

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202403009 – 1

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8510 Administration / 851000 Administration
Contract or Grant Administrator:	Erika Lautenbach
Contractor's / Agency Name:	Elizabeth Boyle Consulting

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 #:	202403009	

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

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

Is this contract the result of a RFP or Bid process?	Contract Cost Center:	124100
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, RFP and Bid number(s):	MRSC Roster Solicitation	

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 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 <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> : 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.
\$ 23,000	
This Amendment Amount:	
\$ 23,000	
Total Amended Amount:	
\$ 46,000	

Summary of Scope: This amendment extends the contract for one year and updates invoicing requirements.

Term of Contract:	1 Year	Expiration Date:	12/31/2025
Contract Routing:	1. Prepared by:	JT	Date: 10/01/2024
	2. Health Budget Approval	SH	Date: 10/02/2024
	3. Attorney signoff:	Christopher Quinn	Date: 10/17/2024
	4. AS Finance reviewed:	bbennett	Date: 10/16/2024
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:		Date:
	8. Council approved (if necessary):	AB2024-711	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:**  
**Elizabeth Boyle Consulting**  
**3221 Maryland Place**  
**Bellingham, WA 98226**

### **CONTRACT PERIODS:**

**Original: 02/06/2024 – 12/31/2024**  
**Amendment #1: 01/01/2025 – 12/31/2025**

**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**

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### **DESCRIPTION OF AMENDMENT:**

1. Extend the duration and other terms of this contract for one year, as per the original contract "General Terms, Section 10.2, Extension".
2. Amend Exhibit A – Scope of Work to include minor language revisions.
3. Amend Exhibit B – Compensation, to update invoicing requirements.
4. Funding for this contract period (01/01/2025 – 12/31/2025) is not to exceed \$23,000.
5. Funding for the total contract period (02/06/2024 – 12/31/2025) is not to exceed \$46,000.
6. All other terms and conditions remain unchanged.
7. 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.

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DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Erika Lautenbach, Health and Community Services Director                      Date

APPROVAL AS TO FORM: \_\_\_\_\_  
Christopher Quinn, Chief Civil Deputy Prosecutor                                      Date

FOR THE CONTRACTOR:

_____	Elizabeth Boyle, Owner	_____
Contractor Signature	Printed Name and Title	Date

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FOR WHATCOM COUNTY:

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

**CONTRACTOR INFORMATION:**

**Elizabeth Boyle Consulting**  
3221 Maryland Place  
Bellingham, WA 98226  
[elizabeth@elizabethboyleconsulting.com](mailto:elizabeth@elizabethboyleconsulting.com)

**EXHIBIT "A" – Amendment #1**  
**(SCOPE OF WORK)**

**I. Background and Purpose**

This contract supports consulting, planning and facilitation services for the meetings described below:

**MAC Group**

The mission of the MAC Group is to coordinate the ongoing community-wide response efforts to the opioid crisis, and identify and prioritize additional short-term objectives and strategies to reduce drug-related deaths and mitigate the impacts to property and public safety in Whatcom County. The MAC Group includes representatives from healthcare, fire and emergency services, law enforcement, school districts, substance use disorder treatment and prevention providers, social services, and other community partners who work with individuals and families impacted by the recent rise in opioid usage and deaths. MAC Group meetings will be held monthly, for one hour.

**Funder's Roundtable**

Representatives from local philanthropic partners (listed below) have recently convened as a group as a way to share information and collectively impact large community issues, provide a forum for information sharing on local initiatives and projects, and to develop aligned policy and/or funding priorities. The goal of this 'Funder's Roundtable' is to more efficiently support community projects, ensure the right funders are present for multi-agency projects, and to have more transparency for the community and elected officials on how and what investments are made in Whatcom County. The Funder's Roundtable will meet quarterly for 90 minutes.

The Funder's Roundtable currently includes the following agencies:

<b>Agency</b>	<b>Agency</b>
WCHCS	Medina Foundation
Whatcom Educational Credit Union	Whatcom Community College Foundation
City of Bellingham	Northwest Indian College Foundation
North Sound Accountable Community of Health	PeaceHealth
Chuckanut Health Foundation	Phillips 66
United Way of Whatcom County	BP
Mt Baker Foundation	Puget Sound Energy
Lhaq'temish Foundation	Whatcom County
Whatcom Community Foundation	

**Healthcare Roundtable**

Representatives from local healthcare agencies (listed below) and public health will convene as a group as a way to increase coordination between healthcare and public health in order to strengthen relationships and increase understanding of issues impacting the health of Whatcom County. The Healthcare Roundtable will meet quarterly for 75 minutes.

