

# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

**202508031**

Originating Department:	Executive
Division/Program: (i.e. Dept. Division and Program)	Emergency Medical Services
Contract or Grant Administrator:	Mike Hilley EMS Manager
Contractor's / Agency Name:	Whatcom County Fire Protection District #7
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____	
Does contract require Council Approval? Yes <input checked="" type="radio"/> No <input type="radio"/> 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 <input type="radio"/> No <input checked="" type="radio"/> If yes, grantor agency contract number(s): _____ CFDA#: _____	
Is this contract grant funded? Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, Whatcom County grant contract number(s): _____	
Is this contract the result of a RFP or Bid process? Contract _____ Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, RFP and Bid number(s): _____ Cost Center: 12401001	
Is this agreement excluded from E-Verify? No <input checked="" type="radio"/> Yes <input type="radio"/> If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input type="checkbox"/> Professional services agreement for certified/licensed professional. <input type="checkbox"/> Goods and services provided due to an emergency <input type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input type="checkbox"/> Contract work is for less than 120 days. <input type="checkbox"/> Work related subcontract less than \$25,000. <input checked="" type="checkbox"/> Interlocal Agreement (between Governments). <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ 345,537.16 This Amendment Amount: \$ _____ Total Amended Amount: \$ _____ Summary of Scope:	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> 1. Exercising an option contained in a contract previously approved by the council. 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. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 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.
This Interlocal Agreement is between Whatcom County and Whatcom Fire Protection District 7 to compensate for the Paramedic training program costs associated with program administration, student wages and benefits, preceptor training and class supplies.	
Term of Contract: January 1, 2026	Expiration Date: March 31, 2027

Contract Routing:	1. Prepared by: <u>Melissa Rodriguez</u>	Date: <u>8/28/2025</u>
	2. Attorney signoff: <u>Brandon Waldron</u>	Date: <u>8/28/2025</u>
	3. AS Finance reviewed: <u>M. Caldwell</u>	Date: <u>10/1/2025</u>
	4. IT reviewed (if IT related): <u>n/a</u>	Date: _____
	5. Contractor signed: _____	Date: <u>12/9/2025</u>
	6. Executive contract review: <u>Jake Logan</u>	Date: <u>2025.12.08</u>
	7. Council approved, if necessary: <u>AB2025-742</u>	Date: <u>11/5/2025</u>
	8. Executive signed: <u>SSidhu</u>	Date: <u>12/9/2025</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

Re: Interlocal Agreement/Whatcom Fire Protection District #7; for the provision of the Paramedic Training Program

Date: October 1, 2025

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Enclosed is the C#202508031

- **Background and Purpose**

This Interlocal Agreement is for the 2026 Paramedic Training Class. Students recommended by 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 – Five (5) 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 the Whatcom County Fire Protection District #7 to compensate for the Paramedic training program costs associated with program administration, student wages and benefits, preceptor training, and class supplies.

- **Differences from Previous Contract**

This year's contract includes allowance for two students, instead of one, and the contract has increased \$5,543.58 per student in accordance with CPI-W+1% as explained below. Last year's contract number is C#202408013.

- **Funding Amount and Source**

The funding source is the EMS Levy Fund, 12401001, not to exceed \$345,537.16

2026 Wage increases are determined annually by the previous year (2025) simple average January through June CPI-W+1% for Seattle Tacoma, Bellevue; provided, however, that such automatic adjustment shall not be less than 3.0%. (2023 to 2028 EMS Levy Plan)

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.

202508031

## INTERAGENCY AGREEMENT

Between

Whatcom County Fire Protection District 7

And

Whatcom County Emergency Medical Services/Whatcom County  
Paramedic Training Program

Whatcom County Emergency Medical Services (hereinafter the "County") and Whatcom County Fire Protection District #7 (hereinafter the "Department"), in consideration of the mutual covenants herein, agree as follows:

- I. **Purpose:** This Agreement will provide paramedic training for up to two (2) Whatcom County Fire Protection District 7 Firefighter/EMT in the 2026 Paramedic Training Class (the "Program") administered by the Bellingham Fire Department (BFD), with accreditation affiliation through Bellingham Technical College (College), and funded by the Whatcom County EMS Levy.
- II. **Program Administration:** It is understood and agreed that the County and the Department shall each be responsible for the direct supervision of their respective employees and that nothing in this Agreement will interfere with the employer/employee relationship or the functioning of the Department or County. In compliance with applicable law and State records guidelines, both parties will maintain documentation and/or records relevant to the Program.
- III. **Financial Responsibility:** The 2026 Paramedic Training Program is paid for by the Whatcom County Countywide Emergency Medical Services Fund (EMS Fund), not to exceed \$345,537.16. (Exhibit A)  
Additionally, the County shall be responsible for paying the Paramedic student's wages and benefits during the training. The County shall also be responsible for the preceptor fees and evaluation fees incurred during Paramedic student training. Payment for wages and benefits, and preceptor and evaluation fees, shall be paid from the EMS Fund and shall not exceed the amounts identified in Exhibit A. Costs or expenses incurred prior to or following the term of this Agreement shall not be paid or reimbursed by the County.
- IV. **Financial Agreement:** The County will pay the Department for costs associated with wages and benefits for each student, as well as costs related to preceptorships, student evaluations and student equipment as described in **Exhibit A - Detail of Student Tuition Costs**.
- 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 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 the Program by the Fire Chief and the Department Supervising Physician.
- B. Obtain concurrence from the College, County, and Paramedic Training Medical Program Director for the selection of qualified EMTs 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.

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

- A. The Program will include the pre-requisite (60-hour/5 Credit) Anatomy and Physiology Course through a combination of online and laboratory learning.
- B. The Program will include and require students to complete approximately 1300 clinical hours. Preceptorships will be determined by the home department's ability to provide that mentoring. Students will see approximately 500 patients while precepting on the ALS units. Clinical hours will 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 Program experience. On average, students will administer approximately 150 IV's and perform approximately 20 intubations during their clinical hours.
- C. The Program will include 650 classroom hours for both didactic and simulation lab learning.
- D. Provide weekly or monthly, depending on need, student progress reports to the Department liaison.
- E. Provide student evaluations (Approximately 20).
- F. Provide physician-level evaluations of students for paramedic certification.
- G. The Program will strive to 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 a 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. 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.

**XI. 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.

**XII. Term of the Agreement:** This Agreement will become effective January 1, 2026 and will terminate March 31, 2027 or upon completion of paramedic training. Completion of training is determined after all requirements for graduation and certification have been met. Termination of portions 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.

**XIII. 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 12/9/2025, 2025, for Fire Protection District #7:

**Department Approval:**

Signed by:

Ben Boyko

Ben Boyko, Fire Chief

EXECUTED, this \_\_\_\_\_ day of 12/9/2025, 2025, for Whatcom County:

DocuSigned by:

Satpal Sidhu

Satpal Sidhu, County Executive

**Approved as to Form:**

Brandon Waldron (email) 8-28-25

Office of Prosecuting Attorney, Civil Division

## Exhibit 'A'

### Paramedic School Student Costs

Whatcom County Fire Protection District 7 shall be reimbursed by the County for actual costs incurred up to the amounts as presented below and not to exceed \$345,537.16:

Item	Description	Per Student	Total
Student Wages & Benefits	Student class and Patient Contact Hours (up to 2 students, \$11,674.97 per month, 14-months)	\$163,449.58	\$326,899.16
Preceptor Fees	Assigned Student Paramedic Preceptors (up to 2 students, 14-month cost,\$576.00 per month, 14-months)	\$8,064.00	\$16,128.00
Evaluation Fee - In County Students	Formal Evaluation Reports (Up to 2 students)	\$1,255.00	\$2,510.00.
<b>TOTAL</b>		\$172,768.58	\$345,537.16

- 2026 increases (3.3%) are determined annually by the previous years (2025) simple average January through June CPI-W+1% for Seattle Tacoma Bellevue; provided, however, that such automatic adjustment shall not be less than 3.0%. (2023 to 2028 EMS Levy Plan)

[Bureau of Labor Statistics Data \(bls.gov\)](https://www.bls.gov/)