

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

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

|   |  |  |  |
|---|--|--|--|
| Originating Department:                             |  |  |  |
| Division/Program: (i.e. Dept. Division and Program) |  |  |  |
| Contract or Grant Administrator:                    |  |  |  |
| Contractor's / Agency Name:                         |  |  |  |

Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: \_\_\_\_\_

Does contract require Council Approval? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, include WCC: \_\_\_\_\_  
Already approved? Council Approved Date: \_\_\_\_\_ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)

Is this a grant agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, grantor agency contract number(s): \_\_\_\_\_ ALN: \_\_\_\_\_  
Complete ALN field if contract involves direct federal grants/ cooperative agreements or pass-through federal funds.

Is this contract grant funded? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Whatcom County grant contract number(s): \_\_\_\_\_

Is this contract the result of a RFP or Bid process? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, RFP and Bid number(s): \_\_\_\_\_ Contract \_\_\_\_\_  
Cost Center: \_\_\_\_\_

Is this agreement excluded from E-Verify? No \_\_\_\_\_ Yes \_\_\_\_\_ If no, include Attachment D Contractor Declaration form.

If YES, indicate exclusion(s) below:

- |   |  |
|---|--|
| <input type="checkbox"/> Professional services agreement for certified/licensed professional. Goods and services provided due to an emergency | <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 type="checkbox"/> Interlocal Agreement (between Governments).  |  |

|   |  |
|---|--|
| Contract Amount:(sum of original contract amount and any prior amendments):<br>\$ _____ | 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><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: _____   |  |

|                   |  |
|-------------------|--|
| Term of Contract: | Expiration Date:   |
| Contract Routing: | <ol style="list-style-type: none"> <li>1. Prepared by: _____ Date: _____</li> <li>2. Attorney signoff: _____ Date: _____</li> <li>3. AS Finance reviewed: _____ Date: _____</li> <li>4. IT reviewed (if IT related): _____ Date: _____</li> <li>5. Contractor signed: _____ Date: _____</li> <li>6. Executive contract review: _____ Date: _____</li> <li>7. Council approved, if necessary: _____ Date: _____</li> <li>8. Executive signed: _____ Date: _____</li> <li>9. Original to Council: _____ Date: _____</li> </ol> |

Whatcom County Contract  
No.202509011-1

City of Bellingham Contract  
No. C2501312-001

**AMENDED AND RESTATED  
INTERLOCAL AGREEMENT FOR PARAMEDIC TRAINING  
Between Whatcom County and the City of Bellingham  
“2026 Student Cost Budget”**

**THIS AMENDED AND RESTATED INTERLOCAL AGREEMENT FOR PARAMEDIC TRAINING (“Agreement”)** is made and entered into by and between Whatcom County, a municipal corporation (the “County”), and the City of Bellingham, a municipal corporation (the “City”), collectively, the “Parties”.

**RECITALS**

**WHEREAS**, in November 2022, Whatcom County voters approved a six-year (2023-2028) property tax levy for countywide EMS services, with funds to be disbursed by the County to emergency medical service providers, including the City of Bellingham; and

**WHEREAS**, the County and the City are parties to that certain multi-year Interlocal Agreement for Advanced Life Support Services (County Contract No. 202311034; City Contract No. C2301522) (the “ALS Agreement”), which provides for the disbursement of EMS levy dollars to the City for the provision of ALS services; and

**WHEREAS**, the ALS Agreement provides a framework for funding the City’s Paramedic Training Program and specifies in Section 4(b) of Exhibit A thereto that a Student Cost Budget shall be established annually as follows:

Student Cost Budget Beyond Calendar Year 2024. Beginning in April of 2024 and annually thereafter during the term of this Agreement, the Parties shall meet to discuss and review the Student Cost Budget for the following year. In the event the Parties do not agree to the per student cost for the following year, such costs shall be adjusted annually on January 1 of the coming year using the previous year's simple average January through June CPI-W+1% for Seattle Tacoma Bellevue; provided, however, that such automatic adjustment shall not be less than 3.0%. The Student Cost Budget shall be memorialized by a separate interlocal agreement by January 1 of each year of this Agreement.

**WHEREAS**, the Parties established the 2026 Student Cost Budget as specified above in that certain Interlocal Agreement for Paramedic Training (County Contract No. 202509011; City Contract No. C2501312) (“2026 Student Cost Budget ILA”); and

**WHEREAS**, the Parties desire to amend and restate the 2026 Student Cost Budget ILA to remove lateral paramedic training and associated costs, as the City does not intend to hire or train laterals in 2026.

