



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: <i>Note: Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds.</i>
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: crj 06/01/2026

Contractor signed: _____

Contractor review: _____

Executive review: _____

Attorney signoff: jcw 06/08/2026


Council approval, if necessary: _____

AS Finance review: dmk 6/9/2026

AB#: AB2026-482

IT review (if related): n/a

Executive signed: _____

		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 Whatcom County		CONTRACTOR doing business as (DBA) 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 July 1, 2026	AMENDMENT END DATE June 30, 2027	CONTRACT END DATE June 30, 2027	
Prior Maximum Contract Amount \$4,561,000	Amount of Decrease -\$176,000	Total Maximum Compensation \$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	10 th 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	10 th 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

- This Amendment will be effective July 1, 2026 (“Effective Date”).
- All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- 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 Vanessa Martin	DATE SIGNED
HCA SIGNATURE Signed by: <i>Annette Schuffenhauer</i>	PRINTED NAME AND TITLE Annette Schuffenhauer Chief Legal Officer	DATE SIGNED 5/13/2026

WHATCOM COUNTY:

Recommended for Approval:

Malora Christensen, Response Systems Manager Date

Champ Thomaskutty, Director Date
Whatcom County Health and Community Services

Approved as to form:

Approved via email JCW/crg 06/08/2026
Janelle C. Wilson, Civil Deputy Prosecutor Date

Approved:

Accepted for Whatcom County:

By: _____
Satpal Singh Sidhu, Whatcom County Executive Date

Agency:

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