WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

Originating Department:			
Division/Program: (i.e. Dept. Division and Program)			
Contract or Grant Administrator:			
Contractor's / Agency Name:			
		ewal to an Existing Contract? Yes No VCC 3.08.100 (a)) Original Contract #:	
Does contract require Council Approval? Ye Already approved? Council Approved Date: _		If No, include WCC: (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, Whatco	m County grant	contract number(s):	
Is this contract the result of a RFP or Bid proce	ss?	Contract	
Yes No If yes, RFP and Bid no	umber(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: Professional services agreement for certical Contract work is for less than \$100,000. Contract work is for less than 120 days. Interlocal Agreement (between Government Contract Amount:(sum of original contract amount and any prior amendments): This Amendment Amount: Total Amended Amount: Summary of Scope:	Council appro \$40,000, and p than \$10,000 of 1. Exercisin 2. Contract capital co 3. Bid or aw 4. Equipmen 5. Contract electronic	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000, 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	
	developes	r of proprietary software currently used by Whatcom County.	
The state of the s			
Term of Contract:		Expiration Date:	
Contract Routing: 1. Prepared by: 2. Attorney signoff:		Date: Date:	
3. AS Finance reviewed:		Date:	
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:9. Original to Council:		Date: Date:	
7. Original to Council.		Date.	

WHATCOM COUNTY CONTRACT 202410018

INTERLOCAL AGREEMENT BETWEEN WHATCOM COUNTY EMERGENCY MEDICAL SERVICES AND FIRE PROTECTION DISTRICT 5 (POINT ROBERTS)

This Interlocal Agreement between Whatcom County and Fire Protection District 5 (collectively the "Parties") provides for the one-time distribution of EMS levy funds (the "Funds") to the Agency for reimbursement of qualifying expenses incurred between January 1, 2024 and December 15, 2024 associated with the provision of Basic Life Support ("BLS") services in Whatcom County and subject to the terms and conditions contained in this Interlocal Agreement. The effective date shall be January 1, 2024.

RECITALS

WHEREAS, Fire District 5 entered into an Interlocal Agreement for First Response Emergency Medical Services in Whatcom County for Basic Life Support ("BLS") service in 1984;

WHEREAS, the Whatcom County EMS Levy fund was approved by County voters to support the provision of responsive and effective emergency medical services throughout Whatcom County;

WHEREAS, RCW 84.52.069 provides that funds collected under an EMS levy may be used only for the provision of emergency medical care or emergency medical services, including related personnel costs, training for such personnel, and related equipment, supplies, vehicles and structures needed for the provision of emergency medical care or emergency medical services;

WHEREAS, on December 1, 2022 the Whatcom County Council approved the 2023 EMS Levy Budget that includes a \$1.5 mil allocation to be equitably distributed among the Basic Life Support (BLS) agencies used to help offset costs of providing EMS service in 2024;

WHEREAS, the Agencies have incurred costs and expenses related to the provision of EMS in Whatcom County that are not otherwise funded and that qualify for reimbursement from the County EMS fund;

WHEREAS, it is in Whatcom County's citizenry's best interest to have fully funded, trained, and equipped EMS providers to ensure ongoing high-level EMS service in Whatcom County;

WHEREAS, it is necessary to adopt procedures by which the Agencies providing EMS services under the Interlocal Agreement may be reimbursed for 2024 qualifying expenses from the County EMS fund;

WHEREAS, it is the intent of the Parties amend the Interlocal Agreement to provide for a one-time reimbursement of qualifying EMS service expenses incurred between January 1, 2024 and December 15, 2024;

WHEREAS, the Interlocal Agreement may be amended by a written instrument of the Parties;

NOW THEREFORE, in consideration of the mutual benefits herein contained, the Parties agree to the Agreement as follows:

