

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.

202307023-1


Originating Department:	35 Sheriff's Office
Division/Program: <i>(i.e. Dept. Division and Program)</i>	3520 Bureau of LE & Investigations / 352096 Homeland Security
Contract or Grant Administrator:	Steve Harris ,Undersheriff
Contractor's / Agency Name:	Washington State Military Department
Is this a New Contract?    If not, is this an Amendment or Renewal to an Existing Contract?    Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: <u>WCC#202307023</u>	
Does contract require Council Approval?    Yes <input checked="" type="radio"/> No <input type="radio"/> 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="radio"/> No <input type="radio"/> If yes, grantor agency contract number(s): <u>E24-047</u> CFDA#: <u>97.067-22HSGP (OSPG)</u>	
Is this contract grant funded?    Yes <input checked="" type="radio"/> No <input type="radio"/> If yes, Whatcom County grant contract number(s): _____	
Is this contract the result of a RFP or Bid process?    Contract _____ Yes <input type="radio"/> No <input checked="" type="radio"/> If yes, RFP and Bid number(s): _____    Cost Center: <u>1003523003</u>	
Is this agreement excluded from E-Verify?    No <input type="radio"/> Yes <input checked="" type="radio"/> 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 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): \$ <u>97,500.00</u> This Amendment Amount: \$ <u>96,525.00</u> Total Amended Amount: \$ <u>194,025.00</u>	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.
Summary of Scope: This amendment adds \$96,525 to the contract amount and updates the grant's personnel contact information. All other terms and conditions stay the same.	
Term of Contract: <u>9/1/2022</u>	Expiration Date: <u>3/31/2025</u>

Contract Routing:	1. Prepared by: <u>D.Duling</u>	Date: <u>1/8/2024</u>
	2. Attorney signoff: <u>Approved via email BJS/AD</u>	Date: <u>1/8/24</u>
	3. AS Finance reviewed: <u>Approved via email AT/AD</u>	Date: _____
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: _____	Date: <u>1/29/24</u>
	6. Submitted to Exec.: <input checked="" type="checkbox"/>	Date: <u>1/10/24</u>
	7. Council approved (if necessary): <u>AB2024-080</u>	Date: <u>1/23/24</u>
	8. Executive signed: <input checked="" type="checkbox"/>	Date: <u>1/25/24</u>
	9. Original to Council: _____	Date: _____



**MEMORANDUM**

**TO:** Satpal S. Sidhu, County Executive

**FROM:** Donnell Tanksley, Sheriff 

**DATE:** January 8, 2024

**RE:** Washington State Military Department  
U.S. Department of Homeland Security  
FFY22 Operation Stonegarden Program (OPSG) Contract No. E24-047  
Whatcom County Contract No. 202307023  
Amendment #1

**RECEIVED**

JAN 10 2024

**WHATCOM COUNTY  
EXECUTIVE'S OFFICE**

Enclosed for your review and signature is one (1) original grant agreement amendment #1 between Whatcom County Sheriff's Office and the Washington State Military Department for FFY22 Operation Stonegarden Program (OPSG), Grant Agreement Number E24-047.

**• Background and Purpose**

Whatcom County was awarded \$97,500.00 from the U.S. Department of Homeland Security (DHS), Operation Stonegarden Program (OPSG) for Fiscal Year 2022. This is an indirect federal grant from DHS passing through Washington State Military Department to Whatcom County.

Amendment #1 awards an additional \$96,525.00, for a total of \$194,025.00 and updates the grant's personnel contact information. All other terms and conditions remain unchanged and are in full force and effect.

**• Funding Amount and Source**



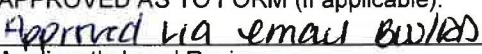
Total funding of \$194,025.00 provided by WA St. Military Department, Grant Agreement #E24-047. Funds originate from the U.S. Department of Homeland Security, FFY22 Operation Stonegarden Program, Federal Funding Source Agreement #EMW-2022-SS-00056, CFDA#97.067-22HSGP (OPSG).

