

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
\_\_\_\_\_

Originating Department:	AS – Facilities Management
Division/Program: (i.e. Dept. Division and Program)	505020
Contract or Grant Administrator:	Rusty Noble
Contractor's / Agency Name:	Whatcom Counseling & Psychiatric Clinic, LLC and T-Mobile West LLC

Is this a New Contract?    If not, is this an Amendment or Renewal to an Existing Contract?    Yes     No

Yes     No     If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 201406031-70705

Does contract require Council Approval?    Yes     No     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?    Yes     No     If yes, grantor agency contract number(s): \_\_\_\_\_ CFDA#: \_\_\_\_\_

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 \_\_\_\_\_

Yes     No     If yes, RFP and Bid number(s): \_\_\_\_\_ Cost Center: \_\_\_\_\_

Is this agreement excluded from E-Verify?    No     Yes     If no, include Attachment D Contractor Declaration form.

- If YES, indicate exclusion(s) below:
- Professional services agreement for certified/licensed professional.
  - Contract work is for less than \$100,000.
  - Contract work is for less than 120 days.
  - Interlocal Agreement (between Governments).
  - Contract for Commercial off the shelf items (COTS).
  - Work related subcontract less than \$25,000.
  - Public Works - Local Agency/Federally Funded FHWA.

<p>Contract Amount:(sum of original contract amount and any prior amendments): \$ 0.00</p> <p>This Amendment Amount: \$ _____</p> <p>Total Amended Amount: \$ 0.00</p>	<p>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></p> <ol style="list-style-type: none"> <li>Exercising an option contained in a contract previously approved by the council.</li> <li>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>Bid or award is for supplies.</li> <li>Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>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>
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Summary of Scope: This easement is between Whatcom County, Whatcom Counseling and Psychiatric Clinic, Inc. and T-obile West LLC for access to the cell tower located at 3645 E. McLeod Road, Bellingham WA 98226.

Term of Contract:	Expiration Date:
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- Contract Routing:
- |   |                     |
|---|---------------------|
| 1. Prepared by: <u>Dee Ebergson</u>       | Date: <u>3/6/19</u> |
| 2. Attorney signoff: _____                | Date: _____         |
| 3. AS Finance reviewed: _____             | Date: _____         |
| 4. IT reviewed (if IT related): _____     | Date: _____         |
| 5. Contractor signed: _____               | Date: _____         |
| 6. Submitted to Exec.: _____              | Date: _____         |
| 7. Council approved (if necessary): _____ | Date: _____         |
| 8. Executive signed: _____                | Date: _____         |

9. Original to Council: \_\_\_\_\_ Date: \_\_\_\_\_