

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.
202101002-3

Originating Department:	Sheriff's Office								
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Emergency Management								
Contract or Grant Administrator:	Robert Greene								
Contractor's / Agency Name:	Washington State EMD								
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes <input type="radio"/> No <input checked="" type="radio"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 202101002									
Does contract require Council Approval? Yes <input checked="" type="radio"/> No <input type="radio"/> If No, include WCC: _____									
Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)									
Is this a grant agreement? Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, grantor agency contract number(s): E21-171 CFDA#: _____									
Is this contract grant funded? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, Whatcom County grant contract number(s): _____									
Is this contract the result of a RFP or Bid process? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, RFP and Bid number(s): _____ Contract Cost Center: Budget & cost center being applied for									
Is this agreement excluded from E-Verify? No <input checked="" type="radio"/> Yes <input type="radio"/> If no, include Attachment D Contractor Declaration form.									
If YES, indicate exclusion(s) below: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Professional services agreement for certified/licensed professional.</td> <td><input type="checkbox"/> Goods and services provided due to an emergency</td> </tr> <tr> <td><input type="checkbox"/> Contract work is for less than \$100,000.</td> <td><input type="checkbox"/> Contract for Commercial off the shelf items (COTS).</td> </tr> <tr> <td><input type="checkbox"/> Contract work is for less than 120 days.</td> <td><input type="checkbox"/> Work related subcontract less than \$25,000.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Interlocal Agreement (between Governments).</td> <td><input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.</td> </tr> </table>		<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Goods and services provided due to an emergency	<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.	<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.
<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Goods and services provided due to an emergency								
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).								
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.								
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.								
Contract Amount:(sum of original contract amount and any prior amendments): \$ _____ This Amendment Amount: \$ <u>45,000.00</u> Total Amended Amount: \$ <u>45,000.00</u>	Council approval required for; all property leases, all Interlocal agreements, contracts or bid awards exceeding \$75,000 , and grants exceeding \$40,000 and and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: <ol style="list-style-type: none"> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County. 								
Summary of Scope: _____									
The current Tsunami Siren is located at the Sandy Point Fire Station. This Fire Station is going to be relocated and as such the power required for the siren will no longer be available. This grant will allow the siren to be relocated to the Sandy Point Marina 300 yards away to maintain this critical alert and warning siren.									
The performance period for this grant runs from March 1, 2026 through June 30, 2026.									
Term of Contract: 4 months	Expiration Date: 30 June 2026								

Contract Routing:	1. Prepared by: <u>Robert Greene</u>	Date: <u>02/23/2026</u>
	2. Attorney signoff: <u>Brandon Waldron</u>	Date: <u>02/23/2026</u>
	3. AS Finance reviewed: <u>M Caldwell</u>	Date: <u>3/4/26</u>
	4. IT reviewed (if IT related): <u>N/A</u>	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Executive contract review: _____	Date: <u>3/30/26</u>
	7. Council approved, if necessary: <u>AS 2026-225</u>	Date: <u>3/24/26</u>
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____

Washington State Military Department Amendments to Agreement E21-171

1. Change Department Contact from Maximilian Dixon to Joshua Percival.

- a. Agreement Face Sheet Box 7. ~~Maximilian Dixon, 253-512-7483, Maximilian.dixon@mil.wa.gov~~
Joshua Percival, 253-844-9438, Joshua.percival@mil.wa.gov

2. Change the Grant Agreement Purpose and Description.

- a. At Agreement Face Sheet, Box 13, insert the following as 2nd paragraph:
The Department agrees to reimburse for relocation of AHAB Siren #1 at new location on Recipient's land at a total cost of up to \$45,000 additional state funding, with location(s) to be identified within the Statement of Work (Attachment C)

3. Change Attachment A, Article I-Key Personnel.

- a. Attachment A, SPECIAL TERMS AND CONDITIONS, Article 1-Key Personnel, under DEPARTMENT:
- i. Replace Elyssa Tappero with Joshua Percival (see below).
 - ii. Replace Maximilian Dixon with Will Vance (see below).

SUBRECIPIENT		DEPARTMENT	
Name	Matt Klein	Name	Elyssa Tappero Joshua Percival
Title	Deputy Director	Title	Tsunami Program Coordinator Emergency Alerting Systems Technician
E-Mail	mklein@co.whatcom.wa.us	E-Mail	Elyssa.tappero@mil.wa.gov Joshua.percival@mil.wa.gov
Phone	360-778-7160	Phone	253-512-7067 253-844-9438
Name		Name	Maximilian Dixon Will Vance
Title		Title	Hazards and Outreach Supervisor SEOC Logistics Section Chief
E-Mail		E-Mail	maximilian.dixon@mil.wa.gov will.vance@mil.wa.gov
Phone		Phone	253-512-7074 253-512-7005
Name		Name	
Title		Title	
E-Mail		E-Mail	
Phone		Phone	

4. Change the Grant Statement of Work, Attachment C.

Revised Statement of Work, Attachment C, with attached Revision 3 Statement of Work, Attachment C.

