# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract Number: 202111030 – 1

Odela dia posta della di				051114-						
Originating Department:				85 Health						
Division/Program: (i.e. Dept. Division and Program)				8560 Communicable Disease / 856010 Communicable Disease Admin						
Contract or Grant Administrator:				Cindy Hollinsworth						
Contractor's / Agency Name:				Bird's Eye Medical						
Is this a New Contract? If not, is this an Amendment or Renew				ewal to an Existing	wal to an Existing Contract?				Yes ⊠	No □
Yes □ No					CC 3.08.100 (a)) Original Contract #:				2021110	
					•		· · · · · · · · · · · · · · · · · · ·			
Does contract requ			⊠ No [	If No, include	WCC:					
Already approved?	Council Approv	/ed Date:		(Exclusions see:	Whatcom Co	ounty Codes	3.06.010, 3	3.08.09	00 and 3.08.10	<u>)0)</u>
le this a grant agree	oment?									
	s this a grant agreement? 'es □ No ⊠ If yes, grantor agenc			cy contract number(s):			CFDA#: 97.036 / 9		97.036 / 93	268
163   110		ii yes, grantor age	ncy contract	number(s).			OI DAT.		31.0307 33	.200
Is this contract gran	nt funded?									
Yes ⊠ No		If yes, Whatcom C	ounty grant	contract number(s)	:	202201	1016			
		D:d				0	-1.01			
Is this contract the			/a\. [		tion	Contrac				
Yes □ No	⊠   II yes, F	RFP and Bid number	er(S):   E	Emergency Declara	auon	Center		000	470 / 6272	<b>Z</b> I
Is this agreement e	xcluded from E-	Verify? No								
			•							
If YES, indicate exclu		ent for certified/lic	oncod profo	ccional						
	s for less than \$		enseu proie		for Commo	roial off th	o chalf ita	ome (	COTS)	
	s for less than 12	,			Contract for Commercial off the shelf items (COTS).					
				<ul><li>☐ Work related subcontract less than \$25,000.</li><li>☐ Public Works - Local Agency/Federally Funded FHWA.</li></ul>						
Interiocal Agree	ement (between	Governments).	•				•			
Contract Amount:(su	m of original cor	ntract amount and		proval required for; al						
any prior amendmen	-	iliaci amount and		I professional service contract amendments that have an increase greater than \$10,000 or						
arry prior arriendmen	160).			Intract amount, whichever is greater, <b>except when:</b> cising an option contained in a contract previously approved by the council.						
Varies depending on	wanes of nerso	nnel and number								
of vaccines administe				. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.						
	o. ou.			Bid or award is for supplies.						
Not to exceed \$315,0	000		4. Equipi	···						
, , , , , , , , , , , , , , , , , , , ,			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.							
0	This contract on	and the section of the section of						0		
Summary of Scope:	inis contract pr	ovides funding for (	JUVID-19 Va	accine administration	n services	tnrougno	ut vvnatco	om Co	ounty.	
Tama af Oamton at				F institut Date.	1 1	00/04/00	20			
Term of Contract:	5 Months		ıT	Expiration Date:		03/31/202		00/	10010000	
Contract Routing:	Prepared b	· ·	JT				Date:		/02/2022	
Contract Nouting.	2. Health Bud		KR/JG				Date:		/10/2022	
	3. Attorney si	•	RB				Date:	_	09/2022	
	4. AS Finance		M Caldwell				Date:	2/1	0/22	
		d (if IT related):					Date:			
6. Contractor signed: 7. Executive Contract Review:					Date:					
	7. LAGGUUVE	Contiduct Neview.					Date.			
	8 Council an	proved (if necessary)	. AR2(	)22-126			Date:			
Council approved (if necessary):     Executive signed:		.   102022-120			Date:					
		- 0								
	10. Original to	o Council:					Date:			

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Whatcom County Contract Number:

202111030 - 1

#### WHATCOM COUNTY CONTRACT AMENDMENT

**PARTIES:** 

Whatcom County Whatcom County Health Department 509 Girard Street Bellingham, WA 98225 AND CONTRACTOR: Bird's Eye Medical 2915 29th Avenue SW, Unit A Tumwater, WA 98512

**CONTRACT PERIODS:** 

Original: 11/01/2021 – 02/28/2022 Amendment #1: 12/01/2021 – 03/31/2022

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

### **DESCRIPTION OF AMENDMENT:**

- 1. Extend the duration and other terms of this contract through 03/31/2022.
- 2. Amend Exhibit A Scope of Work to include the dates of clinics currently scheduled in 2022.
- 3. Amend Exhibit B Compensation to increase total estimated funding by \$275,000 to support the estimated number of clinics through the end of the contract.
- 4. Funding for the total contract period (11/01/2021 03/31/2022) is not to exceed \$315,000.
- 5. All other terms and conditions remain unchanged.
- 6. The effective start date of the amendment is 12/01/2021.

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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.

