# COUNTY Whatcom County Contract Number: MATION SHEET 202105012 – 1

# WHATCOM COUNTY CONTRACT INFORMATION SHEET

| Originating Department:  |   |                                 |          |              | 85 Health  |  |                  |                         |                                   |  |
|--|---|---------------------------------|----------|--------------|--|--|------------------|-------------------------|-----------------------------------|--|
| Division/Program: (i.e. Dept. Division and Program)  |   |                                 |          |              | 8550 Human Services / 855020 Mental Health   |  |                  |                         |                                   |  |
| Contract or Grant Administrator:   |   |                                 |          |              | Jackie Mitchell  |  |                  |                         |                                   |  |
| Contractor's / Agency Name: Northwest Youth Services   |   |                                 |          |              |  |  |                  |                         |                                   |  |
| , , , , , , , , , , , , , , , , , , ,  |   |                                 |          |              |  |  |                  | Yes ⊠ No □<br>202105012 |                                   |  |
| Does contract require  | If No, include WCC: 3.08.100  |                                 |          |              |  |  |                  |                         |                                   |  |
| Does contract require Council Approval? Yes  Already approved? Council Approved Date:  |   |                                 |          | No ⊠         | (Exclusions see: Whatcom County Codes 3.06.010, 3.08   |  |                  |                         |                                   |  |
| · · · · · ·  | 1   |                                 |          |              |  |  | drity Codoo C.CC | <del>2.0 10, 0.0</del>  | <u>10.000 ana 0.00.100j</u>       |  |
| Is this a grant agreem   |   |                                 |          |              |  |  | 0.5              | -D A #.                 |                                   |  |
| Yes □ No ▷   | If yes, grantor agency contract number(s):  CFDA#:                      |                                 |          |              |  |  |                  |                         |                                   |  |
| Is this contract grant f   | Is this contract grant funded?  |                                 |          |              |  |  |                  |                         |                                   |  |
| Yes ☐ No ☑ If yes, Whatcom County grant contract number(s):  |   |                                 |          |              |  |  |                  |                         |                                   |  |
| Is this contract the result of a RFP or Bid process?   |   |                                 |          |              |  | Contract C   | ost              |                         |                                   |  |
| Yes ☐ No ☑ If yes, RFP and Bid number  |   |                                 | nber(s): |              |  |  | Center:          |                         | 124113                            |  |
|  |   |                                 |          |              |  |  |                  |                         |                                   |  |
| Is this agreement excluded from E-Verify? No □ Yes ⊠   |   |                                 |          |              |  |  |                  |                         |                                   |  |
| If YES, indicate exclusion(s) below:  Professional services agreement for certified/licensed professional.   |   |                                 |          |              |  |  |                  |                         |                                   |  |
|  |   |                                 | license  | d profession |  |  | :al a## # a al   | It :1                   | (OOTO)                            |  |
| <ul><li></li></ul>   |   |                                 |          |              | ☐ Contract for Commercial off the shelf items (COTS). ☐ Work related subcontract less than \$25,000. |  |                  |                         |                                   |  |
|  |   |                                 |          |              |  |  |                  |                         |                                   |  |
| ☐ Interlocal Agreement (between Governments). ☐ Public Works - Local Agency/Federally Funded FHWA.   |   |                                 |          |              |  |  |                  |                         |                                   |  |
| Contract Amount:(sum   | •   | intract amount an               |          |              |  |  |                  |                         | wards <b>exceeding \$40,000</b> , |  |
| any prior amendments):  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> :   |   |                                 |          |              |  |  |                  |                         | ase greater triair \$10,000 or    |  |
|  |   |                                 |          |              |  | an option contained in a contract previously approved by the council.      |                  |                         |                                   |  |
| © 25,000 2. Contract is  |   |                                 |          |              | s for design, construction, r-o-w acquisition, prof. services, or other capital costs                |  |                  |                         |                                   |  |
| approved   |   |                                 |          |              | by council in a capital budget appropriation ordinance.  |  |                  |                         |                                   |  |
| J. Bic   |   |                                 |          |              | or award is for supplies.<br>ipment is included in Exhibit "B" of the Budget Ordinance               |  |                  |                         |                                   |  |
|  |   |                                 |          |              |  | or manufacturer's technical support and hardware maintenance of electronic |                  |                         |                                   |  |
|  |   |                                 |          |              |  |  |                  |                         | from the developer of             |  |
| Cummon, of Cooper T  | hic contract n  | rovidos portial fu              | nding to |              | y software current   |  |                  |                         | a potimotod 110 vojeth            |  |
| Summary of Scope: This contract provides partial funding to expand NWYS Vocational Program in order to support an estimated 110 youth and young adults in finding and maintaining employment or enrolling in an educational program.   |   |                                 |          |              |  |  |                  |                         |                                   |  |
| and journey and management of one of the state of the sta |   |                                 |          |              |  |  |                  |                         |                                   |  |
|  |   |                                 |          |              |  |  |                  |                         |                                   |  |
| Term of Contract:  | 1 Year  |                                 |          |              | Expiration Dat   | e:   | 06/30/2022       |                         |                                   |  |
|  | Prepared by:  |                                 | JT       |              |  |  |                  | Date:                   | 03/07/2022                        |  |
| Contract Routing:  | 2. Health Budget Approval   |                                 | KR/J     | JG           |  |  |                  | Date:                   | 06/13/2022                        |  |
|  | 3. Attorney s   |                                 | RB       |              |  |  |                  | Date:                   | 06/15/2022                        |  |
|  | 4. AS Financ  |                                 | M C      | aldwell      |  |  |                  | Date:                   | 6/15/22                           |  |
|  |   | 5. IT reviewed (if IT related): |          |              |  |  |                  | Date:                   |                                   |  |
|  | 6. Contractor signed:   |                                 |          |              |  |  |                  | Date:                   |                                   |  |
|  | 7. Submitted to Exec.:  8. Council approved (if necessary):  AB2022-366 |                                 |          |              |  |  | Date:            |                         |                                   |  |
|  | 8. Council approved (if necessary): AB2022-366  9. Executive signed:    |                                 |          |              |  |  | Date:<br>Date:   |                         |                                   |  |
|  | 10. Original  | •                               |          |              |  |  |                  | Date:                   |                                   |  |
|  | . c. chginai  |                                 |          |              |  |  |                  | _ 4.0.                  |                                   |  |

