		VHATCOM COUNTY CONTRACT INFORMATION SHEET				Whatcom County Contract No. 2020 <u>06</u> 016		
Originating Department:			85 Health					
Division/Program: (i.e. Dept. Division and Program) 8550 Human Services / 855060 Subs						Abuse		
Contract or Grant Administrator: Kathleen Roy								
Contractor's / Agency Name:		Skagit County						
	If not, is this an Ame				entre et di	Yes	; 🗌 No 🗌	
Yes 🖾 🛛 No 🗔	If Amendment or R	enewai, (per wo	JC 3.08.100 (a))	Uriginal C	ontract #:			
Does contract require Council Approval? Yes 🖂 No 🗔 If No, include WCC:								
Already approved? Council Ap		(Exclusions see:	(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)			3.08.100)		
Is this a grant agreement? Yes □ No ⊠	If yes, grantor a	agency contract r	number(s):		CFDA	#:		
Is this contract grant funded?         Yes ⊠       No □								
Is this contract the result of a R         Yes       □         No       ☑	FP or Bid process? es, RFP and Bid nur	mber(s):			Contract Cost Center:	677350		
Is this agreement excluded from	m E-Verify?	No 🗌 🛛 Yes	If no include	a Attachme	ent D Contractor	Declaration	form	
If YES, indicate exclusion(s) belo	)W:					Decidiation	iorn.	
Professional services agr     Contract work in fat less the		/licensed profes					0)	
Contract work is for less the					rcial off the shelf		5).	
<ul> <li>□ Contract work is for less than 120 days.</li> <li>□ Work related subcontract less than</li> <li>□ Interlocal Agreement (between Governments).</li> <li>□ Public Works - Local Agency/Feder</li> </ul>								
					(1)//	2		
Contract Amount:(sum of origina any prior amendments): 26,000 This Amendment Amount: Total Amended Amount: \$	l contract amount ar	and profession 10% of contra- 1. Exercise 2. Contract approve 3. Bid or a 4. Equipm 5. Contract system	oval required for; all onal service contract act amount, whichev ing an option contair t is for design, const ad by council in a cap ward is for supplies. ent is included in Ex t is for manufacturer s and/or technical su	amendmen rer is greated ined in a coni- rruction, r-o bital budget chibit "B" of t 's technical pport and so	Its that have an ind r, except when: tract previously app w acquisition, prof. appropriation ordir he Budget Ordinal support and hardw oftware maintenan	crease greate proved by the services, or o nance. nce vare maintena	er than \$10,000 or e council. other capital costs ance of electronic	
			ary software currentl					
Summary of Scope: The purpos	e of this agreement	is to fund implem	entation of youth r	narijuana p	prevention activiti	es in Skagit	County.	
	'ear		Expiration Date:		06/30/2021			
Contract Routing: 1. Prepa		JT			Dat		6/10/2020	
	Budget Approval:	KR			Dat	te: 06	6/15/2020	
	Attorney signoff: RB					te: 06	6/15/2020	
4. AS F	AS Finance reviewed: M Caldwell					te: 06	6/15/2020	
5. IT revi	5. IT reviewed (if IT related):					e:		
6. Contra	6. Contractor approved:					e:		
7. Submi	tted to Exec.:		~		Dat		-17-2020	
8. Counc	il approved (if necessa	ary):	/		Dat		7-7-2020	
9. Execu	tive signed:		1		Dat	e:	7-8-2020	
10. Origin	nal to Council:		1		Dat	e:	7-8-2020 8-18-2020	

Whatcom County Contract Number

202006016

#### INTERLOCAL COOPERATIVE AGREEMENT BETWEEN WHATCOM COUNTY AND SKAGIT COUNTY

THIS AGREEMENT is made and entered into by and between Whatcom County ("Whatcom") and Skagit County ("Skagit"); both Counties in the State of Washington pursuant to the authority granted by Chapter 39.34 RCW, INTERLOCAL COOPERATION ACT.