Please contact Undersheriff Steve Harris at extension 6618 if you have any questions regarding the terms of this agreement.

Thank you.  
enclosure

**Washington State Military Department  
AMENDMENT**

202307023-1

1. SUBRECIPIENT NAME/ADDRESS: <b>Whatcom County Sheriff's Office 311 Grand Ave Bellingham, WA 98225</b>		2. GRANT NUMBER: <b>E24-047</b>	3. AMENDMENT NUMBER: <b>1</b>
4. SUBRECIPIENT CONTACT, PHONE/EMAIL: <b>Dawn Pierce 360-778-6600 x6606 dpierce@co.whatcom.wa.us</b>		5. DEPARTMENT CONTACT, PHONE/EMAIL: <b>Ben Olson 253-512-7224 benjamin.olson@mil.wa.gov</b>	
6. EIN: <b>91-6001383</b>	7. ASSISTANCE LISTINGS # & TITLE: <b>97.067 - 22HSGP (OPSG)</b>	8. FEDERAL AWARD ID # (FAIN): <b>EMW-2022-SS-00056</b>	
9. FUNDING AUTHORITY: <b>The Washington State Military Department (Department) and the US Department of Homeland Security (DHS)</b>			
10. DESCRIPTION/JUSTIFICATION OF AMENDMENT: Funds are added to the award amount from the de-obligation of funds by another subrecipient through a Fragmentary Operations Order (FRAGO). The corresponding FEMA approval letter and Personnel Cap Waiver approval letter added to Attachment E supersede all prior FEMA approval letters.  Changes are noted in red font, strikethrough, and grey highlight.			
11. AMENDMENT TERMS AND CONDITIONS: <ol style="list-style-type: none"> <li><b>Change</b> the Grant Agreement Amount from \$97,500 to \$194,025, an increase of \$96,525, as described on Page 2 of this Amendment.</li> <li>The Grant Agreement End Date of March 31, 2025, remains <b>unchanged</b>.</li> <li><b>Change</b> the Department Contact, Phone/Email, as described on Page 2 of this Amendment.</li> <li><b>Change</b> Attachment A, SPECIAL TERMS AND CONDITIONS, Article I-Key Personnel, as described on Page 2 of this Amendment.</li> <li><b>Change</b> the original Budget, Attachment E, as described on Page 2 of this Amendment.</li> </ol>			
This Amendment is incorporated in and made a part of the Grant Agreement. Except as amended herein, all other terms and conditions of the Grant Agreement remain in full force and effect. Any reference in the original Grant Agreement or an Amendment to the "Grant Agreement" shall mean "Grant Agreement as amended". The Department and Sub-Recipient acknowledge and accept the terms of this Amendment as identified above, effective on the final date of execution below. By signing this Amendment, the signatories warrant they have the authority to execute this Amendment.			
IN WITNESS WHEREOF, the parties have executed this Amendment:			
FOR THE DEPARTMENT:		FOR THE SUBRECIPIENT:	
 _____ Signature Regan Anne Hesse, Chief Financial Officer Washington State Military Department		 _____ Signature Satpal Sidhu, County Executive Whatcom County	
Date 1/29/2024		Date 1/25/24	
BOILERPLATE APPROVED AS TO FORM:		APPROVED AS TO FORM (if applicable):	
_____ /Signature on file/ David B. Merchant, Assistant Attorney General 10/11/2021		 _____ Applicant's Legal Review 1/8/24 Date	

**Washington State Military Department  
Amendments to Agreement E24-047**

1. **Change the Grant Agreement Amount from \$97,500 to \$194,025, an increase of \$96,525.**
  - a. Agreement Face Sheet, Box 2. ~~\$97,500~~ **\$194,025**
  - b. Original Budget, Attachment E, with Revision 1 Budget, Attachment E.
2. **Change Department Contact from Courtney Bemus to Ben Olson.**
  - a. Agreement Face Sheet Box 7. ~~Courtney Bemus, 253-512-7141, courtney.bemus@mil.wa.gov~~  
**Ben Olson, 253-512-7224, benjamin.olson@mil.wa.gov.**
3. **Change Attachment A, Article I-Key Personnel.**
  - a. Attachment A, SPECIAL TERMS AND CONDITIONS, Article 1-Key Personnel, under DEPARTMENT:
    - i. Replace Courtney Bemus with Ben Olson (see below).
    - ii. Replace Jackie Chang with Sierra Wardell (see below).

