



**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**

ATTEST:

By: \_\_\_\_\_

APPROVED:

By: \_\_\_\_\_  
Chief

By: \_\_\_\_\_  
Commissioner

By: \_\_\_\_\_  
Commissioner

By: \_\_\_\_\_  
Commissioner

DATED this \_\_\_\_ day of \_\_\_\_\_, 2024.

**EXHIBIT A**  
**EMS Oversight Board Approved Allocation Schedule 2024**

**Allocation Detail Totals**

| <b>Department/District</b> | <b>BLS Allocation</b> | <b>Total Allocation</b> |
|----------------------------|-----------------------|-------------------------|
| District 5                 | 21,869.16             | 21,869.16               |
|                            | <b>TOTAL:</b>         | <b>\$ 21,869.16</b>     |

**Exhibit "B"**  
**2024 Allocation Invoice**

|                                |
|--------------------------------|
| <b>2024 Allocation Invoice</b> |
|                                |

|                |      |
|----------------|------|
| Invoice Number | Date |
|                |      |

|                              |
|------------------------------|
| <b>Contract Number:</b>      |
| <b>Contract Period:</b> 2024 |
| <b>Agency Name:</b>          |
| Address:                     |
| <b>Contact Person:</b>       |
| Phone:                       |
| Email:                       |

**Submit invoices to:**  
*Whatcom County Emergency  
 Medical Services*  
 800 E Chestnut, Suite 3C  
 Bellingham, WA, 98225  
 mhilley@co.whatcom.wa.us



|                          |    |   |
|--------------------------|----|---|
| <b>Allocation Total:</b> | \$ | - |
|--------------------------|----|---|

| Qualified Expenditure Categories | Qualified Expenditures Amount | Total Payments | Allocation Balance | BARRS Codes |
|----------------------------------|-------------------------------|----------------|--------------------|-------------|
| <i>Personnel</i>                 | \$ -                          | \$ -           | \$ -               |             |
| <i>Training</i>                  | \$ -                          | \$ -           | \$ -               |             |
| <i>Equipment</i>                 | \$ -                          | \$ -           | \$ -               |             |
| <i>Supplies</i>                  | \$ -                          | \$ -           | \$ -               |             |
| <i>Vehicles</i>                  | \$ -                          | \$ -           | \$ -               |             |
| <i>Structures</i>                | \$ -                          | \$ -           | \$ -               |             |

|                       |    |   |
|-----------------------|----|---|
| <b>Invoice Total:</b> | \$ | - |
|-----------------------|----|---|

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I further certify that the costs and expenses contained herein have not been paid for by any other designated source, including but not limited to Ground Emergency Transport (GMET) funding, user charges and fees, or dedicated emergency medical levies or grants. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request. I certify that the costs submitted in this claim meet requirements specified in RCW 84.52.069.

\_\_\_\_\_  
 Fire Chief                      Date

\_\_\_\_\_  
 Print Name