- 1. PURPOSE: The purpose of this agreement is to implement youth marijuana prevention activities outlined in the Skagit County Workplan.
- 2. **RESPONSIBILITIES:**

Whatcom will:

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- A. Lead and facilitate the North Sound Region Youth Marijuana Prevention Network and implementation of our 5-Year Youth Marijuana Prevention and Education Program (YMPEP) Strategic Plan.
- B. Provide technical assistance and support to Skagit in carrying out their YMPEP work.
- C. Include Skagit staff in regional YMPEP communication, trainings, and meetings.
- D. Share State and regional YMPEP resources with designated Skagit staff.
- E. Provide Skagit with templates for submitting work plan, budget, and reporting.

#### Skagit will:

- A. Actively engage in regional YMPEP network:
  - 1. Attend quarterly regional network meetings;
  - 2. Participate in monthly YMPEP subcontractor online meetings;
  - 3. Participate in regional YMPEP planning efforts;
  - Attend each CPWI/DFC coalition in Skagit County at least once during the year to share about YMPEP strategies and promote regional network;
  - Promote joining the regional network to partners in Skagit County through coalitions, meetings and program emails/newsletters. Provide contacts to Regional Coordinator for Regional Network Listserv;
  - 6. Join and participate in the YMPEP Practice Collaborative WA Portal;
  - 7. Participate in Practice Collaborative Workgroups and other statewide YMPEP efforts, as relevant.

- B. Serve as a leader and advocate for marijuana prevention in Skagit County:
  - Promote YMPEP professional development training opportunities to partners in Skagit County;
  - B. Promote Youth Empowerment opportunities coordinated through YMPEP, including OneVoice, to youth prevention clubs in Skagit County;
  - C. Share educational resources on marijuana and vaping to school and community partners in communities you serve;
  - D. Partner with ESD 189 to support substance use policy updates, as relevant;
  - E. Educate yourself and community partners about the LCB rulemaking process. Engage in rulemaking process related to marijuana prevention, as relevant;
  - F. Monitor state and local policies and legislation in relation to marijuana prevention. Advocate for state and/or local legislation or policies that support marijuana prevention, as relevant;
  - G. Submit advocacy plan to Whatcom for approval.
- C. Locally implement statewide youth marijuana prevention campaigns:
  - 1. Create and submit to Whatcom, an annual local media implementation plan to include implementation of the below:
    - i. You Can Youth Prevention Campaign
    - ii. Under the Influence of...You Parent Campaign
    - iii. Additional marijuana prevention campaigns developed by WA DOH, as relevant
  - 2. Implement approved local media campaign in Skagit County.
- D. Utilize Positive Community Norms and Science of the Positive framework to create marijuana prevention messaging:
  - 1. Participate in regional Positive Community Norms and Science of the Positive training and planning;
  - 2. Utilize framework in development of marijuana prevention messaging and communication,
- E. Attend relevant local, state, and national trainings related to marijuana prevention:
  - 1. Create and submit an annual training plan to Whatcom for approval;
  - 2. Attend approved meetings.
- F. Support youth groups in Skagit County to attend the Washington State Prevention Summit, Spring Youth Forum, or other approved youth events.
  - 1. Create and submit a youth leadership support plan to Whatcom for approval;
  - 2. Attend approved trainings.
- G. Participate in regional and state conference calls, trainings, and meetings, as available.

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- H. Maintain accurate records of staff time dedicated to YMPEP activities.
- Provide monthly reports of program activities and staff effort to Lead Regional Coordinator for inclusion in DOH reporting. Contractor will use reporting form provided by Whatcom. Due dates will be no later than 10<sup>th</sup> day of the month, following the month activities occurred.
- J. Perform all work necessary within the limits of the available resources from this agreement to implement the strategies, action steps and deliverables agreed to with regional partners and approved by DOH.
- K. Request approval for budget adjustments that total 10% or more approval required at least 15 days prior to expanding adjusted budget items.
- L. Use no more than 20% of YMPEP allocation for indirect/overhead costs.
- M. Comply with all applicable Federal and State requirements that govern this agreement and will cooperate with Whatcom on at least one annual site visit at a mutually agreeable time to discuss Skagit County program process and contract oversight.
- 3. TERM OF AGREEMENT: The start date of this grant funded project is July 1, 2020 therefore the start date of this agreement has been established as of that date, and shall be in effect through June 30, 2021.
- 4. EXTENSION: The duration of this agreement may be extended by mutual written consent of the parties.
- 5. ADMINISTRATION: The following individuals are designated as representatives of the respective parties. The representatives shall be responsible for the administration of this agreement and for coordinating and monitoring performance under this agreement. In the event such representatives are changed, the party making the change shall notify the other party:

Whatcom's representative shall be:

Alyssa Pavitt, Program Specialist – <u>apavitt@co.whatcom.wa.us</u> Whatcom County Health Department 509 Girard Street Bellingham WA 98225 (360) 778-6061

Skagit's representative shall be:

Danica Sessions, Community Health Coordinator – <u>danicas@co.skaqit.wa.us</u> Skagit County Public Health 700 S Second Street, Room 301 Mt Vernon, WA 98273 (360) 416-1521

- 6. TREATMENT OF ASSETS AND PROPERTY: No fixed assets or personal or real property will be jointly or cooperatively acquired, held, used, or disposed of pursuant to this agreement.
- INDEMNIFICATION: Each party agrees to be responsible and assume liability for its wrongful and/or negligent acts or omissions or those of their officials, officers, agents, or employees to the fullest extent

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required by law and further agree to save, indemnify, defend, and hold the other party harmless from any such liability. It is further provided that no liability shall attach to Whatcom County by reason of entering into this agreement as expressly provided herein.

- 8. TERMINATION: Any party hereto may terminate this agreement upon (30) days notice in writing either personally delivered or mailed to the party's last known address for the purposes of giving notice under this paragraph. If this agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this agreement prior to the effective date of termination.
- 9. CHANGES, MODIFICATIONS, AMENDMENTS, OR WAIVERS: The agreement may be changed, modified, amended, or waived only by written agreement executed by the parties hereto. Waiver or breach of any term or condition of this agreement shall not be considered a waiver of any prior or subsequent breach.
- 10. SEVERABILITY: In the event of any term or condition of this agreement or application thereof to any person or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications of this agreement which can be given effect without the invalid term, condition or application. To this end, the terms and conditions of this agreement are declared severable.
- 11. ENTIRE AGREEMENT: This agreement contains all the terms and conditions agreed upon by the parties. All items incorporated herein by reference are attached. No other understandings, oral or otherwise, regarding the subject matter of this agreement shall be deemed to exist or to bind any of the parties hereto.
- 12. OTHER PROVISIONS: Skagit County will comply with all applicable Federal and State requirements that govern this agreement.

### WHATCOM COUNTY: Recommended for Approval:

Approved by email AD/JT	06/12/202	0
Anne Deacon, Human Services Manager	Date	
Enterpartenbach	06/15/202	0
Erika Lautenbach, Director	Date	-
Approved as to form:		
Approved by email RB/JT Royce Buckingham, Prosecuting Attorney	06/15/202 Date	0
Approved: Accepted for Whatcom County:		
By: Satpal Singh Sidhu, Whatcom County Execu	tive	
STATE OF WASHINGTON )		
) ss COUNTY OF WHATCOM )		
On this 8th day of Ourly, Whatcom County, who executed the abo	2020, ve instrume	before me personally appeared Satpal Sidhu, to me known to be the Executive of ant and who acknowledged to me the act of signing and sealing thereof.
UTANNE	11111	Suganne M. Mildren.
SPOINTMEN	Mille	
PLOCEMBER"	0.75	NOTARY PUBLIC'in and for the State of Washington, residing at
ARL ARL	ER REP	Bellingham. My commission expires <u>12-31-22</u> .
STR. Same COLIC	2 ···	
100 # 8900	in the second se	
CONTRACTOR INFORMATION	mmn	
Skagit County Public Health		
700 S Second Street, Room 301 Mount Vernon, WA 98273		
mount voliton, vvr. JUZID		

DATED this 10 day of AUGUST 2020.