**NOW, THEREFORE**, the 2026 Student Cost Budget ILA is amended and restated as follows:

## TERMS AND CONDITIONS

1. **Paramedic Training.** The City provides paramedic training as follows:

1.1 **Entry Level.** The City will administer a 2026 entry-level training program for existing full-time firefighters. The program will be administered by the City in association with the Bellingham Technical College, who will act as the sponsoring educational institution. The program is approved through the Washington State Board for Community and Technical Colleges and the Washington State Department of Health. Accreditation is granted through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Additional background information concerning the program is provided in Exhibit A hereto. Certain baseline costs associated with the program will be reimbursed pursuant to that certain multi-year Interlocal Agreement for Advanced Life Support Services between Whatcom County and the City of Bellingham. Costs which are more dependent upon the makeup of the student class each year will be reimbursed pursuant to separate interlocal agreements executed on or before the first of each year. This is the second such agreement.

1.2 **Lateral Hire.** Deleted for 2026.

2. **Funding.** The County shall provide funding for the 2026 entry level paramedic training program on a reimbursement basis as set forth in Exhibit B hereto. Notwithstanding the foregoing, the student equipment line item in Exhibit B shall be paid in advance in one lump sum upon invoicing by the City in January 2026.

3. **Relationship of the Parties.** The Parties are independent governmental entities. Except as expressly provided for herein, nothing in the Agreement shall be construed to limit the discretion of the governing bodies of each party. Neither party shall assume any liability for the direct payment of any salary, wages or other compensation of any type to any of the other party's personnel performing services hereunder. No agent, employee or other representative of the Parties shall be deemed to be an employee of the other party for any reason. This Agreement shall not be construed or interpreted such that either party hereto is held to be an agent of the other party.

4. **Nondiscrimination.** There will be no discrimination against any participant covered under the Agreement because of race, color, religion, national origin, sex (including pregnancy and parenting status), disability, age, veteran status, sexual orientation, gender identity or expression, marital status or genetic information in programs or activities including employment, admissions, and educational programs.

5. **Liability.** Each party to this Agreement will be responsible for the negligent or willful acts or omissions of its own employees, officers, volunteers or agents in the performance of this Agreement. Neither party will be considered the agent of the other, nor does either party assume any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

6. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein.

7. **Authority.** The Parties represent and covenant that they are authorized to sign as authorized agents of their respective entity.

8. **Terms.** This Agreement will become effective on December 1, 2025, and will terminate March 31, 2027, or upon completion of paramedic training.

**EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2025, for **CITY OF BELLINGHAM** by:

**Departmental Approval:**

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Kim Lund, Mayor

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Bill Hewett, Fire Chief

**Attest:**

**Approved as to Form:**

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Andy Asbjornsen, Finance Director

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Matt Stamps, Office of the City Attorney

**EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2025, for **WHATCOM COUNTY** by:

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Satpal Sidhu, County Executive

**Approved as to Form:**

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Office of Prosecuting Attorney, Civil Division

## **EXHIBIT A**

### **Additional Background on the 2026 Entry Level Paramedic Training Program**

#### **1. Program Attributes.** The program will provide:

- a. A 60-hour, 5-credit anatomy and physiology course through a combination of online and laboratory learning.
- b. Approximately 1,300 paramedic field-training hours on ALS units. Preceptorships will be determined by the home department's ability to provide that mentoring. Students will see approximately 500 patients while precepting on the ALS units. Clinical hours will include training with the hospital emergency department, operating room, intensive care unit & maternity units, along with observation days at Children's Hospital and Harborview Medical Center as part of the Program experience. On average, students will administer approximately 150 IV's and perform approximately 20 Intubations during their clinical hours.
- c. Approximately 650 classroom hours for both didactic and simulation lab learning.
- d. Weekly or monthly, depending on need, student progress reports to the Department liaison.
- e. Student evaluations (approximately 20).
- f. Physician-level evaluations of students for paramedic certification.
- g. Preparation for National Registry of EMT's (NREMT) testing and certification.