REVISION 3 STATEMENT OF WORK

Relocation of All Hazards Alert Broadcast (AHAB) Warning Siren(s) within Whatcom County:

The Recipient agrees to authorize **the relocation**/installation of the All-Hazards Alert Broadcast (AHAB) Warning Siren(s) at the following updated location within Whatcom County:

AHAB Siren Name	AHAB Siren Location (LAT/LONG)	Point of Contact for Siren Location (Name, Phone Number, Email)	Year of relocation
1	48.798908, -122.708371	Jim Petrie, 360.384.1480, Wcfd17@comcast.net	2026

The Department will provide all maintenance and parts to the controller box and satellite communications systems. The Department agrees to stock and maintain the standard repair components as suggested by the manufacturer to expedite repairs.

All Hazards Alert Broadcast (AHAB) Warning Siren(s) requirements:

Upon satisfactory installation, the siren will become the property of the Recipient. AC power hook-up will be provided by the Recipient to the siren but will not be hooked up until the system has been installed on the pole. Continued monthly AC power usage charges will be required and provided through Recipient unless power is able to tie into existing electrical service. Battery replacement is the responsibility of the Recipient. Upon satisfactory installation, the Recipient will assume responsibility for: the physical security of the siren, for the coordination of the restoration of electrical power to the siren, for the routine testing of the siren via local radio network or internet, for the prompt reporting of any routine testing problems to the Department, and for access to the siren with a bucket truck and weed control within a 15-foot radius of the siren. If the siren will be installed in a locked area, the Recipient will provide 24-hour access and/or issue a key to the Washington Military Department Telecommunications Engineer to allow access to the area for times employees are unavailable to open the compound for needed work.

The Department will send out a daily status report to Recipient, routinely test the siren with the satellite control system, automatically monitor alarms, silent test the siren, immediately report any intrusions to the Recipients Primary Law Enforcement agency, and troubleshoot and repair any major siren malfunctions as rapidly as possible (except for battery failures). The Department will schedule trained and certified siren technicians to troubleshoot and make repairs. The Recipient will be kept informed of all actions taken during repair. The Department agrees to maintain and fund the satellite access contracts with appropriate satellite providers.

Upon notification by the Department, the Recipient has 48 hours to resolve any issue(s) with the batteries, AC power, physical security, and/or access to the Siren(s). Failure by the Recipient to fulfill this requirement will result in a management letter that may adversely impact future decision-making regarding the purchasing and installation of AHAB Siren(s) within the Recipient's jurisdiction.

Active All Hazards Alert Broadcast (AHAB) Warning Siren(s) within Whatcom County:

The Recipient currently owns All Hazards Alert Broadcast (AHAB) Warning Siren(s) in the following locations within Whatcom County:

AHAB Siren Name	AHAB Siren Location (LAT/LONG)	Point of Contact for Siren Location (Name, Phone Number, Email)	Year of Siren Installation
1	48.79884, -122.70942 48.798908, -22.708371	Jim Petrie, 360.384.1480, Wcfd17@comcast.net	2007
44	48.98190, -123.06835	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2009
63	48.92973, -122.74546	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2017
65	48.99449, -122.76028	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2017
69	46.69250, -123.74190	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2017
72	48.93642, -122.78553	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2018
99	48.720249, - 122.513427	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2020
100	48.989085, - 122.771537	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2021
117	48.906414, - 122764832	Robert Greene, 360-778-7166 Rgreene@co.whatcom.wa.us	2021

Recipient participation regarding All Hazards Alert Broadcast (AHAB) Warning Siren(s)' activation, testing, and drills:

The Recipient agrees that the triple controlled siren will be activated by either the Department or the Recipient. The Recipient agrees to use the siren for only routine testing and real emergency incidents. The Recipient activates the siren with their local radio system, or internet.

The Recipient agrees to participate in all statewide siren tests/drills whether it be monthly tests or the annual ShakeOut drill. The Recipient authorizes the Department to activate the siren and transmit a Tsunami Warning message after receiving a Tsunami Warning alert from the National Weather Service that is expected to affect the Washington State coast.

The tsunami warning audio message in English is as follows: "The National Weather Service has issued a tsunami warning. A tsunami can create strong waves, dangerous flooding and powerful currents. If you are in a coastal area, you are at risk and must move to higher ground or inland now. Do not return until directed to do so. Tune to local media for additional information after you move to higher ground or inland."

Failure by the Recipient to fulfill this requirement will result in a management letter that may adversely impact future decision-making regarding the purchasing and installation of AHAB Siren(s) within the Recipient's jurisdiction.