

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No. _____

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	8560 Communicable Disease / 856010 CD & E
Contract or Grant Administrator:	Cindy Hollinsworth
Contractor's / Agency Name:	Chuckanut Health Foundation

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		

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):	C2019-44	CFDA#:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):		
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Is this contract the result of a RFP or Bid process?	Contract Cost Center:	623426
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"/>	If no, include Attachment D Contractor Declaration form.
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If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input checked="" type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.
<input type="checkbox"/> Interlocal Agreement (between Governments).	

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 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.
\$ 20,000	
This Amendment Amount:	
\$	
Total Amended Amount:	

Summary of Scope: This grant provides funding for the customization of a van for the Health Department's Mobile Syringe Services Program.

Term of Contract:	15 Months	Expiration Date:	03/31/2021
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Contract Routing:	1. Prepared by:	JT	Date:	11/18/2020
	2. Health Budget Approval:	KR	Date:	12/03/2020
	3. Attorney signoff:	RB	Date:	12/03/2020
	4. AS Finance reviewed:	M Caldwell	Date:	12/03/2020
	5. IT reviewed (if IT related):		Date:	
	6. Contractor approved:		Date:	
	7. Submitted to Exec.:		Date:	
	8. Council approved (if necessary):		Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	



11/17/20

Cindy Hollinsworth
Communicable Disease and Epidemiology Manager
Whatcom County Health Department
1500 N State St
Bellingham WA 98225

Dear Cindy,

The Chuckanut Health Foundation (or "Foundation") is pleased to inform you that a grant to the Whatcom County Health Department ("Grantee") in the amount of \$20,000 has been approved by the board to support the Syringe Services Program (the "Project") in Whatcom County, as described in the proposal submitted on September 30, 2019.

We understand that the Whatcom County Health Department is a Governmental Agency and the purposes of the Syringe Services Program are charitable in nature. Any changes in that status, or changes to the program must be reported to the Foundation immediately. Any funds not used for the purposes described in this letter will revert back to the Chuckanut Health Foundation. The Grantee will notify the Foundation immediately if the proposed project is canceled and return the grant funds. If the project is delayed, Grantee must request an extension of time or return the funds.

Every grant is a learning opportunity both for the Grantee and for the Foundation. **We ask that the Syringe Services Program submit a progress report and/or evaluation of the program no later than 11/01/2021.**

We request that in any publicity given to this program or grant, acknowledgment be made that funds were received from the Chuckanut Health Foundation. The Whatcom County Health Department has the Foundation's permission to identify the Chuckanut Health Foundation as a source of funding in publications, press releases, your website, and other forms of written and verbal communications. Please send us any Press Releases regarding the project and copies of any publications or articles written about the project.

To receive the first disbursement of funds from the Foundation, we request that you or the appropriate individual at your organization sign a copy of this letter accepting the responsibility of this grant contract. We anticipate mailing the first disbursement check shortly after receiving the executed contract.

On behalf of the entire board of the Chuckanut Health Foundation, we look forward to partnering with you to support the important work that the Whatcom County Health Department is doing to advance individual and community health in Whatcom County.

Very truly yours,

Heather Flaherty, Executive Director

Accepted by:
Whatcom County Health Department

Name/Title Date

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Investing today for a healthier tomorrow.

Enclosure

1500 Cornwall Avenue, Suite 201 | PO Box 5641 | Bellingham, WA 98227-5641

P: 360-671-3349 | www.ChuckanutHealthFoundation.org

WHATCOM COUNTY

SATPAL SIDHU
County Executive

STATE OF WASHINGTON)
)
COUNTY OF WHATCOM)

On this _____ day of _____, 2020, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for the State of Washington,
residing at Bellingham.

My Commission expires: _____

APPROVED AS TO FORM

Approved by email RB/JT

Royce Buckingham, Prosecuting Attorney

12/03/2020

Date



Additional Terms:

AMOUNT OF GRANT. The amount of the grant is \$20,000, payable as described herein and subject to the provisions hereof.

GRANT PERIOD. The grant period begins on *December 13, 2019 and ends on March 31, 2021.*

REPORTING SCHEDULE. The Grantee shall provide narrative and financial reports acceptable to the Foundation reflecting the management of the grant on a quarterly basis. An interim report is due on May 1 and a final report will be due December 1 of 2021.

TENTATIVE PAYMENT SCHEDULE. Subject to the provisions hereof, the grant is tentatively scheduled for payment as follows:
\$20,000 to be disbursed upon receipt of signed agreement and securement of matching dollars for project. Please also send an updated detailed budget for the project.

ANTI-DISCRIMINATION CLAUSE. The Chuckanut Health Foundation has established guidelines reflecting the values of our organization, one of the most important being that of equity. Therefore, we ask that all organizations receiving grants from Chuckanut Health Foundation provide us with a copy of their non-discrimination policy approved by its board of directors pertaining to employees, volunteers and/or those who receive services from your organization. Organizations using a fiscal sponsor must submit their own policy and that of the fiscal sponsor.

SAMPLE POLICY

Below is an example of a general policy statement of non-discrimination. If you do not currently have such a policy, you are welcome to copy this for your own use and submit it for approval and adoption by your board.

(Organization) is committed to equal employment and volunteer opportunity without regard to age, ancestry, disability, national or ethnic origin, race, religious belief, sex, sexual orientation, gender identity, marital status, political belief, or veteran status.

This policy applies to all areas of employment and volunteer participation, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation, benefits, social and recreational programs, all other conditions and privileges of employment in accordance with applicable federal, state and local laws.