The Healthcare Roundtable will include Leaders from the following agencies:

<b>Agency</b>	<b>Agency</b>
WCHCS	Sea Mar Clinic
PeaceHealth	Unity Care Northwest
Lummi Nation	Nooksack Tribe
Western Washington University	Family Care Network

## II. Statement of Work

The Contractor will provide:

- a. Consulting, planning and facilitation of 30 to 60-minute planning sessions with the WCHCS Director and staff for the monthly, virtual MAC Group meetings and quarterly, in-person Funder's Roundtable and Healthcare Roundtable meetings. These planning sessions will occur one week prior to each meeting to develop meeting agendas.
- b. Facilitation of 60-minute monthly MAC Group meetings, 2-hour quarterly Funder's Roundtable meetings, 75-minute quarterly Healthcare Roundtable meetings, and ad hoc workgroups (convened as necessary to address identified gaps) that guide the meeting process and ensure that meetings stay on topic and group participation is encouraged.
- c. Summary reports of each meeting that include the following, as applicable:
  1. Attendees (individual or agency names)
  2. Postponed or added items
  3. Outcomes/progress achieved
  4. Decisions made
  5. Prioritized action steps and timelines

**EXHIBIT "B" – Amendment #1**  
(COMPENSATION)

I. **Budget and Source of Funding:** The source of funding for this contract period (01/01/2025 – 12/31/2025), in an amount not to exceed \$23,000, is the Behavioral Health Program Fund. The budget for this contract is as follows:

*Cost Description	Rate/ Hour	Estimated # of Hours	**Documents Required with Each Invoice	Budget
MAC Group Meeting Facilitation	\$125	90	Description of services provided and summary of meetings facilitated including dates and hours.	\$11,250
Funder's Roundtable Meeting Facilitation		28		\$3,500
Healthcare Roundtable Meeting Facilitation		20		\$2,500
Ad Hoc Workgroup Meetings		46		\$5,750
			<b>TOTAL</b>	<b>\$23,000</b>

- \* Includes planning and preparation
- \*\* Time must be billed by quarter hours.

Contractor's Invoicing Contact Information:	
Name	
Phone	
Email	

**Refer to Exhibits B.1 and B.2 for additional invoicing requirements and information.**

**EXHIBIT "B.1"**  
**Invoicing – General Requirements**

1. When applicable, the contractor may transfer funds among budget line items. Line item changes that exceed 10% of the total budget must be pre-approved by the County Contract Administrator, prior to invoicing.
2. When applicable, indirect costs may not exceed the amount indicated in Exhibit B or the Contractor's federally approved indirect cost rate.
3. The Contractor shall submit invoices indicating the County-assigned contract number to [HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [ELautenb@co.whatcom.wa.us](mailto:ELautenb@co.whatcom.wa.us)
4. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County and by the 15<sup>th</sup> of the month, following the month of service, except for January where the same is due by the 10<sup>th</sup> of the month.
5. When applicable, the Contractor will utilize grant funding sources in the order of their expiration date as indicated by the County, prior to spending local funding sources, when no funding restrictions prevent doing so.
6. The contractor shall submit the required invoice documentation identified in Exhibit B.
  - a. The County reserves the right to request additional documentation in order to determine eligible costs. Additional documentation must be received within 10 business days of the County's request.
  - b. When applicable, if GL reports for personnel reimbursement do not specify position titles, additional documentation must be provided that includes staff name and position title.
  - c. When applicable, for subcontracted services, copies of paid invoices that include types of service, student identifier, dates, number of hours and rate are required.
  - d. When applicable, mileage will be reimbursed at the current GSA rate ([www.gsa.gov](http://www.gsa.gov)). Reimbursement requests for mileage must include:
    1. Date of travel
    2. Starting address (including zip code) and ending address (including zip code)
    3. Number of miles traveled
  - e. When applicable, travel and/or training expenses will be reimbursed as follows:
    1. Lodging and meal costs for training are not to exceed the current GSA rate ([www.gsa.gov](http://www.gsa.gov)), specific to location.
    2. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts.
    3. Reimbursement requests for allowable travel and/or training must include:
      - a. Name of staff member
      - b. Dates of travel
      - c. Starting point and destination
      - d. Brief description of purpose
      - e. Receipts for registration fees or other documentation of professional training expenses.
      - f. Receipts for meals are not required.
7. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Contractor. The County may withhold payment of an invoice if the Contractor submits it or the required invoice documentation, more than 30 days after the month of services performed and/or the expiration of this contract.
8. Invoices must include the following statement, with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
9. Duplication of billed costs or payments for service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.

**EXHIBIT "B.2"**  
**Invoice Preparation Checklist for Vendors**

The County intends to pay you promptly. Below is a checklist to ensure your payment will be processed quickly. Provide this to the best person in your company for ensuring invoice quality control.

- Send the invoices to the correct address:  
[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [ELautenb@co.whatcom.wa.us](mailto:ELautenb@co.whatcom.wa.us)
- Submit invoices monthly, or as otherwise indicated in your contract.

Verify that:

- the time period for services performed is clearly stated and within the contract term beginning and end dates. Also verify any other dates identified in the contract, such as annual funding allocations;
- invoice items have not been previously billed or paid, given the time period for which services were performed;
- enough money remains on the contract and any amendments to pay the invoice;
- the invoice is organized by task and budget line item as shown in Exhibit B;
- the Overhead or Indirect Rate costs match the most current approved rate sheet;
- the direct charges on the invoice are allowable by contract. Eliminate unallowable costs.
- personnel named are explicitly allowed for within the contract and the Labor Rates match the most current approved rate sheet;
- back-up documentation matches what is required as stated in Exhibit B and B.1;
- contract number is referenced on the invoice;
- any pre-authorizations or relevant communication with the County Contract Administrator is included; and
- Check the math.

Whatcom County will not reimburse for:

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 10% except as approved in an indirect or overhead rate agreement.