

**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.  |

|  |   |
|--|---|
| <p>Contract Amount:(sum of original contract amount and any prior amendments):<br/>\$ _____</p> <p>This Amendment Amount:<br/>\$ _____</p> <p>Total Amended Amount:<br/>\$ _____</p> | <p>Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b>, 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:<br>_____ |  |
|----------------------------|--|

|                         |                        |
|-------------------------|------------------------|
| Term of Contract: _____ | Expiration Date: _____ |
|-------------------------|------------------------|

|                   |                       |             |                            |             |                               |             |                                       |             |                             |             |                              |             |   |             |                            |             |                               |             |
|-------------------|-----------------------|-------------|----------------------------|-------------|-------------------------------|-------------|---------------------------------------|-------------|-----------------------------|-------------|------------------------------|-------------|---|-------------|----------------------------|-------------|-------------------------------|-------------|
| 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: _____ |
|-------------------|-----------------------|-------------|----------------------------|-------------|-------------------------------|-------------|---------------------------------------|-------------|-----------------------------|-------------|------------------------------|-------------|---|-------------|----------------------------|-------------|-------------------------------|-------------|