APPROVAL AS TO PROGRAM:		
ALTROVAL ACTOT ROCKAIN.	Cindy Hollinsworth, Communicable Disease & Epidemiology Manager	Date
DEPARTMENT HEAD APPROVAL:	Erika Lautenbach, Health Department Director	Date
APPROVAL AS TO FORM:Royce	Buckingham, Senior Civil Deputy Prosecutor	Date
FOR THE CONTRACTOR:		
	Patrick Hastings, COO	
Contractor Signature	Print Name and Title	Date
FOR WHATCOM COUNTY:		
Satpal Singh Sidhu, County Execu	utive	Date

### **CONTRACTOR INFORMATION:**

Bird's Eye Medical 2915 29<sup>th</sup> Avenue SW, Unit A Tumwater, WA 98512 patrick@birdseyemedical.com

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

Bird's Eye Medical supports COVID-19 vaccine administration throughout Whatcom County in the following ways:

Personnel	Support Provided			
Administration including:	Vaccine clinic planning, management, and operations.			
COO, Director of Mobile				
Teams, Clinical/Site Leads,	vaccine clinic planning, management, and operations.			
Project/Logistics Coordinator				
RN/LPN	Vaccine management, administration of vaccines, observation of vaccinated			
	individuals for adverse reactions; emergency response.			
MA	Vaccine management, administration of vaccine, completion of CDC			
	vaccination record cards.			
Scribe	Greeting patients, registration including verbal instructions and review of			
	forms, scheduling/confirming 2 <sup>nd</sup> vaccine appointments, monitoring patient			
	flow, moving individuals to observation, re-checking all documentation,			
	answering questions.			

### **Statement of Work**

The Contractor will be reimbursed for personnel and other eligible expenses related to the operation of vaccine administration clinics as part of Whatcom County's public health emergency response to the ongoing COVID-19 pandemic.

Personnel are paid a minimum of six (6) hours for each clinic day. If clinics are cancelled for any reason outside of the Contractor's control and within 24 hours of the clinic start time, or after they have mobilized to Whatcom County for a multiple day deployment, the Contractor will be reimbursed for a minimum of six (6) hours for the cancelled clinic.

The Contractor may invoice for non-local staff hours when staff need to remain in Whatcom County without a clinic, for a clinic the following day. In good faith, both the Contractor and County will do their best to avoid this by scheduling consecutive clinic days.

Planned community vaccine clinics occurred or are scheduled on the following dates:

2021 Dates	January 2022	February 2022	March 2022
December 2	January 6	February 4	
December 9	January 8	February 5	
December 10	January 9	February 9	
December 16	January 13	February 10	
December 17	January 15	February 11	
December 18	January 20	February 12	
December 23	January 27	February 16	TBD –
	January 30	February 17	12 clinics estimated
		February 18	12 Cililios estilliated
		February 19	
		February 23	
		February 24	
		February 25	
		February 26	
		February27	

### EXHIBIT "B" (COMPENSATION)

I. <u>Budget and Source of Funding</u>: Total funding for this contract is estimated at \$315,000. Funds under the contract are made available by the Mass Vaccination FEMA and COVID-19 Vaccine Grants (CFDA 97.036 & 93.268), passed through the Washington State Department of Health's Consolidated Contract. The budget for this contract is as follows:

Cost Description	Documents Required Each Invoice	Estimated Total
Vaccine Administration Fee - \$18/vaccine which includes	<ol> <li>Timesheets for the period.</li> <li>Completion of the Cost Summary Workbook provided by the County.</li> </ol>	
vaccine management, equipment, PPE, sharps, medical supplies, other equipment	<ol> <li>Log of vaccines administered including quantity, date, and clinic location.</li> <li>Reimbursement requests for allowable travel (including mileage) must include the name of staff member, dates of</li> </ol>	
Vaccine administration related expenses including personnel and supplies (excluding those included in the vaccine administration fee).	travel, starting point and destination, brief description of purpose. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts. Receipts for meals are not required. Lodging, meal and mileage rates may not exceed the U.S. GSA Domestic Per Diem Rates ( <a href="www.gsa.gov">www.gsa.gov</a> ), specific to location and must follow federal guidelines.  5. Receipts or paid invoices.	\$315,000

Staff	Rates/Hour
Clinical/Site Lead	\$110
RN	\$100
LPN	\$80
Project/Logistics Coordinator	\$80
Medical Assistant	\$65
Scribe	\$50

### II. Attestation

Upon full execution of this contract, the Contractor attests that Medicare, Medicaid, HRSA, or any other third-party payor shall not be billed for vaccine administration services provided at the same time as those provided to homebound persons in Whatcom County through this contract. The Contractor attests that if these costs are submitted to any third-party payor for reimbursement, the Contractor will be responsible for repaying the full amount that FEMA has reimbursed. This also includes any Cost Report Reimbursement from Medicare or Medicaid at the end of the fiscal year reporting cycle.

The Contractor may only be reimbursed for FEMA eligible costs, as outlined in the Cost Summary Workbook (to be provided by the County). The Contractor attests that reimbursement of costs for personnel who provided services at vaccine clinics in Whatcom County may occur by following the guidance given in the FEMA Medical Care Policy (incorporated herein as Exhibit C), completing an LHJ Summary Spreadsheet, retaining supporting documentation, and agreeing to fully reimburse costs to Whatcom County if they are reimbursed by any other payor or funding source for the provision of services at Whatcom County vaccine clinics.

#### III. Invoicing

- The Contractor shall submit invoices in a format approved by the County. Final invoices for services performed through 03/31/2022, must be received by April 15, 2022. Invoices submitted for payment must include the items identified in the table above.
- 2. The Contractor shall submit invoices to (include contract/PO #) <u>HL-BusinessOffice@co.whatcom.wa.us</u>.
- Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.
- 4. 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.
- 5. <u>Duplication of Billed Costs or Payments for Service:</u> 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.