

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202204045 – 1

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	Response Systems Division
Contract or Grant Administrator:	Dean Wight
Contractor's / Agency Name:	City of Bellingham

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202204045	

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):	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?	If yes, RFP and Bid number(s):	Contract Cost Center:	124134
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
---	---

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 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 checked="" 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 <b>exceeding \$40,000</b> , 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> <ol style="list-style-type: none"> <li>1. Exercising an option contained in a contract previously approved by the council.</li> <li>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.</li> <li>3. Bid or award is for supplies.</li> <li>4. Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>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.</li> </ol>
\$ 167,917 (in 2022) + 259,210 (in 2023)	
This Amendment Amount:	
\$ 62,969	
Total Amended Amount:	
\$ 490,096	

Summary of Scope: This Agreement provides funding for Health and Community Services Response System Division's, Alternative Response Team Pilot Program.

Term of Contract:	1 year, 9 months	Expiration Date:	12/31/2023
-------------------	------------------	------------------	------------

Contract Routing:	1. Prepared by:	JT	Date:	02/15/2023
	2. Health Budget Approval	KR/JG	Date:	02/17/2023
	3. Attorney signoff:	RB	Date:	02/17/2023
	4. AS Finance reviewed:	A Martin	Date:	02/21/2023
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Submitted to Exec.:		Date:	
	8. Council approved (if necessary):	AB2023-153	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

**WHATCOM COUNTY CONTRACT AMENDMENT  
ALTERNATIVE RESPONSE TEAM PILOT PROGRAM**

**PARTIES:**

**Whatcom County  
Whatcom County Health Department  
509 Girard Street  
Bellingham, WA 98225**

**AND CONTRACTOR:  
City of Bellingham  
210 Lottie Street  
Bellingham, WA 98225**

**CONTRACT PERIODS:**

**Original: 04/11/2022 – 12/31/2023  
Amendment #1: 01/01/2023 – 12/31/2023**

**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. Amend Section 5. Funds Provided and Method of Payment (A.) to increase funding by \$62,969 for the 2023 contract period and (C.) to add expenditure documentation requirements, as follows:
  - A. The financial assistance provided to the Recipient shall not exceed \$322,179 in 2023.
  - C. The Recipient will provide documentation of expenditures to the City of the additional Health Care Authority funds of \$62,969 for supplies, equipment, travel, training, and evaluation, as support for the City's billing to the Health Care Authority.
2. Funding for this contract period (01/01/2023 – 12/31/2023) is not to exceed \$322,179.
3. Funding for the total contract period (04/11/2022 – 12/31/2023) is not to exceed \$490,096.
4. All other terms and conditions remain unchanged.
5. The effective start date of the amendment is 01/01/2023.

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.

---

**WHATCOM COUNTY:**

**Recommended for Approval:**

\_\_\_\_\_  
Malora Christensen, Response Systems Manager      Date

\_\_\_\_\_  
Erika Lautenbach, Director      Date

**Approved as to form:**

\_\_\_\_\_  
Royce Buckingham, Senior Civil Deputy Prosecutor      Date

\_\_\_\_\_  
Satpal Singh Sidhu, County Executive      Date

**CITY OF BELLINGHAM:**

\_\_\_\_\_  
Seth Fleetwood, Mayor

**Attest:**

**Approved as to Form:**

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
Office of the City Attorney

**Departmental Approval**

\_\_\_\_\_