25,000.</p> <p><input type="checkbox"/> Interlocal Agreement (between Governments).    <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>Contract Amount:(sum of original contract amount and any prior amendments):</p> <p>\$ _____</p> <p>This Amendment Amount:</p> <p>\$ _____</p> <p>Total Amended Amount:</p> <p>\$ _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Council approval required for; all property leases, all Interlocal agreements, <b>contracts or bid awards exceeding \$75,000</b>, and <b>grants exceeding \$40,000</b> and 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></p> <ol style="list-style-type: none"> <li>1. Exercising an option contained in a contract previously approved by the council.</li> <li>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.</li> <li>3. Bid or award is for supplies.</li> <li>4. Equipment is included in Exhibit "B" of the Budget Ordinance.</li> <li>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.</li> </ol> |
| Summary of Scope: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Term of Contract: _____ Expiration Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Contract Routing: | 1. Prepared by: _____ <br>2. Attorney signoff: _____<br>3. AS Finance reviewed: _____<br>4. IT reviewed (if IT related): _____<br>5. Contractor signed: _____<br>6. Executive contract review: _____<br>7. Council approved, if necessary: _____<br>8. Executive signed: _____<br>9. Original to Council: _____ | Date: <u>Nov 3, 2025</u><br>Date: _____<br>Date: _____<br>Date: _____<br>Date: _____<br>Date: _____<br>Date: _____<br>Date: _____<br>Date: _____ |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

Whatcom County Contract No.

9909009-

Amendment No. 28  
Whatcom County Contract No. 9909009  
CONTRACT BETWEEN WHATCOM COUNTY AND  
WASHINGTON STATE UNIVERSITY

THIS AMENDMENT is to the Contract between Whatcom County and Washington State University dated September 22, 1999 and designated "Whatcom County Contract No.9909009". In consideration of the mutual benefits to be derived, the parties agree to the following:

Appendix A to this agreement is amended as set forth in the Amended Appendix A

Unless specifically amended by this agreement, all other terms and conditions of the original contract shall remain in full force and effect.

This Amendment takes effect: January 1, 2026, regardless of the date of signature.

IN WITNESS WHEREOF, Whatcom County and Washington State University have executed this Amendment on the date and year below written.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Each person signing this Contract represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Contract.

**CONTRACTOR:**

Washington State University

\_\_\_\_\_  
Maria J. Hernandez  
Associate Vice President  
Office of Research Support and Operations

**WHATCOM COUNTY:**

**Approved as to form:**

\_\_\_\_\_  
Prosecuting Attorney

\_\_\_\_\_  
Date

**Approved:**

Accepted for Whatcom County:

By: \_\_\_\_\_  
Satpal Singh Sidhu  
Whatcom County Executive

**CONTRACTOR INFORMATION:**

Maria J. Hernandez  
Associate Vice President  
Office of Research Support and Operations  
Washington State University

Mailing Address:  
ORSO  
Washington State University  
Pullman, WA 99164-1060

Contact Name: Maria J. Hernandez  
Contact Phone: (509) 335-7717  
Contact FAX: (509)335-0890  
E-mail: orso@wsu.edu

# MEMORANDUM OF AGREEMENT

Between

WASHINGTON STATE UNIVERSITY EXTENSION

And

Whatcom County

## APPENDIX A

The following individuals and programs will be jointly funded under this Memorandum of Agreement through a Professional Services Contract for the period January 1 through December 31, 2026.

|                                             | \$ Amount for<br>County Portion |
|---------------------------------------------|---------------------------------|
| County Director/Human Development Programs* | \$35,879.00                     |
| 4H Program                                  | \$53,400.00                     |
| Agricultural Systems Agent                  | \$26,795.00                     |
| Water Resources Coordinator / Program       | \$47,022.00                     |
| Strengthening Families Program/Prevention   | \$52,061.00                     |
| Community Horticulture Program              | \$67,100.00                     |
| <b>TOTAL</b>                                | <b>282,257.00</b>               |

\*Includes department head responsibilities for one Extension Educator.

The following funds will be provided under this Memorandum of Agreement for the period of January 1, 2026 through December 31, 2026 to provide an extension program.

|                                            |                                       |
|--------------------------------------------|---------------------------------------|
| Federal Funds <u>\$0.00</u>                | Non Federal Funds <u>\$282,257.00</u> |
| <b>TOTAL FUNDS    <u>\$ 282,257.00</u></b> |                                       |

It is understood that non-Federal funds provided by the County in support of this agreement may be identified by WSU as match capacity program (Hatch Act, Smith-Lever Act, etc.) funds received by WSU to support Extension activities.

\_\_\_\_\_  
Dr. Vicki McCracken                      Date  
Extension Director  
WSU Extension

\_\_\_\_\_  
Satpal Singh Sidhu                      Date  
County Executive

\_\_\_\_\_  
Maria J. Hernandez                      Date  
Associate Vice President  
Office of Research Support & Operations