#### **2. Admission Requirements**

- a. Eligible Advanced Life Support Departments and Whatcom County Fire Departments or District employees meeting admission requirements as set forth in RCW 18.71.205 and WAC 246.976.041, will be considered for the program upon recommendation of the Paramedic Course Director. Enrollment is not open to the public.
- b. All students accepted for admission must have current Emergency Medical Technician (EMT) certification and a high school diploma or equivalent as per Washington State Department of Health (DOH) guidelines.
- c. Out-of-County students must be affiliated with an Advanced Life Support Agency and will have the recommendation of the Fire Chief and Out of County Medical Program Director or Supervising Physician to enroll in the Paramedic Training Program.

#### **3. Program Administration**

- College Supervisor: Matthew Santos, Dean of Allied Health, Bellingham Technical College, 3028 Lindbergh Ave., Bellingham, WA, 98225, (360) 752-8316, [msantos@btc.org](mailto:msantos@btc.org)
- Paramedic Training Medical Program Director: Dr. Emily Welch, 1800 Broadway, Bellingham, WA 98225 (360) 778-8413 [ewelch@co.whatcom.wa.us](mailto:ewelch@co.whatcom.wa.us)
- Whatcom County EMS Paramedic Course Liaison: Steven Cohen, BS, EMS Training Specialist; 1500 N. State Street, Suite 205, Bellingham, WA 98225 (360) 820-6157 [scohen@co.whatcom.wa.us](mailto:scohen@co.whatcom.wa.us)
- Bellingham Fire Department; Course Director: Div. Chief Scott Ryckman MS, Medical Services Officer, Bellingham Fire Department, 1800 Broadway, Bellingham, WA, 98225, (360) 778-8413, [sryckman@cob.org](mailto:sryckman@cob.org)
- Paramedic Lead Instructor: Capt. Todd Fisher, 1800 Broadway, Bellingham, WA 98225. [tfisher@cob.org](mailto:tfisher@cob.org)

**EXHIBIT B**  
**Funding for 2026 Entry Level Paramedic Training Program**

This Exhibit B sets forth City costs associated with the entry level paramedic training program ("Program") that shall be reimbursed by the County using EMS levy funds pursuant to this Agreement not to exceed \$783,619.00.

1. **The 2026 Trainee Class.** The 2026 class is comprised of the following 10 trainees, 5 of whom will receive their field training on BFD paramedic units and 5 of whom will receive their field training with their respective employer agencies:
  - a. Field Training with Bellingham Fire Department:
    - i. Four (4) firefighters employed by the Bellingham Fire Department (BFD);
    - ii. One (1) firefighter employed by Camano Island Fire and Rescue (CIFR).
  - b. Field Training with Employer Agencies:
    - i. Two (2) firefighters employed by Whatcom County Fire District 7 (WCFD7);
    - ii. Three (3) firefighters employed by the Marysville Fire Department (MFD).
2. **Reimbursables.** City costs subject to reimbursement under this Agreement generally consist of the following items, up to the amounts identified in Section 3 below:
  - a. Trainee wages and benefits for the four (4) BFD firefighters.
  - b. Preceptor fees for the five (5) trainees who will receive their field training with the BFD.
  - c. Trainee equipment costs for books, labs, and other training supplies for all 10 trainees.
3. **2026 Funding.**

| Item                                    | Description   | Per Student  | Total               |
|---|---|--------------|---------------------|
| Student wages & benefits                | Student class and patient contact hours (up to 4 BFD students, \$11,674.97 per month per student, 14 months)  | \$163,449.58 | \$653,798.00        |
| Preceptor fees                          | Assigned paramedic student preceptors (up to 4 BFD students, \$611.53 per month per student, 14 months)   | \$8,561.50   | \$34,246.00.        |
| Evaluation fees, in-county students     | Formal Evaluations (up to 4 BFD students)   | \$1,262.30   | \$5,049.00          |
| Evaluation Fees, out-of-county students | Formal Evaluations & Precepting (up to 1 CIFR student) \$850.00 x 12 Months   | \$10,200.00  | \$10,200.00         |
| Student equipment                       | Books, stethoscopes, calipers, IV supplies, disposable mannequin supplies, A&P dissection parts, Platinum program, PALS/NRET testing, CAAHEP, training site visits, safety clothing (10 students) | \$8,032.60   | \$80,326.00         |
| <b>Total</b>                            |   |              | <b>\$783,619.00</b> |

**4. Invoicing & Payment**

- a. The City may invoice the County in January of 2026 for the total Student Equipment costs for the 2026 program in advance of procuring all such equipment.
- b. The City may invoice the County monthly for all other reimbursable costs by no sooner than the 15th of the month following the month in which the costs were incurred.
- c. Payment shall be made within 30 days of receipt of a proper invoice.