

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
**202509013**

Originating Department:	Executive
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Emergency Medical Services
Contract or Grant Administrator:	Mike Hilley EMS Manager      Debbie Arthur
Contractor's / Agency Name:	Camano Fire and Rescue

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: 12401001 (Revenue)

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.

<p>Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>55,600.00</u></p> <p>This Amendment Amount: \$ _____</p> <p>Total Amended Amount: \$ _____</p> <p>Summary of Scope:</p>	<p>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>:</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>
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**This Interlocal Agreement is between Whatcom County and Camano Fire and Rescue to reimburse the EMS Levy up to \$55,600.00 for the Paramedic training program costs associated with the program administration, preceptor training, evaluation fees, and class supplies.**

Term of Contract: January 1, 2026	Expiration Date: December 31, 2026
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Contract Routing:	Date:
1. Prepared by: <u>Melissa Rodriguez</u>	<u>9/4/2025</u>
2. Attorney signoff: <u>Brandon Waldron</u>	<u>9/4/2025</u>
3. AS Finance reviewed: <u>M Caldwell</u>	<u>10.8.25</u>
4. IT reviewed (if IT related): _____	Date: _____
5. Contractor signed: _____	<u>12/19/2025</u>
6. Executive contract review: <u>Jlogan</u>	<u>2025.12.15</u>
7. Council approved, if necessary: <u>AB2025-744</u>	<u>11/5/2025</u>
8. Executive signed: <u>SSidhu</u>	<u>12/19/2025</u>
9. Original to Council: _____	Date: _____

**WHATCOM COUNTY**  
Emergency Medical Services  
1500 N. State St. Suite 205  
Bellingham, WA 98225



**Mike Hilley**  
WCEMS Manager

## MEMORANDUM

To: Satpal Sidhu, County Executive

From: ~~Mike Hilley~~, EMS Manager Debbie Arthur

Re: Interlocal Agreement/Camano Fire and Rescue; for the provision of the Paramedic Training Program

Date: October 8, 2025

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Enclosed is the C#202509013

- **Background and Purpose**

This Interlocal Agreement is for the 2026 Paramedic Training Class. Students recommended by the Bellingham Fire Department (BFD), Whatcom County Fire District 7 (WCFD7), Camano Island Fire and Rescue (CFR), and Marysville Fire District will participate in a joint EMS Paramedic training course funded through the EMS Levy. All four agencies will enter into an interlocal agreement to participate in the 2026 paramedic training class.

Bellingham Fire Department – Four (4) Students

Whatcom County Fire Protection District 7 – Two (2) Students

Camano Fire and Rescue – One (1) Student

Marysville Fire District – Three (3) Students

This interlocal agreement is between Whatcom County and Camano Island Fire and Rescue to reimburse the EMS Levy up to **\$55,600.00** for the Paramedic training program costs associated with program administration, preceptor training, evaluation fees, and class supplies

- **Differences from Prior Contract**

**Tuition and Fees Increase:** Camano Fire and Rescue's 2026 Paramedic Class Fees for Out of County Students has increased to a tuition cost of **\$55,600** as compared to their last contract for the 2025 paramedic class of \$29,356 (C#202408015). This increase is in response to rising costs and the recognition that each participant should bear a more equitable share of the common costs related to instructor labor contracts, increase of supplies and training materials, student equipment, accreditation and BTC fees and other inflationary items in the Paramedic School Budget.

Debbie Arthur

Please contact ~~Mike Hilley~~ at (360) 927-1155 if you have any questions or concerns regarding the terms of this agreement.

