

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

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

Originating Department:	
Division/Program: <i>(i.e. Dept. Division and Program)</i>	
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?    Contract  
 Yes    No    If yes, RFP and Bid number(s): \_\_\_\_\_ 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:

Professional services agreement for certified/licensed professional.    Goods and services provided due to an emergency  
 Contract work is for less than \$100,000.     Contract for Commercial off the shelf items (COTS).  
 Contract work is for less than 120 days.     Work related subcontract less than \$25,000.  
 Interlocal Agreement (between Governments).     Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments): \$ _____ This Amendment Amount: \$ _____ Total Amended Amount: \$ _____	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> : 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: _____	

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Term of Contract:	Expiration Date:
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Contract Routing:

1. Prepared by: _____	Date: _____
2. Attorney signoff: _____	Date: _____
3. AS Finance reviewed: _____	Date: _____
4. IT reviewed (if IT related): _____	Date: _____
5. Contractor signed: _____	Date: _____
6. Executive contract review: _____	Date: _____
7. Council approved, if necessary: _____	Date: _____
8. Executive signed: _____	Date: _____
9. Original to Council: _____	Date: _____

Whatcom County Contract No.  
202501036-3

Amendment No. 3  
Whatcom County Contract No. 202501036  
CONTRACT BETWEEN WHATCOM COUNTY AND  
**Whatcom Long Term Recovery Group**

THIS AMENDMENT is to the Contract between Whatcom County and Whatcom Long Term Recovery Group, dated January 1, 2025 and designated "Whatcom County Contract No. 202501036". In consideration of the mutual benefits to be derived, the parties agree to the following:

This Amendment corrects the date that Whatcom Long Term Recovery Group's 2026 billing rates go into effect. The date should be retroactive to December 1, 2025.

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: December 1, 2025, regardless of the date of signature.

IN WITNESS WHEREOF, Whatcom County and Whatcom Long Term Recovery Group have executed this Amendment on the date and year below written.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

**CONTRACTOR:**

Whatcom Long Term Recovery Group

\_\_\_\_\_  
Ashley Butenschoen, Vice President

\_\_\_\_\_  
Tanya Silves, Secretary/Treasurer





**To Whom it May Concern,**

On January 3, 2026, the Executive Board of the Whatcom Long Term Recovery Group Approved the following Contractor Rates retroactive to December 1, 2025:

<b>Position</b>	<b>Staff</b>	<b>Hourly Rate</b>
Director of Client Support	Kyle	\$65.00
Lead Disaster Case Manager	Lacey	\$50.00
Disaster Case Manager	Claudia	\$40.00
Disaster Case Manager	McKenna	\$25.00
Disaster Case Manager	Shirlann	\$25.00
Disaster Case Manager (Bilingual)	Vacant	\$27.00
Disaster Case Manager 1/2	Elizabeth	\$25.00
Reconstruction Manager	Mark	\$100.00
Volunteer Coordinator	Vacant	\$25.00
Bookkeeping	Katie	\$45.00

Submitted by:  
Tanya Silves  
Treasurer/Secretary