

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202204045 - 2

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 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 #:	202204045	

Does contract require Council Approval?	Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):	CFDA#:	

Is this contract grant funded?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):	

Is this contract the result of a RFP or Bid process?		Contract Cost Center:	124134
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):		

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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- 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 checked="" 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 <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> :
\$ 490,096	
This Amendment Amount:	
\$ 80,000	
Total Amended Amount:	
\$ 570,096	
	<ol style="list-style-type: none"> <li>Exercising an option contained in a contract previously approved by the council.</li> <li>Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.</li> <li>Bid or award is for supplies.</li> <li>Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>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.</li> </ol>

Summary of Scope: This contract provides funding for Health and Community Services Response Systems Division's Alternative Response Team Pilot Program. This amendment extends the duration of the agreement and increases funding to support the extended agreement period.

Term of Contract:	2 Years, 3 Months	Expiration Date:	06/30/2024
Contract Routing:	1. Prepared by:	JT	Date: 08/21/2023
	2. Health Budget Approval	KR/JS	Date: 08/24/2023
	3. Attorney signoff:	RB	Date: 08/25/2023
	4. AS Finance reviewed:	A Martin	Date: 8/24/2023
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Submitted to Exec.:		Date:
	8. Council approved (if necessary):	AB2023-553	Date:
	9. Executive signed:		Date:
	10. Original to Council:		Date:

**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

**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**

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**DESCRIPTION OF AMENDMENT:**

1. Amend Section 2. Term of Agreement, to extend the end date of the agreement to 06/30/2024.
2. Amend Section 3. Liaison, to update the City's responsible person to Janice Keller, Interim Deputy Administrator.
3. Amend Section 5. Funds Provided and Method of Payment, to increase funding by \$80,000 to support the extended agreement period, as follows:
  - A. The financial assistance provided to the Recipient shall not exceed \$402,179 from 01/01/2023 through 06/30/2024.
  - B. Update the City's invoice submission to Tracy Lewis, Mayor's Office Administrative Assistant – 210 Lottie Street, Bellingham, WA 98225 or [tlewis@cob.org](mailto:tlewis@cob.org).
  - D. The Recipient will provide documentation of expenditures to the City for the additional Association of Washington Cities (AWC) funds of \$80,000, as support for the City's billing to the AWC.
    1. 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.
4. Funding for this contract period (01/01/2023 – 06/30/2024) is not to exceed \$402,179.
5. Funding for the total contract period (04/11/2022 – 06/30/2024) is not to exceed \$570,096.
6. All other terms and conditions remain unchanged.
7. The effective start date of the amendment is 07/01/2023.

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.

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**WHATCOM COUNTY:**

Executed, on: \_\_\_\_\_ for **WHATCOM COUNTY:**

\_\_\_\_\_  
Satpal Singh Sidhu, County Executive Date

**Recommended for Approval:**

\_\_\_\_\_  
Malora Christensen, Response Systems Manager Date

\_\_\_\_\_  
Erika Lautenbach, Director Date

**Approved as to form:**

\_\_\_\_\_  
Royce Buckingham, Senior Civil Deputy Prosecutor Date

**CITY OF BELLINGHAM:**

**EXECUTED**, this \_\_\_\_\_ day of \_\_\_\_\_, 2023 for the **CITY OF BELLINGHAM:**

\_\_\_\_\_  
Seth Fleetwood, 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, 2024. The final report must contain the following information:

- Describe program participants including:
  - Number of individuals served
  - Gender (Male, Female, Nonbinary, etc.) of individuals served
  - Age of individuals served
  - Veteran status of individuals served
  - Substance abuse or mental health issues of individuals served
  - 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?