WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract Number: 202107009 – 2

| Originating Department: | | | | 85 Health | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------|----------------|---------------|--------------|---------|----------------------|--------------|
| Division/Program: (i.e. Dept. Division and Program) | | | | 8550 Human Services / 855060 Substance Abuse | | | | | | |
| Contract or Grant Administrator: | | | | Alyssa Pavitt | Alyssa Pavitt | | | | | |
| Contractor's / Agency Name: | | | | Snohomish County Health Department | | | | | | |
| Is this a New Contract | t? If n | ot is this an Δmende | ment or Renews | al to an Existing Contract? Yes ⊠ No I | | | | No □ | | |
| Is this a New Contract? If not, is this an Amendment or Renewa Yes □ No ☒ If Amendment or Renewal, (per WCC | | | | | | | | | 20210 | |
| | J II A | inenument of Nent | ewai, (pei vvoc | 5 5.00. 100 (a)) | Original C | JUITILI ACT # | • | | 20210 | 11009 |
| Does contract require | Council App | oroval? Yes | ⊠ No □ | If No, include | WCC: | | | | | |
| Already approved? (| Council Appro | oved Date: | | (Exclusions see: | Whatcom Co | ounty Codes | 3.06.010. 3 | .08.09 | 90 and 3.08.10 | 0) |
| | 11 (and the second of the seco | | | | | | - | | | |
| Is this a grant agreem | | | | | | | 0554# | | 00 007 | |
| Yes ☐ No ▷ | 1 | If yes, grantor age | ncy contract nu | mber(s): | | | CFDA#: | | 93.387 | |
| Is this contract grant | unded? | | | | | | | | | |
| Yes ⊠ No □ | | If yes, Whatcom C | County grant cor | ntract number(s): | : | 2020010 | 016 | | | |
| | _ | | J J | | | | | | | |
| Is this contract the res | | | | | | Contract Cost | | | | |
| Yes ☐ No D | I If yes, | RFP and Bid number | er(s): | | | Center: | | 677 | <u> 350 / 67735</u> | 55 |
| Is this agreement exc | luded from F | -Verify? No |) ☐ Yes ⊠ | 1 | | | | | | |
| | | • | / _ 100 _ | N | | | | | | |
| If YES, indicate exclusion | | | | | - | | | | | 1 |
| | | ment for certified/lic | ensed professi | | | | | | | |
| ☐ Contract work is t | | | | ☐ Contract for Commercial off the shelf items (COTS). | | | | | | |
| ☐ Contract work is t | | | | ☐ Work related subcontract less than \$25,000. | | | | | | |
| | ent (betweer | n Governments). | | ☐ Public Wo | orks - Loca | l Agency/F | ederally | Func | led FHWA. | |
| Contract Amount:(sum | of original co | ontract amount and | Council appro | oval required for; a | Il property le | eases, contr | racts or bio | d awa | rds exceedi r | ng \$40,000. |
| any prior amendments | | | | nal service contra | | | | | | |
| \$ 52,000 | / | | | act amount, which | | | | | | |
| This Amendment Amo | unt: | | | ng an option conta | | | | | | |
| \$ 31,000 | | | | t is for design, con | | | | | es, or other o | apital costs |
| Total Amended Amour | nt: | | | d by council in a capital budget appropriation ordinance. | | | | | | |
| \$ 83,000 | | | | 3. Bid or award is for supplies.4. Equipment is included in Exhibit "B" of the Budget Ordinance | | | | | | |
| Ψ 00,000 | | | | t is for manufacturer's technical support and hardware maintenance of electronic | | | | | | |
| | | | | s and/or technical support and software maintenance from the developer of | | | | | | |
| | | | proprieta | ary software currer | ntly used by | Whatcom (| County. | | | |
| Summary of Scope: T | • | | or implementati | on of youth canr | nabis and t | obacco pro | evention | activ | ities in Snoh | omish |
| County Health Departr | nent's jurisdio | ction. | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Term of Contract: | 1 Year | | | Expiration Da | te: | 06/30/202 | 23 | | | |
| | Prepared | by: | JT | | | | Date: | 11 | /02/2022 | |
| Contract Routing: | 2. Health Bu | dget Approval | KR | | | | Date: | 11 | /09/2022 | |
| | 3. Attorney | signoff: | RB | | | | Date: | | /14/2022 | |
| | | ce reviewed: | Bbennett | | | | Date: | | /08/2022 | |
| | 5. IT review | ed (if IT related): | | | | | Date: | | | |
| | 6. Contracto | | DS | | | | Date: | | | |
| 7. Executive Contract Review: | | BSR | BSR | | | Date: | 4/ | 20/2023 | | |
| | 8 Council a | pproved (if necessary) | | 2-726 | | | Date: | 01 | /10/2023 | |
| | Executive | | - ADZUZ. | <u> </u> | | | Date: | | 20/2023 | |
| | | | | | | | | 4/ | 20/2023 | |
| | 10. Original | to Council: | | | | | Date: | | | |

