

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
**201911009-4**

Originating Department:	Sheriff's Office
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Corrections/In Custody
Contract or Grant Administrator:	Laurie Reid
Contractor's / Agency Name:	Dr. Tyson Hawkins
Is this a New Contract?    If not, is this an Amendment or Renewal to an Existing Contract?    Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: <u>201911009</u>	
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: <u>118160.6635.006</u>	
Is this agreement excluded from E-Verify?    No <input type="radio"/> Yes <input checked="" type="radio"/> If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input checked="" type="checkbox"/> Professional services agreement for certified/licensed professional. <input type="checkbox"/> Goods and services provided due to an emergency <input checked="" type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input checked="" 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): \$ <u>56,760.00</u>  This Amendment Amount: \$ <u>13,940.00</u>  Total Amended Amount: \$ <u>70,700.00</u>	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> : 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:  Dr. Hawkins is a medical consultant to the Jail and to the Jail Health Professionals. He monitors the quality of care of offenders. He also provides quality assurance to verify that the health care being provided in the Jail meets the standard of care in our community, thus significantly reducing our potential liability.	
Term of Contract: 1 year	Expiration Date: 12/31/24

Contract Routing:	1. Prepared by: <u>LReid</u>	Date: <u>09/27/23</u>
	2. Attorney signoff: <u>B. Waldron</u>	Date: <u>10.17.23</u>
	3. AS Finance reviewed: <u>A. Tan</u>	Date: <u>10.11.23</u>
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: <input checked="" type="checkbox"/>	Date: <u>9.29.23</u>
	6. Submitted to Exec.: _____	Date: _____
	7. Council approved (if necessary): _____	Date: _____
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____

**Amendment No. 4  
Whatcom County Contract No. 201911009  
CONTRACT BETWEEN WHATCOM COUNTY AND  
TYSON HAWKINS, MD**

THIS AMENDMENT is to the Contract between Whatcom County and Tyson Hawkins, MD dated November 1, 2019 and designated "Whatcom County Contract #201911009". In consideration of the mutual benefits to be derived, the parties agree to the following:

This Amendment extends the term of this Agreement through December 31, 2024.

Unless specifically amended by this Agreement, all other terms and conditions of the original Contract and any prior Amendments shall remain in full force and effect.

This Amendment takes effect: January 1, 2024 regardless of the date of signature.

IN WITNESS WHEREOF, Whatcom County and Tyson Hawkins, MD have executed this Amendment on this

29  day of  September , 20  23 .

**CONTRACTOR:**

*[Signature]*   
Tyson Hawkins, MD



STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

On this  29  day of  Sept. , 20  23  before me personally appeared Tyson Hawkins, MD to me known to be a medical doctor and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

*Laureen Reid*   
NOTARY PUBLIC in and for the State of Washington, residing at  
 Bellingham  My commission expires  10-29-24

**WHATCOM COUNTY:**

Recommended for Approval:

Bill Elfo 10.18.2023  
Bill Elfo, Sheriff Date

Approved as to form:

Approved via email B. Waldron 10/17/23 BW  
Brandon Waldron, Prosecuting Attorney Date

**Approved:**

Accepted for Whatcom County:

By: \_\_\_\_\_  
Satpal Sidhu, Whatcom County Executive

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF WHATCOM )

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County, who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington, residing at \_\_\_\_\_  
\_\_\_\_\_. My commission expires \_\_\_\_\_.

**CONTRACTOR INFORMATION:**

Dr. Tyson Hawkins

Address: 3454 Noahs Way  
Bellingham, WA 98226

Mailing Address:  
Same as above

Contact Phone: 206-484-1940

Contact Email: thawkins@peacehealth.org