> BOARD OF COUNTY COMISSIONERS SKAGIT COUNTY, WASHINGTON

eser Z Ron, Wesen, Chair 0

Kenneth A. Dahlstedt, Commissioner

Lisa Janicki, Cophylissioner

Attest:

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MAG Clerk of the Board

For contracts under \$5,000: Authorization per Resolution R20030146

**Recommended:** 

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Approved as to form:

A  $\mathcal{O}($ 8.4.2020

**Civil Deputy Prosecuting Attorney** 

Approved as to indemnification:

λ M **Risk Manager** 

Approved as to budget:

**Budget & Finance Director** 

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County Administrator

### EXHIBIT "B" (COMPENSATION)

The source of funding for this contract, in an amount not to exceed \$26,000, is the Youth Marijuana Prevention and Education Contract with the Washington State Department of Health.

Contract Budget 0	7/01/2020 – 06/30/2021	
ltem	Documentation required with invoice	
Personnel	Expanded GL Report	\$10,333
Advertising	Expanded GL Report	\$6,000
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	Expanded GL Report	\$334
Subcontracted Services	Copy of sub-contracts, invoices and payments.	\$2,000
Administration	20% - Copy of approved indirect cost plan required for 20%; if not received, 10% will be the maximum allowed.	\$4,333
	TOTAL	\$26,000

- 1. Budget adjustments that total ten percent (10%) or more need approval at least 15 days prior to expending adjusted budget items.
- Contractor will be required to submit a spend-down plan to the County if the following budget spending guidelines are not met: 50% by January 1, 2021, 75% by April 1, 2021 and 90% by June 1, 2021. If a spend-down plan is submitted and not carried through, it will be considered in future funding decisions.
- 3. Contractor may transfer funds between budget line items with prior County approval.
- Invoicing
- The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 20<sup>th</sup> day of the month following the month of service. Invoices submitted for payment must include sufficient documentation to prove the validity of all costs

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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. Equipment purchases are not an allowable expense. Food and incentive purchases must follow DOH YMPEP guidelines.

2. The Contractor shall submit invoices to (include contract/PO #):

Attention: Business Office – <u>HL-BusinessOffice@co.whatcom.wa.us</u> Whatcom County Health Department 509 Girard Street Bellingham, WA 98225

- 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.

## WHATCOM COUNTY Health Department



## Erika Lautenbach, Director Greg Stern, M.D., Health Officer RECEIVED

## MEMORANDUM

JUN 17 2020

WHATCOM COUNTY

EXECUTIVE'S OFFICE

- TO: Satpal Sidhu, County Executive
- FROM: Erika Lautenbach, Director
- RE: Skagit County Youth Marijuana Prevention and Education Program Interlocal Agreement
- DATE: June 15, 2020

Enclosed is an interlocal agreement between Whatcom County and Skagit County for your review and signature.

### Background and Purpose

Whatcom County Health Department is the lead agency for the North Sound Regional Youth Marijuana Prevention and Education Program (YMPEP) serving Whatcom, Island, Skagit, Skagit, and Snohomish Counties. Whatcom County receives funding from Washington State Department of Health (DOH) to coordinate implementation of strategies aimed at reducing initiation and use of marijuana by youth (ages 12-20) in the North Sound Region. The purpose of this agreement is to support Skagit County's participation in planning and implementing youth marijuana prevention strategies and activities.

### Funding Amount and Source

Funding for this contract, in an amount not to exceed \$26,000, is provided by the Washington State Department of Health YMPEP. These funds are included in the 2020 budget. Council approval is required per RCW 39.34.030(2) for agreements between public agencies.

Please contact Kathleen Roy at extension #6007 if you have any questions regarding this agreement.

Encl.

509 Girard Street Bellingham, WA 98225-4005 360.778.6000 | FAX 360.778.6001 WhatcomCountyHealth WhatcomCoHealth



1500 North State Street Bellingham, WA 98225-4551 360.778.6100 | FAX 360.778.6101 www.whatcomcounty.us/health