WHATCOM COUNTY

Health Department



Erika Lautenbach, MPH, Director

Amy Harley, MD, MPH, Co-Health Officer Greg Thompson, MD, MPH, Co-Health Officer

MEMORANDUM

TO: Satpal Sidhu, County Executive

FROM: Erika Lautenbach, Director

RE: Snohomish County Health Department (formerly Snohomish Health District) – Youth Cannabis &

Commercial Tobacco Prevention Program Interlocal Agreement Amendment #2

DATE: April 18, 2023

Attached is a contract amendment between Whatcom County and Snohomish County Health Department for your review and signature.

Background and Purpose

Whatcom County receives funding from Washington State Department of Health (DOH) to act as the lead agency for the North Sound Regional Youth Cannabis & Commercial Tobacco Prevention Program [YCCTPP – formerly the Youth Marijuana Prevention & Education Program (YMPEP)] whose goal is to reduce initiation and use of cannabis and tobacco by youth (ages 12-20) in the North Sound Region. The purpose of this Agreement is to support Snohomish County Health Department's participation in planning and engagement in youth cannabis and tobacco prevention strategies and activities.

Funding Amount and Source

Funding for this contract, in an amount not to exceed \$56,000, is provided by the DOH YCCTPP. These funds are included in the 2022-2023 budgets. Council approval is required as funding exceeds \$40,000.

Differences from Previous Contract

| Section | Revision Purpose | | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------|--|--|--|
| Entire Agreement | Replace all references to Snohomish Health District with Snohomish County | | | |
| Little Agreement | Health Department | | | |
| Section 2. – Responsibilities | Add Section M. – Certification Regarding Federal Debarment, Suspension, | | | |
| (Snohomish) | Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions | | | |
| Section 4. – Extension | Extends contract through 06/30/2023 | | | |
| Exhibit A | Replace 6-month budget with 1-year budget | | | |
| Exhibit B – Adds CDC Tobacco Prevention Grant Special Terms & Conditions | | | | |
| Exhibit C – Adds CDC Tobacco Prevention Grant Subaward Information | | | | |

Please contact Ann Beck, Community Services Manager at 360-778-6055 (<u>ABeck@co.whatcom.wa.us</u>) or Kathleen Roy, Assistant Director at 360-778-6007 (<u>KRoy@co.whatcom.wa.us</u>), if you have any questions or concerns regarding this request.



Whatcom County Contract Number:

202107009 - 2

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

Whatcom County Health Department Snohomish County

509 Girard Street 3020 Rucker Avenue, Suite #306

Bellingham, WA 98225 Everett, WA 98201

CONTRACT PERIODS:

Original: 07/01/2021 – 06/30/2022 Amendment #1: 07/01/2022 – 12/31/2022 Amendment #2: 07/01/2022 – 06/30/2023

THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO

DESCRIPTION OF AMENDMENT:

- 1. Extend the duration and other terms of this contract for 6 months, as per the original contract "Section 4. Extension".
- 2. Replace all references to Snohomish Health District with Snohomish County.
- 3. Add Section 2 Snohomish (M.) Certification Regarding Federal Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions, as follows:
 - Snohomish certifies, by executing this amendment, that neither it nor its principles is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Agency.
 - Snohomish also agrees that it shall not knowingly enter into any lower tiered covered transactions (a transaction between the Contractor and any other person) with a person who is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, and Snohomish agrees to include this clause titled "Certification Regarding Federal Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction" without modification, in all lower tier covered transactions and in all solicitations for lower tier transactions.

