WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

202303016

| Originating Department: | Executive |
|---|--|
| Division/Program: (i.e. Dept. Division and Program) | Emergency Medical Services |
| Contract or Grant Administrator: | Mike Hilley EMS Manager |
| Contractor's / Agency Name: | Bellingham Fire Department |
| Is this a New Contract? If not, is this an Amendment or Ren Yes O No O If Amendment or Renewal, (per V | newal to an Existing Contract? Yes No O WCC 3.08.100 (a)) Original Contract #: |
| Does contract require Council Approval? Yes No Already approved? Council Approved Date: | If No, include WCC: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100) |
| Is this a grant agreement? Yes No O If yes, grantor agency contract | number(s): CFDA#: |
| Is this contract grant funded? Yes No O If yes, Whatcom County grant | contract number(s): |
| Is this contract the result of a RFP or Bid process? Yes No If yes, RFP and Bid number(s): | Contract Cost Center: 130110 |
| Is this agreement excluded from E-Verify? No O Yes © | If no, include Attachment D Contractor Declaration form. |
| ■ Contract work is for less than \$100,000. □ Contract work is for less than 120 days. ■ Interlocal Agreement (between Governments). Contract Amount: (sum of original contract amount and any prior amendments): \$40,000, and than \$10,000 \$ 66,916.00 1. Exercising 2. Contract capital contract amount and amount: \$ 10,000 This Amendment Amount: \$ 2. Contract capital contract amount amount: \$ 10,000 \$ 1. Exercising 2. Contract capital contract amount amount: \$ 10,000 \$ 1. Exercising 2. Contract capital contract amount amount: \$ 10,000 \$ 1. Exercising 2. Contract capital contract amount: \$ 10,000 \$ 1. Exercising 2. Contract capital contract amount: \$ 10,000 \$ 1. Exercising 2. Contract capital contract amount: \$ 10,000 \$ 2. Contract capital contract amount: \$ 10,000 \$ 2. Contract capital contract capital contract amount: \$ 10,000 \$ 2. Contract capital c | Contract for Commercial off the shelf items (COTS). Work related subcontract less than \$25,000. Public Works - Local Agency/Federally Funded FHWA. Coval required for; all property leases, contracts or bid awards exceeding professional service contract amendments that have an increase greater or 10% of contract amount, whichever is greater, except when: In gan option contained in a contract previously approved by the council. is for design, construction, r-o-w acquisition, prof. services, or other costs approved by council in a capital budget appropriation ordinance. Ward is for supplies. Central included in Exhibit "B" of the Budget Ordinance. The is for manufacturer's technical support and hardware maintenance of contract support and software maintenance from the central properties of the proprietary software currently used by Whatcom County. |
| Bellingham Fire Department will be hiring and on-be Paramedics) in 2023. Whatcom County will reimbur costs related to hiring and onboarding lateral parameters. | se for the training, preceptorship, and evaluation nedics. |
| Term of Contract: January 1, 2023 | Expiration Date: December 31, 2023 |
| Contract Routing: 1. Prepared by: Mike Hilley 2. Attorney signoff: Christopher Quinn 3. AS Finance reviewed: Andrew Tan 4. IT reviewed (if IT related): 5. Contractor signed: 6. Submitted to Exec.: 7. Council approved (if necessary): AB2023 | |
| 8. Executive signed:9. Original to Council: | Date: Date: |

WHATCOM COUNTY

Emergency Medical Services 800 E Chestnut, Suite 3C Bellingham, WA 98225



Mike Hilley WCEMS Manager

MEMORANDUM

From: Mike Hilley, EMS Manager

Re: EOB/Lateral Paramedic Budget Supplemental Request

Date: March 3, 2023

Enclosed is the 2023 BFD Lateral ILA, C#202303016

Purpose/Background: This ILA will continue to fund the hiring and training of lateral Paramedics in 2023 for the Bellingham Fire Department. When the Department hires an employee that already has experience and is certified as a firefighter/paramedic, this recruiting strategy is described as a **"lateral hire."** This training and onboarding have been extended into 2023 where two lateral Paramedics will complete training in 2023. The Bellingham Fire Department and the County recognize the financial benefit and reduced training time required when hiring an employee that already holds a national or state paramedic licensure.

Funding Amount and Source

The funding source is the EMS Levy Fund, 130110, not to exceed \$66,916.00.

Rate Details:

- 2023: \$66,916.00 for the wages and benefits, preceptorship, and evaluation of two lateral paramedics

-

The County shall pay costs up to and not to exceed \$66,916.00 associated with the preceptorship of lateral Paramedics. This amount includes administrative costs for formal evaluations, salaries and wages for up to **two (2)** Department employees who hire through the lateral Paramedic process, not to exceed 6 months in duration over the next 12 months where the agreement expires December 31, 2023 The Department will pay the costs of all training associated with the duties and responsibilities required to be employed as a City of Bellingham Firefighter/Paramedic.

Please contact Mike Hilley at (360) 927-1155 if you have any questions or concerns regarding the terms of this agreement.

Whatcom County Contract No.

