


WHATCOM COUNTY
CONTRACT INFORMATION SHEET

Whatcom County Contract Number:
202110024 – 3

Originating Department:		85 Health and Community Services	
Division/Program: (i.e. Dept. Division and Program)		8530 Community Health / 85010 Community Health Admin	
Contract or Grant Administrator:		Ann Beck	
Contractor's / Agency Name:		National Service Office for Nurse-Family Partnership	
Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202110024	
Does contract require Council Approval?		Yes <input type="checkbox"/> No <input type="checkbox"/>	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="checkbox"/> No <input checked="" type="checkbox"/>	If yes, grantor agency contract number(s):	ALN#:	
Is this contract grant funded?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process?			Contract Cost Center:
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):	Sole Source	10008517
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
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 checked="" 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):		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:	
Total funding varies depending on services provided but is estimated at \$36,650 for the period of 1/1/2025 – 03/31/2026.		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: This amendment increases funding to support training costs for new staff.			
Term of Contract:	Automatic Renewals	Expiration Date:	Until terminated or superseded
Contract Routing:	1. Prepared by:	J. Thomson	Date: 12/30/2024
	2. Health Budget Approval	SH	Date: 01/07/2025
	3. Attorney signoff:	Christopher Quinn	Date: 01/07/2025
	4. AS Finance reviewed:	bbennett	Date: 02/25/2025
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:	AB2025-230	Date: 3/27/2025
	8. Council approved (if necessary):		Date: 03/25/2025
	9. Executive signed:		Date: 3/27/2025
	10. Original to Council:		Date:



Memorandum

TO: Satpal Sidhu, County Executive

FROM: Charlene Ramont, Interim Director

RE: National Service Office for Nurse-Family Partnership – Implementation Agreement Amendment #3

DATE: MARCH 26, 2025

Attached is a contract amendment between Whatcom County and National Service Office (NSO) for Nurse-Family Partnership for your review and signature. This amendment increases funding to support an increase in the annual fees and for costs related to training new NFP staff due to turnover, including an Administrator (Division Manager), Supervisor, and RN.

▪ **Background and Purpose**

This is a sole source contract that provides funding for technical support and training of Whatcom County Health and Community Services' (WCHCS) Nurse Family Partnership (NFP) Program staff. Whatcom County began implementing the NFP Program, supported by the NSO, in 2012 as an evidence-based model that uses home visiting nurses to support low-income, first time mothers. The NSO's NFP Program is a proprietary program based upon key elements identified through research and refined based upon the Program's experience since 1997. The NSO's Program demonstrates effective improvement in child health and development, as well as economic self-sufficiency of families.

▪ **Funding Amount and Source**

Funding for the period of 01/01/2025 – 03/31/2026 is estimated at \$36,650 and is provided by general funds. These funds are included in the 2025 budget. Council authorization is required as the additional funding provided by this amendment exceeds 10% of the amount authorized by Council on 10/26/2021.

Please contact Ann Beck, Community Health & Human Services Manager at 360-778-6055 (ABeck@co.whatcom.wa.us) if you have any questions or concerns regarding this request.



Whatcom County Contract Number:

202110024 – 3

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

Whatcom County
Whatcom County Health and Community Services
509 Girard Street
Bellingham, WA 98225

AND CONTRACTOR:
Nurse-Family Partnership
1801 California Street, Suite 2400
Denver, CO 80202

CONTRACT PERIODS:

Original: 04/01/2021 – until terminated or superseded
Amendment #1: 04/01/2022 – until terminated or superseded
Amendment #2: 04/01/2024 – until terminated or superseded
Amendment #3: 01/01/2025 – until terminated or superseded

THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO

DESCRIPTION OF AMENDMENT:

1. Exhibit C-2. Fees for Nurse-Family Partnership Services is attached and 2025 fees are highlighted for reference.
2. Total funding varies depending on services but is estimated at \$36,650 from 01/01/2025 through 03/31/2026.
3. All other terms and conditions remain unchanged.
4. The effective start date of the amendment is 01/01/2025.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

APPROVAL AS TO PROGRAM: DocuSigned by:
Ann Beck 3/26/2025
 2B365BB0422344A
 Ann Beck, Community Health & Human Services Manager Date

DEPARTMENT HEAD APPROVAL: Signed by:
Charlene Ramont 3/27/2025
 10C96CF66701466...
 Charlene Ramont, Interim Director Date
 Whatcom County Health and Community Services

APPROVAL AS TO FORM: Signed by:
Christopher Quinn 3/26/2025
 FC466EF5C88B4FD...
 Christopher Quinn, Chief Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:
DocuSigned by:
Julia Teska 3/13/2025
 460256E2A116410...
 Contractor Signature | Julia Teska, Chief Financial Officer | Date