SUBRECIPIENT		DEPARTMENT	
Name	<b>Dawn Pierce</b>	Name	<del>Courtney Bemus</del> <b>Ben Olson</b>
Title	<b>Administrative Assistant</b>	Title	<b>Program Coordinator</b>
E-Mail	<b>dpierce@co.whatcom.wa.us</b>	E-Mail	<del>courtney.bemus@mil.wa.gov</del> <b>benjamin.olson@mil.wa.gov</b>
Phone	<b>360-778-6600 x6606</b>	Phone	<del>253-512-7144</del> <b>253-512-7224</b>
Name	<b>Donna Duling</b>	Name	<del>Jackie Chang</del> <b>Sierra Wardell</b>
Title	<b>Financial Accountant</b>	Title	<del>Program Manager</del> <b>Financial Operations Section Manager</b>
E-Mail	<b>dduling@co.whatcom.wa.us</b>	E-Mail	<del>jacqueline.chang@mil.wa.gov</del> <b>sierra.wardell@mil.wa.gov</b>
Phone	<b>360-778-6600 x6611</b>	Phone	<del>253-512-7134</del> <b>253-512-7121</b>
Name		Name	<b>Grant Miller</b>
Title		Title	<b>Program Assistant</b>
E-Mail		E-Mail	<b>grant.miller@mil.wa.gov</b>
Phone		Phone	<b>253-512-7061</b>

4. **Change the original Budget, Attachment E.**
  - a. Original Budget, Attachment E, with Revision 1 Budget, Attachment E.

## Revision 1 BUDGET

The Budget (Attachment E) consists of the 22OPSG Operation Order Approval Letter and the Personnel Cap Waiver Approval Letter addressed to Adjutant General Daugherty on behalf of the Subrecipient.

<b>Budget Categories</b>	<b>Original Budget</b>	<b>Modification</b>	<b>Amended Budget</b>
Operational OT	\$75,495.91	\$76,765.00	\$152,260.91
Fringe Benefits	\$12,122.73	\$11,961.00	\$24,083.73
Equipment	\$0.00	\$0.00	\$0.00
Fuel	\$3,700.00	\$6,985.00	\$10,685.00
Maintenance	\$0.00	\$0.00	\$0.00
Mileage	\$2,525.00	\$814.00	\$3,339.00
Travel	\$0.00	\$0.00	\$0.00
M&A (Subrecipient)	\$1,950.00	\$0.00	\$1,950.00
Indirect	\$1,706.37	\$0.00	\$1,706.37
<b>Total</b>	<b>\$97,500.00</b>	<b>\$96,525.00</b>	<b>\$194,025.00</b>

- Expenditures in excess of the approved Personnel Cap Waiver amount will not be reimbursed until a FRAGO and a revised waiver letter is received by FEMA. A current approved Indirect Cost Rate Agreement must be provided to the SAA prior to requesting reimbursement of indirect costs. If the approved Indirect Cost Rate Agreement is updated, the updated Agreement must be submitted to the SAA before costs will be reimbursed.
- OPSG funds shall not be used to supplant inherent routine patrols and law enforcement operations or activities not directly related to providing enhanced coordination between local, state, tribal, and Federal law enforcement agencies.
- All budget modifications require an approved FRAGO before any funds can be obligated. In addition to the approved FRAGO, cumulative transfers between budget categories more than 10% of the Grant Agreement amount will not be reimbursed without prior written authorization from the Department which includes a budget amendment.