202303016

INTERAGENCY FUNDING AGREEMENT Between City of Bellingham Fire Department and Whatcom County Emergency Medical Services/Whatcom County

The City of Bellingham, through Bellingham Fire Department, (hereinafter the "Department"), Whatcom County, through Whatcom County Emergency Medical Services, (hereinafter the "County"), in consideration of the mutual covenants herein, agree as follows:

- I. <u>Purpose</u>: The Department and the County recognize the financial benefit and reduced training time required when hiring an employee that holds a national or state paramedic licensure. When the Department hires an employee that already has experience as a firefighter/paramedic this is deemed a "lateral hire." The purpose of this agreement is to fund the training and hiring of lateral paramedics by the Department using EMS Levy funds. This agreement outlines the responsibilities of the Department and the County for funding, training and hiring lateral paramedic employees.
- II. <u>Program Administration</u>: It is understood that the County and Department shall be responsible for the direct supervision of their respective employees and that nothing in this Agreement will interfere with their respective employer/employee relationship or the individual functioning of the County and Department herein named. In compliance with applicable law and State records guidelines, both parties will maintain documentation and/or records relevant to the program in this Agreement.
- III. Financial Agreement: Utilizing County EMS funds, the County agrees to fund the training costs of up to two (2) lateral paramedics who will be employed by the Department. The County shall pay training costs, not to exceed \$66,916.00, associated with the preceptorship of lateral Paramedics, including administrative costs for formal evaluations, salaries and wages for up to two (2) Department employees who are hired through the lateral Paramedic process. The County's obligation to pay these costs associated with the preceptorship shall not to exceed 6 months in duration. The Department will pay and be responsible for the costs of all other training associated with the duties and responsibilities required to be employed as a City of Bellingham Firefighter/Paramedic. The Department will submit monthly invoices to the County Contract Administrator with supporting documentation as required in Exhibit A. County payment will be considered timely if made within 30 days of receipt of approved invoice.
- IV. Responsibilities of the Department:

- A. Select lateral paramedic applicants, as available, through the approved Department process.
- B. Ensure the lateral paramedic candidate is in good standing with the accrediting agency or body they are transferring from.
- C. Assign and provide a preceptor to the lateral paramedic candidate.
- D. Work with the County Medical Program Director ("MPD") and Department Supervising Physician to ensure the lateral paramedic candidate completes MPD mandated training, testing, and field internships to become a Whatcom County certified paramedic.
- E. Ensure all forms and paperwork are correctly submitted to the State of Washington for final credentialing.
- F. Communicate with the County, County MPD, and Supervising Physician of the lateral paramedic candidates progress during the training process.
- G. Develop performance improvement plans, as necessary, to correct any deficiencies related to successful completion of the lateral training requirements.
- H. Notify the County of any circumstance that will prevent a lateral paramedic candidate from successfully completing their training to achieve certification or be able to perform as a Whatcom County EMS system paramedic.

V. Responsibilities of the County

- A. Provide financial reimbursement to the department pursuant to this Agreement for monthly and non-recurring training costs as outlined in "Exhibit A."
- B. Work with the Department to complete testing and credentialing paperwork associated with the lateral paramedic process.
- C. Collaborate with the Department to ensure all lateral paramedic training tasks and processes are approved by the County MPD and the Department Supervising Physician.

VI. Nondiscrimination:

There will be no discrimination against any participant covered under the Agreement because of race, color, religion, national origin, sex (including pregnancy and parenting status), disability, age, veteran status, sexual orientation, gender identity or expression, marital status or genetic information in programs or activities including employment, admissions, and educational programs.

VII. Liability:

Each party to this Agreement will be responsible for the negligent or willful acts or omissions of its own employees, officers, volunteers or agents in the performance of

this Agreement. Neither party will be considered the agent of the other nor does neither party assume any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

VIII. Term of the Agreement:

This Agreement will take effect on January 1, 2023, regardless of the date signed, and will terminate on December 31, 2023, unless terminated earlier by either party. Termination of this Agreement shall be effective thirty (30) days following written notice of termination provided by either party.

IX. Entire Agreement: This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein. If modifications to this Agreement are deemed necessary, such changes shall be approved by the Department and County by written amendment.

X. Notice:

Any notices or communications required or permitted to be given by this Contract must be (i) given in writing and (ii) personally delivered or mailed, by prepaid, certified mail or overnight courier, or transmitted by electronic mail transmission (including PDF), to the party to whom such notice or communication is directed, to the mailing address or regularly-monitored electronic mail address of such party as follows:

To: Bellingham Fire Department 1800 Broadway Bellingham, WA 98225 Attention: Chief Bill Hewett Telephone: (360) 778-8400 Email: bchewett@cob.org

To: Whatcom County EMS
800 Chestnut Street, Suite 3C
Bellingham, WA 98225
Attn: Mike Hilley, EMS Manager
360-927-1155
mhilley@co.whatcom.wa.us



WHATCOM COUNTY:

Approved as to form:

Christopher Quinn per Email 4/27/23

Prosecuting Attorney

Date

Mike Hilley, EMS Manage

Date

Accepted for Whatcom County:

Satpal Sidhu, Whatcom County Executive

STATE OF WASHINGTON)

SS

COUNTY OF WHATCOM)

Approved:

On this <u>lot</u>day of <u>hugust</u>2023, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County, 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 Bullingham.

My commission expires 4/13/27.

City of Bellingham signature page for agreement with ______ Dated this _______, 2023, for the CITY OF BELLINGHAM: Seth Fleetwood, Mayor Attest: Finance Director Department Approval: Approved as to Form:

Exhibit "A"

Contract Budget Detail

| | Required | Monthly Amount | Per Student | Contract |
|--------------------|---------------|----------------|-------------|-------------|
| 2023 Cost Item | Documentation | Per Student | Maximum | Maximum |
| | | | | |
| Wages and Benefits | GL Detail | \$10,250.00 | \$30,750.00 | \$61,500.00 |
| Preceptor Premium | GL Detail | \$536.00 | \$1,608.00 | \$3,216.00 |
| Formal Evaluations | GL Detail | N/A | \$1,100.00 | \$2,200.00 |
| Sub-Total | | | | \$66,916.00 |