

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
201907039-1

Originating Department:	Executive Office
Division/Program: <i>(i.e. Dept. Division and Program)</i>	EMS Administration
Contract or Grant Administrator:	M. Hilley, EMS Manager
Contractor's / Agency Name:	City of Bellingham/Fire Department
<p>Is this a New Contract?    If not, is this an Amendment or Renewal to an Existing Contract?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/>    If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____</p> <p>Does contract require Council Approval?    Yes <input type="checkbox"/>    No <input type="checkbox"/>    If No, include WCC: _____</p> <p>Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)</p> <p>Is this a grant agreement?    Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/>    If yes, grantor agency contract number(s): _____ CFDA#: _____</p> <p>Is this contract grant funded?    Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/>    If yes, Whatcom County grant contract number(s): _____</p> <p>Is this contract the result of a RFP or Bid process?    Contract _____ Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/>    If yes, RFP and Bid number(s): _____ Cost Center: <u>130115</u></p> <p>Is this agreement excluded from E-Verify?    No <input type="checkbox"/>    Yes <input type="checkbox"/>    If no, include Attachment D Contractor Declaration form.</p> <p>If YES, indicate exclusion(s) below:</p> <p><input type="checkbox"/> Professional services agreement for certified/licensed professional.</p> <p><input type="checkbox"/> Contract work is for less than \$100,000.    <input type="checkbox"/> Contract for Commercial off the shelf items (COTS).</p> <p><input type="checkbox"/> Contract work is for less than 120 days.    <input type="checkbox"/> Work related subcontract less than \$25,000.</p> <p><input checked="" type="checkbox"/> Interlocal Agreement (between Governments).    <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.</p>	
<p>Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>321,055</u></p> <p>This Amendment Amount: \$ <u>709,610</u></p> <p>Total Amended Amount: \$ <u>1,030,665</u></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>
<p>Summary of Scope: The purpose of this amendment is to add the budget amount for the remainder of the term. The amendment also allows for the EMS Levy to cover both of the Bellingham Community Paramedics (CPM) as recommended by the EMS Oversight Board. The CPM program provides mobile integrated health services inclusive of all EMS/Fire Districts within Whatcom County.</p>	
Term of Contract:    3.5 years	Expiration Date:    December 31, 2022

Contract Routing:	1. Prepared by: <u>M. Hilley</u>	Date: <u>12/18/2020</u>
	2. Attorney signoff: <u>C. Quinn</u>	Date: <u>1/12/2021</u>
	3. AS Finance reviewed: <u>BBennett</u>	Date: <u>1/8/21</u>
	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: _____