The "Excluded Parties List System in the System for Award Management (SAM) website is available to research this information at <u>WWW.SAM.GOV</u>. Snohomish shall immediately notify Whatcom if, during the term of this agreement, Snohomish becomes debarred.

- 4. Replace Exhibit A Compensation, to reflect a 1-year budget period.
- 5. Add Exhibit B Special Terms and Conditions CDC Tobacco Prevention Grant
- 6. Add Exhibit C Subaward Information
- 7. Funding for this contract period (07/01/2022 06/30/2023) is not to exceed \$56,000.
- 8. Funding for the total contract period (07/01/2021 06/30/2023) is not to exceed \$83,000.
- 9. All other terms and conditions remain unchanged.
- 10. The effective start date of the amendment is 07/01/2022.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. 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.

| DocuSigned by: | | | | | |
|---------------------------------------------------------------------------------------|--------------------------------|-------------|--|--|--|
| APPROVAL AS TO PROGRAM: | | 4/19/2023 | | | |
| | nmunity Services Manager | Date | | | |
| DocuSigned by: | | 4 /10 /2022 | | | |
| DEPARTMENT HEAD APPROVAL: | nbadi | 4/19/2023 | | | |
| Erika Lautenbar | ch, Health Department Director | Date | | | |
| APPROVAL AS TO FORM: Koyu Bukingham 1EE5DDBD9542404 | | 4/19/2023 | | | |
| | nior Civil Deputy Prosecutor | Date | | | |
| SNOHOMISH COUNTY: Digitally signed by Lacey Harper Date: 2023.04.13 09:53:29 -07'00' | Executive Director | T | | | |
| | | Dete | | | |
| Contractor Signature | Contractor Printed Name/Title | Date | | | |
| FOR WILLATCOM COLINTY. | | | | | |
| FOR WHATCOM COUNTY: —DocuSigned by: | | | | | |
| Satpal Single Sidler | | 4/20/2023 | | | |
| Satpal Singh Sidhu, County Executive | | Date | | | |

CONTRACTOR INFORMATION:

Snohomish County Health Department 3020 Rucker Avenue, Suite #306

Everett, WA 98201

| COUNCIL USE ONLY | | | | |
|------------------|------------------|--|--|--|
| Approved _ | 4/12/2023 | | | |
| ECAF# | 2023-0239 | | | |
| MOT/ORD _ | Ordinance 23-018 | | | |

EXHIBIT "A" – Amendment #2 (COMPENSATION)

The source of funding for this contract, in an amount not to exceed \$56,000, is the Washington State Department of Health Youth Cannabis & Commercial Tobacco Prevention Program. Funding for this Agreement is provided by three funding sources through the Washington State Department of Health's (DOH) Consolidated Contract YCCTPP Funds, with a breakdown as follows:

- \$25,000 Dedicated Cannabis Account (Funding Period: July 1, 2022- June 30, 2023)
- \$23,500 Tobacco Prevention Proviso (Funding Period: July 1, 2022 June 30, 2023)
- \$7,500 Centers for Disease Control (Funding Period: July 1, 2022 June 30, 2023)

The budget for this work is as follows:

| Contract Budget 07/01/2022 – 06/30/2023 | | | | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| *Item | Documentation required with invoice | **Budget | | |
| Personnel | Evpanded CL Papert | \$37,900 | | |
| Advertising | Expanded GL Report | | | |
| Travel & Training | For travel, training and conference expenditures, mileage will be reimbursed at the current Federal rate. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts. Lodging and meal costs are not to exceed the U.S. General Services Administration Domestic Per Diem Rates (www.gsa.gov), specific to location. Reimbursement requests for allowable travel, training and membership expenses (including conference/training registration fees) must be accompanied by receipts or vendor invoices. Receipts for meals are not required. Mileage records, including the name of the staff member, date of travel, starting point and destination of travel, the number of miles traveled, the per mile reimbursement rate, and a brief description of the purpose of travel, are required for mileage reimbursement. | | | |
| Supplies & Materials | Receipts or paid invoices | \$2,100 | | |
| | Subtotal | \$50,679 | | |
| Indirect | 10% will be the maximum allowed. | \$5,321 | | |
| | TOTAL | \$56,000 | | |

