WHATCOM COUNTY Whatcom County Contract CONTRACT INFORMATION SHEET 202204045 – 3											
Originating Department:					85 Health and Community Services						
Division/Program: (i.e. Dept. Division and Program)					Response Systems Division						
Contract or Grant Administrator:					Vanessa Martin						
Contractor's / Agency Name:					City of Bellingham						
Is this a New Contract? If not, is this an Amendment or Renew										Yes ⊠	No 🗆
Yes ☐ No ☑ If Amendment or Renewal, (per					WCC 3.08.100 (a)) Original Contract #: 202204045					)	
Does contract require (	No 🗆	] If No, include WCC:									
Already approved? Council Approved Date: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.								and 3.08.10	<u>0)</u>		
Is this a grant agreement?   Yes ⊠ No □   If yes, grantor agence agence of the state of the			ncy cor	cy contract number(s): CF			CFDA#:				
Is this contract grant full Yes  No											
Is this contract the result of a RFP or Bid process?  Yes □ No ☑ If yes, RFP and Bid number(							Contra Center		1241	134	
Is this agreement excluded from E-Verify? No ☐ Yes ☒ ☐											
If YES, indicate exclusion(s) below:											
Professional services agreement for certified/licensed professional. Goods and services provided due to an emergency.											
☐ Contract work is for less than \$100,000. ☐ Contract for Commercial off the shelf items (COTS).											
<ul> <li>□ Contract work is for less than 120 days.</li> <li>□ Work related subcontract less than \$25,000.</li> <li>□ Interlocal Agreement (between Governments).</li> <li>□ Public Works - Local Agency/Federally Funded FHWA.</li> </ul>											
_	•	•	Ι.	.,				•			<b>A40.000</b>
/Contract Amount:(sum of original contract amount and any prior amendments):  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											
any prior amendments): \$ 570,096									icasc (	greater triair	ψ10,000 01
This Amendment Amour	nt·			<ul><li>10% of contract amount, whichever is greater, except when:</li><li>Exercising an option contained in a contract previously approved by the council.</li></ul>							
\$ 60,000	IL.				Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs						
ap				approved by council in a capital budget appropriation ordinance.							
<u> </u>				11							
					ment is included in Exhibit B of the Budget Ordinance act is for manufacturer's technical support and hardware maintenance of electronic						
					ns and/or technical support and software maintenance from the developer of						
					ry software curren						
Summary of Scope: This amendment extends the duration of the agreement for one year and increases funding.											
Term of Contract:	3 Ye	ars, 3 Months			<b>Expiration Date</b>	:	06/	30/2025			
	1. Prepare	d by:	JT					Date	e:	06/18/20	24
Contract Routing:	2. Health Budget Approval J		JS	S				Date	e:	06/18/2	024
	Attorney signoff: Chris			istopher Quinn				Date	e:	06/27/20	
		nce reviewed:	A Mart	tin				Date		6/27/202	24
	5. IT reviewed (if IT related):							Date			
	6. Contractor signed:							Date			
	7. Executive Contract Review:							Date	e:		
	8. Council approved (if necessary):			AB2024-443			Date	e:			
	Executive signed:							Date	e:		
	10. Original to Council:							Date	e:		

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# WHATCOM COUNTY CONTRACT AMENDMENT

**PARTIES:** 

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

AND CONTRACTOR: City of Bellingham 210 Lottie Street Bellingham, WA 98225

**CONTRACT PERIODS:** 

Original: 04/11/2022 – 12/31/2023 Amendment #1: 01/09/2023 – 12/31/2023 Amendment #2: 07/01/2023 – 06/30/2024 Amendment #3: 07/01/2024 – 06/30/2025

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. Amend Section 2. Term of Agreement, as follows:

Notwithstanding the date of execution hereof, this Agreement shall be in effect from 04/11/2022 to 06/30/2025.

- a. Extension The duration, total consideration and other terms and conditions of this agreement may be amended by the City or the Recipient's County Executive or their designee by mutual written consent.
- 2. Amend Section 5.(A.) Funds Provided and Method of Payment, to reflect the extended agreement period and increased funding, as follows:
  - A. The financial assistance provided to the Recipient shall not exceed the amounts indicated for the funding periods, as specified in the table below:

Funding Source	Funding Period	Amount			
City of Bellingham/HCA	04/11/2022 – 12/31/2022	\$167,917			
Total Funding ending 12/31/2022:					
Association of Washington Counties (AWC)	01/01/2023 – 06/30/2024	\$80,000			
Total Funding ending 06/30/2024:					
City of Bellingham/HCA	01/01/2023 – 06/30/2025	\$322,179			
Association of Washington Counties (AWC)	07/01/2024 – 06/30/2025	\$60,000			
Total Funding ending 06/30/2025:					
	Total Overall Funding:	\$630,096			

- D. The Recipient will provide documentation of expenditures to the City for the AWC funds, as support for the City's billing to the AWC.
  - a. In addition, the Recipient will complete Monthly Reports and a Final Report to the City, as outlined in Attachment C – Grantee Reporting Requirements, as support for the City's billing to the AWC.
- 3. Amend Attachment C Grant Reporting Requirements to reflect the final program report due date to the AWC.
- 4. Funding for this agreement period (01/01/2023 06/30/2025) is not to exceed \$382,179.
- 5. Funding for the entire agreement period (04/11/2022 06/30/2025) is not to exceed \$630,096.
- 6. All other terms and conditions remain unchanged.
- 7. The effective start date of the amendment is 07/01/2024.

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.

WHATCOM COUNTY:		
Executed, on:	for <b>WH</b>	ATCOM COUNTY:
Satpal Singh Sidhu, County Executive	Date	
Recommended for Approval:		
Malora Christensen, Response Systems Manager	Date	
Erika Lautenbach, Director	Date	
Approved as to form:		
Christopher Quinn, Chief Civil Deputy Prosecutor	Date	
CITY OF BELLINGHAM:		
<b>EXECUTED</b> , this day of		_, 2024 for the CITY OF BELLINGHAM:
Kim Lund, Mayor	_	
Attest:		Approved as to Form:
Finance Director		Office of the City Attorney
Departmental Approval		

### **Grantee Reporting Requirements**

#### **FINAL REPORT**

A final program report is due to AWC by July 31, 2025. Programs should make reasonable efforts to collect and report on the following information:

- Describe program participants including:
  - Number of individuals served
  - o Gender (Male, Female, Nonbinary, etc.) of individuals served
  - o Age of individuals served
  - Veteran status of individuals served
  - Substance abuse or mental health issues of individuals served
  - o Reason for contact
  - Outcome of contact (No outcome, referral to services, involuntary transport, etc.)
  - Long-term outcome of individual receiving services (No outcome, permanent housing, shelter, etc.)
- Describe the type of program funded and the geographic area served.
- Explain how the program targeted vulnerable individuals.
- Explain how the program created greater access for vulnerable individuals to available programs and services.
- Discuss program successes and challenges.

# MONTHLY REPORT

Additionally, Grantees will submit monthly status reports to AWC. Monthly reports will be due the five business days following the end of the previous month. The monthly reports will address the following questions:

- Briefly describe the work accomplished over the past month?
- · What successes has your program seen this past month?
- What challenges has your program seen this past month?
- Do you have any challenges or issues you need to discuss with AWC?