Whatcom County Contract No.  
202509013

**INTERAGENCY AGREEMENT**  
**Between**  
**Camano Fire and Rescue**  
**And**  
**Whatcom County Emergency Medical Services/Whatcom County**  
**Paramedic Training Program**

Whatcom County Emergency Medical Services, (hereinafter the “County”), and Camano Fire and Rescue, (hereinafter the “Department”), in consideration of the mutual covenants herein, agree as follows:

- I. **Purpose:** This Agreement is meant to provide paramedic training for up to one (1) Camano Fire and Rescue Firefighter/EMT in the 2026 Paramedic Training class administered by the Bellingham Fire Department (BFD), accreditation affiliation with Bellingham Technical College (College), funded by the Whatcom County EMS Levy.
- II. **Program Administration:** It is understood that the County and the Department shall be responsible for the direct supervision of their respective employee and that nothing in this Agreement will interfere with the employer/employee relationship or the functioning of the Department or County herein named. In compliance with applicable law and State records guidelines, both parties will maintain documentation and/or records relevant to the program in this Agreement.
- III. **Financial Responsibility:** The 2026 Paramedic Training Program is paid for by the Whatcom County Countywide Emergency Medical Services Fund. The Department is responsible for all wages, benefits and insurance coverage for its participant.
- IV. **Financial Agreement:** The Department will pay the County **\$55,600** for direct costs of student participation and a portion of common costs for the 2026 Paramedic Training Program as described in **Exhibit A - Detail of Student Costs**. One-half of the agreed total student cost will be paid when the paramedic training program is half-complete and the remaining second half is paid once the program has been completed.
- V. **Program Sponsorship:** The College shall be the sponsoring institution and, as such, the program will operate within the College’s appropriate policies and procedures.
- VI. **Program Approval:** The paramedic training program is approved through the Washington State Board for Community and Technical Colleges and the Washington State Department of Health. Accreditation is granted through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

**VII. Responsibilities of the Department:**

- A. Provide recommendation for enrollment of student into Paramedic Training by the Fire Chief and the Department Medical Program Director.
- B. Obtain concurrence from the College, County, Paramedic Training Medical Program Director and BFD for the selection of qualified EMT's for enrollment in the Paramedic Training program.
- C. Provide weekly or monthly, depending on need, direct leadership and preceptor liaison with the Paramedic Training Lead Instructor for the purposes of monitoring student progress and activities.
- D. Reimburse the County for agreed expenses as described in Exhibit A.

**VIII. Objectives of Paramedic Training Course:**

- A. Paramedic Training will provide the pre-requisite (60-hour/ 5 Credit) Anatomy and Physiology Course through a combination of online and laboratory learning.
- B. Paramedic Training will provide approximately 1300 clinical hours to the Paramedic Candidate. Preceptorships will be provided by the Bellingham Fire Department. Students should generally see about 500 patients when precepting on the ALS units. In addition, these clinical hours include training with the hospital emergency department, operating room, intensive care unit & maternity units, along with observation days at Children's Hospital and Harborview Medical Center as part of the learning experience. Students average about 150 IV's and about 20 Intubations during this time.
- C. Paramedic Training will provide 650 classroom hours for both didactic and simulation lab learning.
- D. Provide weekly or monthly, depending on need, progress reports to the Department liaison.
- E. Provide Paramedic Student Evaluations (Approximately 20).
- F. Provide Physician-Level Evaluations for certification.
- G. Prepare the student for National Registry of EMT's (NREMT) testing and certification.

**IX. Paramedic Training Program admission requirements:**

- A. Eligible Advanced Life Support Departments and Whatcom County Fire Departments or District employees meeting admission requirements as set forth in RCW 18.71.205 and WAC 246.976.041, will be considered for the program upon recommendation of the Paramedic Course Director. Enrollment is not open to the public.
- B. All students accepted for admission must have current Emergency Medical Technician (EMT) certification and a high school diploma or equivalent as per Washington State Department of Health (DOH) guidelines.
- C. Out-of-County students must be affiliated with an Advanced Life Support Agency and will have the recommendation of the Fire Chief and Out of County Medical Program Director or Supervising Physician to enroll in the Paramedic Training Program.