**FEMA**

December 4, 2023

Bret Daugherty  
Adjutant General  
Washington Military Department  
Militia Drive, Building 20  
Camp Murray, Washington 98430-5122

Dear Adjutant General Daugherty,

Based on the Department of Homeland Security, Federal Emergency Management Agency's (FEMA) Operation Stonegarden Grant Program (OPSG) guidelines and special conditions associated with this program, the below referenced Operations Order as submitted is approved:

**Operations Order No:** FY22 23-BLWBLW-12-001 V1

**Fiscal Year:** 2022

**Amount Approved:** \$199,000.00

**Operations Order Dates:** 09/01/2022 to 08/31/2025

**Sub-Recipient:** Whatcom County, WA

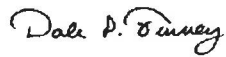
Expenditures from the Operations Order (OPORD) that were reviewed and approved by FEMA and U.S. Customs and Border Protection/Border Patrol (CBP) are outlined below. These expenses will assist the County in conducting border centric, intelligence driven operations with the goal of reduction or elimination of threat, risk and vulnerability along our Nation's borders. Please see below for all approved costs for this OPORD, and refer to the OPORD for specific items.

Category	Amount
Overtime:	\$152,260.91
Fringe:	\$24,083.72
Equipment:	\$0.00
Fuel:	\$10,685.00
Maintenance:	\$0.00
Mileage:	\$3,339.00
Travel:	\$0.00
County M&A:	\$1,950.00
State M&A:	\$4,975.00
Indirect Cost:	\$1,706.37
<b>Total</b>	<b>\$199,000.00</b>

Please find the below special conditions associated with OPSG and retain this letter for your grant files. If you have any questions, please feel free to contact me at (202) 786-9625.

**FOR OFFICIAL USE ONLY – LAW ENFORCEMENT SENSITIVE**

Sincerely,



Dale P. Finney  
Preparedness Officer  
U.S. Department of Homeland Security  
Federal Emergency Management Agency  
Grant Programs Directorate

Cc: U.S. Customs and Border Protection/ Border Patrol

The following Special Conditions are associated with this Operation Stonegarden award:

1. Construction and construction-type activities are prohibited.
2. Lethal or less than lethal forces including, but not limited to: weapons, firearms, ammunition and tasers are prohibited.
3. Per the *Personnel Reimbursement for Intelligence Cooperation and Enhancement (PRICE) of Homeland Security Act* (Public Law 110-412), the sum of all personnel related expenses shall not exceed 50% of the recipient's allocation without first obtaining a waiver from the FEMA Administrator.
4. All participating agencies shall monitor, review and track expenditures of OPSG funds under individual Operations Orders issued. Participating agencies shall not obligate, and/or encumber OPSG grant funds beyond the total of their allocation issued by FEMA.
5. The Operations Order has been reviewed and approved under the Environmental and Historic Preservation Program (EHP) guidelines as being categorically excluded from further EHP review.
6. Recipients must submit a letter of justification for all proposed vehicles or equipment items in excess of \$100,000. This justification will be reviewed by CBP and FEMA.

**FOR OFFICIAL USE ONLY – LAW ENFORCEMENT SENSITIVE**



**FEMA**

November 2, 2023

Bret Daugherty  
Adjutant General  
Washington Military Department  
Militia Drive, Building 20  
Camp Murray, Washington 98430-5122

Dear General Daugherty:

The Federal Emergency Management Agency (FEMA), Grant Programs Directorate has reviewed the request submitted by Whatcom County to waive the 50 percent Personnel Cap imposed by Section 2008 of the *Homeland Security Act of 2002*, Public Law 107-296, as amended (6 U.S.C. § 609).

Whatcom County has requested to expend \$178,294.63, or approximately 92 percent of its total Fiscal Year 2022 Operation Stonegarden allocation of \$194,025, on operational overtime and related personnel costs under Operations Order # OO WA Whatcom FY22 23-BLWBLW-12-001 V1. This request is consistent with the terms and conditions of the grant award and is necessary for the continued success of border security operations. This request is approved pursuant to the waiver authority provided by 6 U.S.C § 609(b)(2)(B).

As a reminder, future personnel waiver requests must be submitted to FEMA for prior approval. Please contact your Preparedness Officer, Dale P. Finney, at [dale.finney@fema.dhs.gov](mailto:dale.finney@fema.dhs.gov) or (202) 236-9308 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacey N. Street".

