

UNEXECUTED

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No. _____

Originating Department: _____	
Division/Program: <i>(i.e. Dept. Division and Program)</i> _____	
Contract or Grant Administrator: _____	
Contractor's / Agency Name: _____	
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: _____	
Is this agreement excluded from E-Verify? No Yes If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input type="checkbox"/> Professional services agreement for certified/licensed professional. 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 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): \$ _____ This Amendment Amount: \$ _____ Total Amended Amount: \$ _____	Council approval required for; all property leases, all Interlocal agreements, contracts or bid awards exceeding \$75,000 , and grants exceeding \$40,000 and and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 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.
Summary of Scope: _____	
Term of Contract: _____	
Expiration Date: _____	

Contract Routing:	1. Prepared by: _____	Date: _____
	2. Attorney signoff: _____	Date: _____
	3. AS Finance reviewed: _____	Date: _____
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: _____
	6. Executive contract review: _____	Date: _____
	7. Council approved, if necessary: _____	Date: _____
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____

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 _____, 2025, for Fire Protection District #7:

Department Approval:

Ben Boyko, Fire Chief

EXECUTED, this _____ day of _____, 2025, for Whatcom County:

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.
TOTAL		\$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/)