**X. Program Administration:**

College Supervisor: Matthew Santos, Dean of Allied Health, Bellingham Technical College, 3028 Lindbergh Ave., Bellingham, WA, 98225, (360) 752-8316, [msantos@btc.org](mailto:msantos@btc.org)

Paramedic Training Medical Program Director: Dr. Emily Welch 1500 N. State St., Bellingham, WA 98225 (360) 778-8413 [ewelch@co.whatcom.wa.us](mailto:ewelch@co.whatcom.wa.us)

Whatcom County EMS Paramedic Course Liaison: Steven Cohen, BS, EMS Training Specialist; 800 E. Chestnut St. Bellingham, WA 98225 (360) 820-6157 [scohen@co.whatcom.wa.us](mailto:scohen@co.whatcom.wa.us)

Bellingham Fire Department; Course Director: Div. Chief Scott Ryckman MS, Medical Services Officer, Bellingham Fire Department, 1800 Broadway, Bellingham, WA, 98225, (360) 778-8413, [sryckman@cob.org](mailto:sryckman@cob.org)

Paramedic Lead Instructor: Cap. Todd Fisher, Bellingham Fire Department, 1800 Broadway, Bellingham, WA 98225, (360) 778-8413, [tfisher@cob.org](mailto:tfisher@cob.org)

- XI. Nondiscrimination:** There will be no discrimination against any participant covered under the Agreement because of race, color, religion, national origin, sex (including pregnancy and parenting status), disability, age, veteran status, sexual orientation, gender identity or expression, marital status or genetic information in programs or activities including employment, admissions, and educational programs.

- XII. Liability:** Each party to this Agreement will be responsible for the negligent or willful acts or omissions of its own employees, officers, volunteers or agents in the performance of this Agreement. Neither party will be considered the agent of the

other, nor does either party assume any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

**XIII. Term of the Agreement:** This Agreement will become effective upon date of final signature and will terminate upon completion of paramedic training. Completion of training is determined after all requirements for graduation and certification have been met. Termination of this Agreement shall be effective thirty (30) days following written notice of termination provided by either party in the case a student is unable to complete or is academically terminated from Paramedic Training. If modifications to this Agreement are deemed necessary, such changes shall be approved by the Department and the County unless such modifications are required based on State, Federal or Local law.

**XIV. Entire Agreement:** This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein.

**Authority:** The parties represented and covenant that they are authorized to sign as authorized agents of their respective college/agency.

ACCEPTED, agreed, and signed as of the date first set forth below

**EXECUTED, this \_\_\_\_\_ day of \_\_\_\_\_ 12/19/2025, 2025, for Camano Fire and Rescue:**

**Department Approval:**

DocuSigned by:



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\_\_\_\_\_  
Fire Chief  
Camano Island Fire and Rescue  
811 N. Sunrise Blvd.  
Camano Island, WA 98282

**EXECUTED, this \_\_\_\_\_ day of \_\_\_\_\_ 12/19/2025, 2025, for Whatcom County:**

Signed by:



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\_\_\_\_\_  
Satpal Sidhu, County Executive

**Approved as to Form:**

Brandon Waldron 9/04/2025  
Office of Prosecuting Attorney, Civil Division

## Exhibit 'A'

### Student Tuition Costs

#### FEE SCHEDULE FOR CAMANO FIRE AND RESCUE

Category	Description	Cost Per Student
Student Equipment & Maintenance	Books, stethoscopes, IV supplies, anatomy parts, Platinum Program, clinical gear, consumables, equipment maintenance, PALS/NRET, CAAHEP, site visits. (1) One Student	\$8,256.00
Tech College/Facilities	BTC Course MPD Fees, A&P Pre-Course, instructors, accreditation, facilities. (1) One Student	\$10,213.00
Whatcom County Admin Costs	WCEMS Administration and Contract Support Services (1) One Student	\$3,231.00
Training & Tuition	Core program instruction, simulation labs, clinical rotations, certification prep. (1) One Student	\$23,700.00
<b>Total</b>		<b>\$45,400.00</b>
Evaluation & Preceptorship	Monthly evaluation and preceptor support (\$850 × 12 months) (1) One Student.	\$10,200.00
<b>Total</b>		<b>\$55,600.00</b>