Stacey N. Street  
Director  
Office of Grants Administration

Cc: Willie Nunn, Regional Administrator, Region X  
Kerry L. Thomas, Director, Homeland Security Programs Division  
Patrick Marcham, Grants Division Director, Region X  
Alexander R. Mrazik, Jr., Branch Chief, Homeland Security Programs Division  
Mark Silveira, Branch Chief, Homeland Security Programs Division  
Patrick M. Pugh, Section Chief, Homeland Security Programs Division  
Dale P. Finney, Preparedness Officer, Homeland Security Programs Division



As a reminder, if any subrecipient's approved or initial revised budget will exceed 85% in personnel costs, they are required to submit a waiver request as described in section III.C.3 of Information Bulletin #421b. Please contact your Preparedness Officer, Lindsey Tomes, at [Lindsey.Tomes@fema.dhs.gov](mailto:Lindsey.Tomes@fema.dhs.gov) if you have any questions.

Sincerely,



Stacey N. Street  
Director  
Office of Grants Administration

Cc: Willie G. Nunn, Regional Administrator, Region X  
Kerry L. Thomas, Director, Preparedness Grants Division  
Patrick Marcham, Grants Division Director, Region X  
Virginia Warren, Deputy Director, Preparedness Grants Division  
Mark Silveira, Branch Chief, Preparedness Grants Division  
Michael McGowan, Section Chief, Preparedness Grants Division  
Lindsey Tomes, Preparedness Officer, Preparedness Grants Division

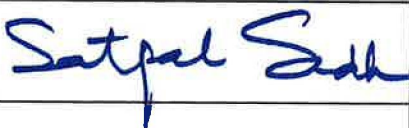
# SIGNATURE AUTHORIZATION FORM

WASHINGTON STATE MILITARY DEPARTMENT  
Camp Murray, Washington 98430-5122



*Please read instructions on reverse side before completing this form.*

NAME OF ORGANIZATION Whatcom County Sheriff's Office	DATE SUBMITTED
PROJECT DESCRIPTION FFY22 Operation Stonegarden Program (OPSG)	CONTRACT NUMBER E24-047

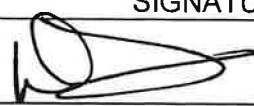

## 1. AUTHORIZING AUTHORITY

SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE
	Satpal Sidhu	County Executive

## 2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS

SIGNATURE	PRINT OR TYPE NAME	TITLE
	Satpal Sidhu	County Executive
	Tyler Schroeder	Deputy Executive

## 3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT

SIGNATURE	PRINT OR TYPE NAME	TITLE
	Donnell Tanksley	Sheriff
	Steve Harris	Undersheriff

## INSTRUCTIONS FOR SIGNATURE AUTHORIZATION FORM

This form identifies the persons who have the authority to sign contracts, amendments, and requests for reimbursement. It is required for the management of your contract with the Military Department (MD). Please complete all sections. One copy with original signatures is to be sent to MD with the signed contract, and the other should be kept with your copy of the contract.

When a request for reimbursement is received, the signature is checked to verify that it matches the signature on file. **The payment can be delayed if the request is presented without the proper signature.** It is important that the signatures in MD's files are current. Changes in staffing or responsibilities will require a new signature authorization form.

1. **Authorizing Authority.** Generally, the person(s) signing in this box heads the governing body of the organization, such as the board chair or mayor. In some cases, the chief executive officer may have been delegated this authority.
2. **Authorized to Sign Contracts/Contract Amendments.** The person(s) with this authority should sign in this space. Usually, it is the county commissioner, mayor, executive director, city clerk, etc.
3. **Authorized to Sign Requests for Reimbursement.** Often the executive director, city clerk, treasurer, or administrative assistant have this authority. It is advisable to have more than one person authorized to sign reimbursement requests. **This will help prevent delays in processing a request if one person is temporarily unavailable.**

If you have any questions regarding this form or to request new forms, please call your MD Program Manager.