- 1. Paragraph (2.5) shall be updated in Section 2 for the year 2024 (Consideration) of the Interlocal Agreement as follows:
 - **2.5** Whatcom County EMS Levy funds shall be used to reimburse the Agencies for a portion of those qualifying costs under RCW 84.5 2.069 incurred between January 1, 2024 and December 15, 2024 arising from the provision of BLS service delivery in Whatcom County under this Agreement and subject to the following provisions:
 - a. Agencies may only seek reimbursement for those costs: i) incurred between January 1,
 2024 and December 15, 2024 and ii) that are considered a qualifying expense under RCW
 84.52.069 (Exhibit A);
 - b. Agencies seeking reimbursement for qualifying expenses must submit to the County a completed and signed 2024 BLS Invoice Form (Exhibit B);
 - c. The County shall not reimburse Agencies for costs and expenses funded or paid for by any other designated source, including but not limited to Ground Emergency Transport (GEMT), user charges and fees, dedicated emergency medical levies or grants;
 - d. Reimbursed amounts shall not exceed that amount allocated for each providing Agency (Exhibit A);
 - e. Qualifying goods and services should be received by December 31, 2024;
 - f. BLS Invoice Forms shall be received by the County no later than December 15, 2024.
- 2. The Parties agree that the effective date of this agreement shall be January 1, 2024.
- 3. All other terms of the Interlocal Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this Interlocal Agreement as of the day and year written below.
EXECUTED this day of, 2024.
WHATCOM COUNTY
Approved as to form:
Brandon Waldron (email) 10/17/2024 Prosecuting Attorney Date
Approved: Accepted for Whatcom County:
By: Satpal Sidhu, Whatcom County Executive
STATE OF WASHINGTON COUNTY OF WHATCOM
On this day of, 2024, 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

WHATCOM COUNTY FIRE PROTECTION DISTRICT NO. 5

For Qualified Expenditures up to a maximum of **\$21,869.16**

ATTE	ST:		
Ву:		-	
APPR	OVED:		
Ву:	Chief		
Ву:	Commissioner		
Ву:	Commissioner		
Ву:	Commissioner		
DATE	D this day of	2024	

EXHIBIT A EMS Oversight Board Approved Allocation Schedule 2024

Allocation Detail Totals

Department/District	BLS Allocation	Total Allocation	
District 5	21,869.16		21,869.16
	TOTAL:	\$	21,869.16

Exhibit "B" 2024 Allocation Invoice

20.20			1	Invoice Number	Date		
2024 Allocation Invoice				ITIVOICE NUTIBEI	Date		
			1				
and the second s			ī	Submit invoices to: Whatcom County Emerg	SERGENCY MEDIC		
Contract Number:				Medical Services	Jency 5		
Contract Period: 2024				800 E Chestnut, Suite 3C Bellingham, WA, 98225 mhilley@co.whatcom.wa.us serves			
Agency Name:							
Address:				mmey@co.wnatcom.wa.as			
Addiess.							
Contact Person:							
Phone:							
Email:							
			-				
Allocation Total:	\$						
-			_				
Qualified Expenditure	Qualified Expenditures	Total Payments	Allocation Balance	DAD	RS Codes		
Categories	Amount	Total Fayinents	Allocation balance	DAIN	N3 Codes		
Personnel	\$ -	\$ -	\$ -				
Training	\$ -	\$ -	\$ -				
Equipment	\$ -	\$ -	\$ -				
Supplies	\$ -	\$ -	\$ -				
Vehicles	\$ -	\$ -	\$ -				
Structures	\$ -	\$ -	\$ -				
			Invoice Total:	\$			
			illvoice rotal.	٦	= 3		
	o hereby certify under the la			0.01			
	vices rendered. I further ce	760			751 /517		
24	e, including but not limited t	7 1					
	levies or grants. I understan olicable Federal and State la	4.50	58	58	150		
B	sement request. I certify the						
to this terminal.	sement request. Feer thy the	it the costs submittee	in this dam meet	equirements specifica			
			_				
Fire Chief	Date						
Daine Name			_				
Print Name							