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#### WHATCOM COUNTY CONTRACT AMENDMENT

**PARTIES:** 

Whatcom County Whatcom County Health Department 509 Girard Street Bellingham, WA 98225 AND CONTRACTOR: Northwest Youth Services 1020 N State Street Bellingham, WA 98225

**CONTRACT PERIODS:** 

Original: 07/01/2021 - 06/30/2022 Amendment #1: 07/01/2022 - 06/30/2023

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 for 1 year, as per the original contract "General Terms, Section 10.2, Extension".
- 2. Funding for this contract period (07/01/2022 06/30/2023) is not to exceed \$25,900.
- 3. Funding for the total contract period (07/01/2021 06/30/2023) is not to exceed \$51,800.
- 4. All other terms and conditions remain unchanged.
- The effective start date of the amendment is 07/01/2022.

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:          | Perry Mowery, Behavioral Health and Special Projects Supervisor | Date |
|----------------------------------|---|------|
| DEPARTMENT HEAD APPROVAL:_       | Erika Lautenbach, Health Department Director                    | Date |
| APPROVAL AS TO FORM: Royce       | Date  |      |
| FOR THE CONTRACTOR:              |   |      |
|                                  | Jason McGill, Executive Director                                |      |
| Contractor Signature             | Print Name and Title  | Date |
| FOR WHATCOM COUNTY:              |   |      |
| Satpal Singh Sidhu, County Execu | tive  | Date |

## **CONTRACTOR INFORMATION:**

Northwest Youth Services 1020 N State Street Bellingham, WA 98225 360-734-9862 jasonm@nwys.org