WHATCOM COUNTY CONTRACT INFORMATION SHEET (CIS)

Whatcom Co. Contract #: **202208008 – 4**

Originating Department: 85 - Health
Division: 8570 - Response Division
Program: 857012 - ART
Contract or Grant Administrator: Vanessa Martin
Contractor's / Agency Name: Washington State Health Care Authority
Title of Agreement (optional): Alternate Response Team Program Grant Agreement Amendment #4

Type of Contract: Grant (Whatcom County is Grantee) (State Funds)
If amendment or renewal, original contract #: 202208008
Is this is a grant agreement? Yes If so, grantor agency contract #s: K6144-04 ALN: *Note: Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds.*
Is this contract grant-funded? No If yes, Whatcom County grant contract number(s):
If this contract the result of an RFP? No If yes, RFP number(s):
Is this contract the result of a Bid Process? No If yes, Bid Number(s):
Does this contract involve federal reimbursement? *(i.e. fed grant, cooperative agreement, pass-through fed funds, etc.)* No
Procurement method: N/A - Interlocal/Grant - For interlocal agreements between governments or grant-funded contracts
Council review: Required - Interlocal agreement (Cooperative Purpose, Referencing RCW 39.34)

Fund(s): 1853
Cost Center(s): 18538519
Object Account(s): 4334.0461

Original Contract Amount: $ 4,561,000
This Amendment Amount: $ (176,000)
Total Cumulative Amount: $ 4,385,000

Contract term ends: 06/30/2027

Key words/summary (optional):

Contract routing *(please initial & date):*

Prepared by: crg 06/01/2026

Contractor review: _____

Attorney signoff: jcw 06/08/2026

AS Finance review: dmk 6/9/2026

IT review (if related): n/a

Contractor signed: 05/13/2026

Executive review: FW 7/2/2026

Council approval, if necessary: 06/23/2026

AB#: AB2026-482

Executive signed: 7/2/2026

WHATCOM COUNTY
Health and Community Services

Champ Thomaskutty, MPH, Director
Amy Harley, MD, MPH, Co-Health Officer
Meghan Lelonek, MD, Co-Health Officer

Memorandum

To: Whatcom County Executive Satpal Sidhu

From: Champ Thomaskutty, Director – Health and Community Services

Subject: Washington State Health Care Authority – Alternative Response Team Program Grant Agreement Amendment #4

Date: **JULY 2, 2026**

Attached is a grant agreement amendment between Whatcom County and Washington State Health Care Authority for your review and signature. This amendment decreases funding for state fiscal year 2027 (FY2027), 07/01/2026 – 06/30/2027, due to state budget reductions, and amends deliverables.

- **Background and Purpose**
  This contract provides funding for Whatcom County Health and Community Services' Alternative Response Team (ART) Program, which provides critical services to community members in crisis or at risk of being in crisis. ART aims to reduce the burden on Bellingham law enforcement by diverting lower-risk calls to the behavioral health team. ART responds to low-risk, low-acuity, and non-criminal calls. ART is deployed by staff based at WhatComm 911, 10 hours/day, 5 days per week (currently Monday — Friday).

- **Funding Amount and Source**
  This amendment decreases the not to exceed amount by $176,000, from $4,561,000 to $4,385,000. Total funding for this state-funded grant is $4,385,000. These funds are reduced from the 2026 budget. Council authorization is required as this is an interlocal agreement.

- **Differences from Previous Contracts**

Section	Differences
Section 4	Decreases funding and amends deliverables for 07/01/2026 – 06/30/2027
Schedule A1 – Statement of Work	Amends the Deliverables Table for 07/01/2026 – 06/30/2027
Effective Date	The effective start date of the amendment is July 1, 2026

Please contact Vanessa Martin at 602-501-3595 (VMartin@co.whatcom.wa.us) if you have any questions or concerns regarding the terms of this agreement.

Washington State Health Care Authority	**CONTRACT AMENDMENT**	HCA Contract No.: K6144 Amendment No.: 04

THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.

CONTRACTOR NAME	**CONTRACTOR doing business as (DBA)**
Whatcom County	Whatcom County Health and Community Services
CONTRACTOR ADDRESS 509 Girard Street Bellingham, WA 98225	**CONTRACTOR CONTRACT MANAGER** Name: Vanessa Martin Email: vmartin@co.whatcom.wa.us

AMENDMENT START DATE	**AMENDMENT END DATE**	**CONTRACT END DATE**
July 1, 2026	June 30, 2027	June 30, 2027
Prior Maximum Contract Amount	**Amount of Decrease**	**Total Maximum Compensation**
$4,561,000	**-$**176,000	**$**4,385,000

WHEREAS, HCA and Contractor previously entered into Contract to establish an alternative response team program, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 7, Agreement Changes, Modifications and Amendment to decrease funding for state fiscal year 2027 (FY2027) due to state budget reductions;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 4, Payment, the not to exceed amount is decreased by $176,000 from $4,561,000 to $4,385,000.

2. Schedule A1, Statement of Work, Section 5, Deliverables Table is amended to read as follows:

5. Deliverables Table.

5.1. The contractor will invoice HCA upon completion of timely deliverables in accordance with the deliverable descriptions and payment amounts below.

5.2. Due dates may be extended with written approval from HCA Contact Manager but will in no case be extended beyond June 30, 2027 unless agreed upon via a signed Amendment.

5.3. Work under this Schedule A1, Statement of Work is up to a maximum of $998,000 including all expenses; and shall be based on the following Deliverables Table. Invoices must describe and document to HCA's satisfaction a description of the work performed.

5.4. Contractor will invoice HCA upon completion of timely deliverables in accordance with the completion of the deliverables in accordance with the deliverable descriptions and payment amounts below.

#	Description	Date Range	Due Date	Rate	Amount
SFY2026					
1	Quarterly Reports	Oct-Dec 2025 Jan-Mar 2026 Apr-June 2026	10th day of the month following the month of service	$145,000 per report x 3 reports	$435,000
2	End of year progress Report	July 2025-June 2026		$152,000 per report x 1 report	$152,000
Subtotal, SFY2026					$587,000
SFY2027					
3	Quarterly Reports	July-Sept 2026 Oct-Dec 2026 Jan-Mar 2027	10th day of the month following the month of service	$100,000 per report x 3 reports	$300,000
4	End of year progress Report	July 2026-June 2027	With final invoice	$111,000 per report x 1 report	$111,000
Subtotal, SFY2027					$411,000
Total Maximum Compensation for deliverables completed in SFY2026 & SFY2027					**$998,000**

3. This Amendment will be effective July 1, 2026 ("Effective Date").

4. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

5. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
Signed by: 00C1A6EB3489428...	Vanessa Martin Champ Thomaskutty Director, Health and Community Services	7/2/2026
HCA SIGNATURE	**PRINTED NAME AND TITLE**	**DATE SIGNED**
Signed by: Annette Schuffenhauer 4F259FCAF7C2450...	Annette Schuffenhauer Chief Legal Officer	5/13/2026

WHATCOM COUNTY:
Recommended for Approval:

Signed by:
Malora Christensen
00E05E4A7809409...

7/2/2026

Malora Christensen, Response Systems Manager Date

Approved as to form:

Approved via email JCW/crg 06/08/2026

Janelle C. Wilson, Civil Deputy Prosecutor Date

Approved:
Accepted for Whatcom County:

DocuSigned by:
Satpal Singh Sidhu
1192C7C18B664E3...

By: 7/2/2026

Satpal Singh Sidhu, Whatcom County Executive Date

Agency:

Washington State Health Care Authority
626 8th Avenue SE
Olympia, WA 98504