

**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): _____ CFDA#: _____

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:
- | | |
|---|--|
| <input type="checkbox"/> Professional services agreement for certified/licensed professional. | 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 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:
 \$ _____
 Total Amended Amount:
 \$ _____

Council approval required for; all property leases, contracts or bid awards **exceeding \$40,000**, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, **except when:**

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:

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. Submitted to Exec.: _____ | Date: _____ |
| | 7. Council approved (if necessary): _____ | Date: _____ |
| | 8. Executive signed: _____ | Date: _____ |
| | 9. Original to Council: _____ | Date: _____ |

Whatcom County Contract No.

202201033-2

Amendment No. 2
Whatcom County Contract No. 202201033
CONTRACT BETWEEN WHATCOM COUNTY AND
The Master's Touch, LLC

THIS AMENDMENT is to the Contract between Whatcom County and The Master's Touch, LLC, dated January 1, 2022 and designated "Whatcom County Contract No.202201033". In consideration of the mutual benefits to be derived, the parties agree to the following:

This Amendment extends the term of this Agreement through December 31, 2024, and increases the maximum consideration to \$35,000 for 2024. The County and Contractor agree to the pricing as shown in Exhibit B of the above referenced contract as attached hereto. This is the second of three Renewal Terms permitted by this agreement.

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, 2024, regardless of the date of signature.

IN WITNESS WHEREOF, Whatcom County and The Master's Touch, LLC have executed this Amendment on the date and year below written.

DATED this ___th day of January, 2024.

Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

CONTRACTOR:

The Master's Touch, LLC

Jim Cote', President

CONTRACTOR INFORMATION:

The Master's Touch, LLC

Jim Cote'
President
1405 N Ash St
Spokane, WA 99201-7214
(509) 326-7475
masters@themastertouch.com

WHATCOM COUNTY:

Recommended for Approval:

Chief Deputy Treasurer

Date

Approved:

Accepted for Whatcom County:

By: _____
Satpal Singh Sidhu, Whatcom County Executive

Exhibit B - Pricing Schedule

V3 11/23/2023

PRODUCT/SERVICE	VOLUME	PRICE
Tax Statement Run (Feb/Sept)		
#10 window envelope	@actual count	\$ 0.0400
#9 return envelope	@actual count	\$ 0.0360
Statement form (8.5x11) - 2 color / perforation	@actual count	\$ 0.0460
3.5 x 8.5 insert	@actual count	\$ 0.0280
Mail Preparation and sorting	@actual count	\$ 0.0490
Delinquent Postcards (May/Nov)		
4 1/8 x 5 1/2 - color - 2 sides (May) 4/4	10-15k	\$ 0.0490
Mail preparation and presorting	10-15k	\$ 0.0610
4 1/8 x 5 1/2 - color - 2 sides (Nov) 4/4	5-10k	\$ 0.0610
Mail preparation and presorting	5-10k	\$ 0.0790
Assessor Notice of Value pricing		
#10 window envelope	@actual count	\$ 0.0400
Statement form (8.5x11)	@actual count	\$ 0.0460
8 1/2 x 11 insert - black - 2 sides	@actual count	\$ 0.0410
8 1/2 x 11 insert - color - 2 sides	@actual count	\$ 0.0480
Printing, processing and insertion	@actual count	\$ 0.0490
Assessor Rendition Form pricing		
BPP Statement form	@actual count	\$ 0.089
#10 Window Env	@actual count	\$ 0.040
Printing, processing and insertion	@actual count	\$ 0.170
Additional Pricing		
Miscellaneous Envelopes		
9x12 window envelope	Up to 5,000	\$ 0.4700
#10 window envelope	See #10 above	\$ 0.0400
Blank Statement Paper w/black back & perf	See schedule >>>>	>>>>>>>>>>>>
Corrected statement run		
Quantity - 2,000 - 2,500	2000-2500	\$ 0.2900
Quantity - 2,500 - 5,000	2500-5000	\$ 0.2500
Quantity - 5,000 - 10,000	5000-10000	\$ 0.1900
Postage - full statement		
Postage low	As of Dec 2023	\$ 0.4980
Postage high	As of Dec 2023	\$ 0.5610
Postage - postcard		
Postage low	As of Dec 2023	\$ 0.3550
Postage high	As of Dec 2023	\$ 0.3880
IMb Trace (Per Mail Piece)	N/A	\$ 0.0050
Set up Cost	N/A	No Setup Required
Programming Updates/Changes (hourly rate)	N/A	\$ 115.00
NCOA	N/A	Included in Mail Processing
Tax Statements if using 8 1/2 x 14 Legal Size		
#10 window envelope	@actual count	\$ 0.0400
#9 return envelope	@actual count	\$ 0.0360
Statement form (8.5x14) - 2 color / perforation	@actual count	\$ 0.0510
3.5 x 8.5 insert	@actual count	\$ 0.0280
Mail Preparation and sorting	@actual count	\$ 0.0550

Quantity pricing per unit					
< 1,000	2,500	5,000	10,000	25,000	50,000
0.095	0.085	0.075	0.065	0.058	0.049
0.085	0.074	0.067	0.057	0.05	0.045
0.15	0.095	0.07	0.061	0.053	0.05
0.049	0.043	0.04	0.037	0.034	0.031
0.27	0.21	0.15	0.12	0.09	0.07

< 2,500	2,500	5,000	10,000	25,000	50,000
		0.38	0.36	0.32	0.31
See #10 windows above					
0.14	0.1	0.06	0.054	0.043	0.041