FOR WHATCOM COUNTY:
DocuSigned by:
Satpal Singh Sidhu 3/27/2025
 1192C7C18B664E3...
 Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

Nurse-Family Partnership
 1801 California Street, Suite 2400
 Denver, CO 80202

Exhibit C-2. Fees for Nurse-Family Partnership Services
NFP FEES FOR THE FIRST THREE YEARS OF SERVICES PROVIDED UNDER THIS AGREEMENT WILL BE AS
FOLLOWS, SUBJECT TO CHANGE IN ACCORDANCE WITH SECTION IV:

Section 1: Education, Replacement, and Expansion Fees			
Nurse Home Visitor Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$5,683.00	Per NHV or Program Supervisor Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$5,853.00	
1/1/2026	12/31/2026	\$6,029.00	
Program Supervisor Initial Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$1,028.00	Per Program Supervisor Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$1,059.00	
1/1/2026	12/31/2026	\$1,091.00	
Program Supervisor Abbreviated NHV Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$893.00	Per Program Supervisor Attendee (Price is based on the calendar year) (Available to recently promoted Program Supervisors who have taken NHV Education within the last 2 years.)
1/1/2025	12/31/2025	\$920.00	
1/1/2026	12/31/2026	\$947.00	
Administrator Standard Education Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$672.00	Per Administrator Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$692.00	
1/1/2026	12/31/2026	\$713.00	
Nursing Practice Overview Fee (Invoiced upon completion of in-person or virtual training session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$314.00	Per Administrator Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$323.00	
1/1/2026	12/31/2026	\$333.00	
NHV Educational Materials Fee (Invoiced upon completion of in-person or virtual training NHV education session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
1/1/2024	12/31/2024	\$721.00	Per NHV or Program Supervisor Attendee (Price is based on the calendar year)
1/1/2025	12/31/2025	\$743.00	
1/1/2026	12/31/2026	\$765.00	
Program Supervisor Replacement Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
4/1/2024	3/31/2025	\$3,783.00	One time per Replacement of Program Supervisor per Occurrence (Price is set on contract anniversary date)
4/1/2025	3/31/2026	\$3,896.00	
4/1/2026	3/31/2027	\$4,013.00	
Team Addition Expansion Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
4/1/2024	3/31/2025	\$22,035.00	One time per Expansion per Occurrence per Team (Price is set on contract anniversary date)
4/1/2025	3/31/2026	\$22,696.00	
4/1/2026	3/31/2027	\$23,377.00	

Regional Expansion Fee (Invoiced at the time of occurrence)			
Price Effective Date	End Date	Unit Price	Unit of Measure
4/1/2024	3/31/2025	\$27,543.00	One time per Expansion per Occurrence per Team (Price is set on contract anniversary date)
4/1/2025	3/31/2026	\$28,369.00	
4/1/2026	3/31/2027	\$29,220.00	
Section 2: Annual Fees			
NFP Network Partner Annual Program Support Fee per team (Invoiced annually on the Price Effective Date)			
Price Effective Date	End Date	Unit Price	Unit of Measure
			Annual per first team per year (The fee total is based on the number of funded Nurse Home Visitors per team)
Two NHV Team 4/1/2024	3/31/2025	\$22,248.00	(Price is set on contract anniversary date)
Two NHV Team 4/1/2025	3/31/2026	\$22,908.00	
Two NHV Team 4/1/2026	3/31/2027	\$23,595.00	
Three NHV Team 4/1/2024	3/31/2025	\$23,388.00	
Three NHV Team 4/1/2025	3/31/2026	\$24,084.00	
Three NHV Team 4/1/2026	3/31/2027	\$24,807.00	
Four NHV Team 4/1/2024	3/31/2025	\$24,528.00	
Four NHV Team 4/1/2025	3/31/2026	\$25,272.00	
Four NHV Team 4/1/2026	3/31/2027	\$26,030.00	
Five NHV Team 4/1/2024	3/31/2025	\$25,956.00	
Five NHV Team 4/1/2025	3/31/2026	\$26,736.00	
Five NHV Team 4/1/2026	3/31/2027	\$27,538.00	
Six NHV Team 4/1/2024	3/31/2025	\$27,168.00	
Six NHV Team 4/1/2025	3/31/2026	\$27,984.00	
Six NHV Team 4/1/2026	3/31/2027	\$28,824.00	
Seven NHV Team 4/1/2024	3/31/2025	\$28,128.00	
Seven NHV Team 4/1/2025	3/31/2026	\$28,980.00	
Seven NHV Team 4/1/2026	3/31/2027	\$29,849.00	
Eight NHV Team 4/1/2024	3/31/2025	\$29,316.00	
Eight NHV Team 4/1/2025	3/31/2026	\$30,192.00	
Eight NHV Team 4/1/2026	3/31/2027	\$31,098.00	