- 1. *Contractor may transfer funds between line items with prior County approval.
- 2. **Budget adjustments that total ten percent (10%) or more need approval at least 15 days prior to expending adjusted budget items.
- 3. Contractor may be required to submit a spend-down plan to the County if the following budget spending guidelines are not met: 50% by January 1, 2023, 75% by April 1, 2023, and 90% by June 1, 2023. If a spend-down plan is submitted and not carried through, it will be considered in future funding decisions.
- 4. Contractor may be reimbursed for indirect costs at their current federally negotiated rate. The County will reimburse indirect at the de minimis rate of 10% on Modified Total Direct Costs as described in 2 CFR 200.1, Office of Management and Budget Guidance for Grants and Agreements.

II. Invoicina

1. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 20th day of the month following the month of service. Invoices submitted for payment must include sufficient documentation to prove the validity of all costs claimed. A general ledger report of costs claimed

toward this project will be sufficient for invoicing this agreement. Whatcom County reserves the right to request further back-up documentation for any costs claimed for reimbursement. The Contractor must follow YCCTPP funding guidelines for each funding source. Equipment purchases are typically not an allowable expense. Food and incentive purchases must follow DOH YCCTPP guidelines.

- 2. The Contractor shall submit invoices to (include contract/PO #) HL-BusinessOffice@co.whatcom.wa.us.
- Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.
- 4. Invoices must include the following statement, with an authorized signature and date: I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.
- 5. <u>Duplication of Billed Costs or Payments for Service:</u> The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.

"Exhibit B"

(Special Terms and Conditions for CDC Tobacco Prevention Grant – CFDA #93.387)

The funds allocated for services performed under this contract are Washington State Department of Health funds. The terms included in this agreement and any additional agreements herein are a result of the grant funding requirements.

1. DEFINITIONS

As used throughout this Contract, the following terms shall have the meaning set forth below:

- A. "Authorized Representative" shall mean the Director and/or the designee authorized in writing to act on the Director's behalf.
- B. "DOH" shall mean the Department of Health.
- C. "Contract" or "Agreement" means the entire written agreement between DOH and the Contractor, including any attachments, documents, or materials incorporated by reference. E-mail or facsimile transmission of a signed copy of this contract shall be the same as delivery of an original.
- D. "Contractor" shall mean the entity identified on the face sheet performing service(s) under this Contract, and shall include all employees and agents of the Contractor.
- E. "Personal Information" shall mean information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.
- F. "State" shall mean the state of Washington.
- G. "Subcontractor" shall mean one not in the employment of the Contractor, who is performing all or part of those services under this Contract under a separate contract with the Contractor. The terms "subcontractor" and "subcontractors" mean subcontractor(s) in any tier.

3. ALL WRITINGS CONTAINED HEREIN

This Contract contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto.

4. AMENDMENTS

This Contract may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

5. AUDIT

Contractor shall maintain internal controls providing reasonable assurance it is managing federal awards in compliance with laws, regulations, and provisions of contracts or grant agreements that could have a material effect on each of its federal programs; and prepare appropriate financial statements, including a schedule of expenditures of federal awards.

If the Contractor is a subrecipient and expends \$750,000 or more in federal awards from any and/or all sources in any fiscal year, the Contractor shall procure and pay for a single audit or a program-specific audit for that fiscal year.

6. INDEMNIFICATION

Each party shall be solely responsible for the acts of its employees, officers, and agents.

7. LAWS

The Contractor shall comply with all applicable laws, ordinances, codes, regulations, and policies of local, state, and federal governments, as now or hereafter amended, including, but not limited to:

United States Laws, Regulations and Circulars (Federal)

Contractor shall comply with Uniform Administrative Requirements, Cost Principles, and Audit Requirement for Federal Award, 2 CFR 200, Subpart B – General Provisions, Subpart C – Pre-Federal Award Requirements and Contents of Federal Awards, Subpart D – Post Federal; Award requirements, Subpart E – Cost Principles, and Subpart F – Audit Requirements.

