

**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. | <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 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):<br>\$ _____<br>This Amendment Amount:<br>\$ _____<br>Total Amended Amount:<br>\$ _____     | 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><br>1. Exercising an option contained in a contract previously approved by the council.<br>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.<br>3. Bid or award is for supplies.<br>4. Equipment is included in Exhibit "B" of the Budget Ordinance.<br>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. |                   |  |  |  |
| <table border="1" style="width:100%;"> <tr> <td style="width:25%;">Summary of Scope:</td> <td style="width:75%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> </table> |  | Summary of Scope: |  |  |  |
| 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. Submitted to Exec.: _____              | Date: _____ |
| 7. Council approved (if necessary): _____ | Date: _____ |
| 8. Executive signed: _____                | Date: _____ |
| 9. Original to Council: _____             | Date: _____ |