

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

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

Originating Department:	AS – Facilities Management
Division/Program: (i.e. Dept. Division and Program)	505020
Contract or Grant Administrator:	Rusty Noble
Contractor's / Agency Name:	Whatcom Counseling & Psychiatric Clinic, LLC and T-Mobile West LLC

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 #: 201406031-70705

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?  
Yes       No       If yes, RFP and Bid number(s): \_\_\_\_\_ Contract \_\_\_\_\_  
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.  
 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): \$ 0.00 This Amendment Amount: \$ _____ Total Amended Amount: \$ 0.00	<b>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></b> <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>
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Summary of Scope: This easement is between Whatcom County, Whatcom Counseling and Psychiatric Clinic, Inc. and T-obile West LLC for access to the cell tower located at 3645 E. McLeod Road, Bellingham WA 98226.

Term of Contract:	Expiration Date:
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Contract Routing:	1. Prepared by: <u>Dee Ebergson</u>	Date: <u>3/6/19</u>
	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: \_\_\_\_\_