Contractor shall comply with the applicable requirements of 2 CFR Part 200, including any future amendments to 2 CFR Part 200, and any successor or replacement Office of Management and Budget (OMB) Circular or regulation.

Contractor shall comply with Omnibus Crime Control and Safe streets Act of 1968, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, Title IX of the Education Amendments of 1972, The Age Discrimination Act of 1975, and The Department of Justice Non-Discrimination Regulations, 28 C.F.R. Part 42, Subparts C.D.E. and G, and 28 C.F.R. Part 35 and 39.

8. LICENSING, ACCREDITATION AND REGISTRATION

The Contractor shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements or standards necessary for the performance of this Contract.

9. RECORDS MAINTENANCE

Financial records, supporting documents, statistical records, and all other records pertinent to the grant program must be kept readily available for review by personnel authorized to examine PHS grant accounts. Financial records, supporting documentation, statistical records, and all other records pertinent to an award shall be retained for a minimum of 3 years, or until completion and resolution of any audit in process or pending resolution. In all cases, records must be retained until resolution of any audit questions. Property records must be retained in accordance with 45 CFR 75 requirements.

10. SEVERABILITY

The provisions of this contract are intended to be severable. If any term or provision is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of the contract.

11. SURVIVAL

The terms, conditions, and warranties contained in this Contract that by their sense and context are intended to survive the completion of the performance, cancellation or termination of this Contract shall so survive.

EXHIBIT C SUBAWARD INFORMATION

| | Item Description | Contract Information |
|----|-------------------------------------------------------|--------------------------------------------|
| 1 | Subrecipient Name (Exactly as listed): | County of Snohomish |
| | www.SAM.gov | |
| 2 | Subrecipient UEI Number: www.SAM.gov | QJ5ZMKQRDYZ9 |
| 3 | Federal Award Identification Number (FAIN): | NU58DP006808 |
| 4 | Federal Award Date (from Federal contract) | 6/29/2020-4/28/25 |
| 5 | Start and End Date of the contract: | 7/1/2022-6/30/2023 |
| 6 | Amount of Federal Funds Obligated by this action: | \$5,180,840 |
| 7 | Total Amount of Federal Funds Obligated to the | \$7,500 |
| | subrecipient by Whatcom County for this subaward | |
| | (current and past obligations): | |
| 8 | Total Amount of the Federal Award <u>committed</u> to | \$7,500 |
| | the subrecipient through Whatcom County: | |
| 9 | Project description from Federal Award: | To address tobacco use and provide support |
| | | for comprehensive state-based tobacco |
| | | control programs. |
| 10 | Name of the Federal awarding agency: | Centers for Disease Control & Prevention |
| 11 | Name of the pass-through entity/entities: | Washington State Department of Health |
| 12 | Contact information for awarding official- (Name of | Alyssa Pavitt |
| | County project coordinator) | |
| 13 | Contact information for awarding official- General | APavitt@co.whatcom.wa.us |
| | Contact email or phone number: | 360-778-6061 |
| 14 | CFDA Number | 93.387 |
| 15 | CFDA Name Program Name | National and State Tobacco Control Program |
| 16 | Is the award Research and Development? | No |
| 17 | Indirect Cost Rate per the Federal Award | Not specified |
| 18 | Federal requirements imposed on the subrecipient | See Exhibit B |
| | by Whatcom County: | |
| 19 | Additional requirements imposed by Whatcom | Yes |
| | County to meet its own responsibilities to the | |
| | awarding agency: | 100/ 111 11 11 11 |
| 20 | Indirect Rate: Subrecipient approved rate or de | 10% will be the maximum allowed. |
| | minimis | |
| 21 | A A | V |
| 21 | Access to subrecipient's accounting records and | Yes |
| 22 | financial statements as needed. | Voc |
| 22 | Closeout Requirements | Yes |