WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract Number: 202009025 – 1

Originating Department:					85 Health					
Division/Program: (i.e. Dept. Division and Program)				8550 Human Services / 855040 Housing Program						
Contract or Grant Administrator:				Cindy Hollinsworth						
Contractor's / Agency Name:					Whatcom County Fire Protection District 7					
Is this a New Contract? If not, is this an Amendment or Renewal to a						o an Existing Contract? Yes ⊠ No □				
Yes ☐ No ☒ If Amendment or Renewal, (per WCC					3.08.100 (a)) Original Contract #: 202009025					
Does contract require Council Approval? Yes ⊠ No □ If No, include WCC:										
Does contract require Council Approval? Yes ⊠ No ☐ Already approved? Council Approved Date:					If No, include WCC:					
Alleady approved? Council Approved Date:					(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)					
Is this a grant agreement?								21.016 / 21.019 /		
Yes □ No ⊠ If yes, grantor agency co			y contract number(s):			CFDA#:	93.323			
1. (1.2		1		•						
Is this contract grant funded? Yes □ No □ If yes, Whatcom County grant contract number(s): 202006003 / 201801023										
In this contrast the re-	ult of a DEE	or Did process)				Cambra	+ Coot	124500 / 000420	
Is this contract the result of a RFP or Bid process? Yes □ No ☑ If yes, RFP and Bid number				2/1		Contrac		t Cost	134500 / 660430	
Yes ☐ No ▷	☐ ☐ II yes,	REP and blu ni	mber	5).			Center:		660440	
Is this agreement excluded from E-Verify? No ☐ Yes ☒										
If YES, indicate exclusi	on(s) below:									
☐ Professional ser	vices agree	ment for certifie	d/licer	sed professi	onal.					
☐ Contract work is f				•		or Comme	ercial off the	e shelf iter	ms (COTS).	
☐ Contract work is f	or less than	120 days.			☐ Work related subcontract less than \$25,000.					
).		☐ Public Works - Local Agency/Federally Funded FHWA.					
Contract Amount:(sum	of original o	ontract amount	and	Council approv	al required for: all	nronerty le	ases contra	acts or hid a	awards exceeding \$40,000 ,	
any prior amendments	•	onitiact amount								
arry prior amendments	<u>). </u>					I service contract amendments that have an increase greater than \$10,000 or amount, whichever is greater, except when:				
				 Exercising 	an option contained in a contract previously approved by the council.					
				for design, construction, r-o-w acquisition, prof. services, or other capital costs						
					by council in a capital budget appropriation ordinance.					
at testing sites.		9			Bid or award is for supplies. Equipment is included in Exhibit "B" of the Budget Ordinance					
T -: Equipit					is for manufacturer's technical support and hardware maintenance of electronic					
									from the developer of	
						y used by Whatcom County.				
Summary of Scope: This agreement provides funding for licensed EMTs to help implement community-wide low barrier COVID-19 testing.										
Term of Contract:	10 Mor	iths			Expiration Dat	e:	06/30/202	21		
	1. Prepared	l by:	J	Τ				Date:	12/04/2020	
Contract Routing:	Health Budget Approval		K	KR/JG			Date:	12/14/2020		
				RB			Date:	12/14/2020		
	4. AS Finance reviewed: M Caldwell5. IT reviewed (if IT related):					Date:	12/09/2020			
						Date:				
6. Contractor signed: 7. Submitted to Exec.: 8. Council approved (if necessary): AB2021-010 9. Executive signed: 10. Original to Council:						Date:	12/17/2020			
						Date:				
						Date:				
						Date:				
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Whatcom County Contract Number:

202009025 - 1

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

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

AND CONTRACTOR: Whatcom County Fire Protection District 7 2020 Washington Street Ferndale, WA 98248

CONTRACT PERIODS:

Original: 09/01/2020 – 12/31/2020 Amendment #1: 01/01/2021 – 06/30/2021

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:

- A. Extend the term of the contract through 06/30/2021.
- B. Replace the Incident Commander identified in the agreement with:

Erika Lautenbach, Director/Incident Commander Whatcom County Health Department 509 Girard Street Bellingham, WA 98225

<u>ELautenb@co.whatcom.wa.us</u>
360-778-6005

- C. Replace Section IV. Staffing and Payment, as follows:
 - FD7 shall provide three (3) experienced EMTs, screened for the absence of COVID-19 symptoms per COVID-19 Screening Questions, to implement COVID-19 tests for a twenty-six (26) week period as part of Whatcom County's Community-Wide Low Barrier COVID-19 Testing. Selection of EMTs shall be the responsibility of, and at the discretion of FD7.
 - The EMT positions contemplated in this Agreement shall report to the FD7 Fire Chief and shall work on-site with personnel from the Whatcom County Testing program.
 - 2). The EMTs shall fill full or partial shifts the equivalent of three persons working eight (8) hours per day, four (4) days per week, for up to twenty-six (26) weeks. Work shall be performed in accordance with the Collective Bargaining Agreement (CBA) between FD7 and the Whatcom Seven Firefighters Guild.

- 3). Testing and procedures on-site shall be overseen and determined by Whatcom County. EMT best practices shall be as per FD7 training generally and, more specifically, as per Whatcom County Testing training. EMT work will be integrative with the Whatcom County Testing Program. The Whatcom County Health Department will provide training for the Testing.
- 4). The County shall reimburse FD7 the actual cost of wages and benefits of EMTS working at Testing sites. FD7 shall submit itemized invoices on a monthly basis showing daily hours worked. Invoices must be submitted by the 10th of the month, following the month of service. FD7 shall submit invoices identified with the Whatcom County Contract number (202009025) to: HL-BusinessOffice@co.whatcom.wa.us.

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.

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.

D. Replace Section XI. Term of agreement, as follows:

This agreement shall terminate on June 30, 2021. Accordingly, the parties shall meet on or before June 1, 2021 to discuss and negotiate any potential extension.

- E. All other terms and conditions remain unchanged.
- F. The effective start date of the amendment is 01/01/2021.

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:		
	Cindy Hollinsworth, Communicable Disease & Epidemiology Manager	Date
DEPARTMENT HEAD APPROVAL:_		4
	Erika Lautenbach, Health Department Director	Date
APPROVAL AS TO FORM:		
Royce	Buckingham, Prosecuting Attorney	Date
FOR THE CONTRACTOR:		
	Larry Hoffman, FD7 Fire Chief	
	Larry Hollinan, 1 D7 The Ciller	12.17.20
Contractor Signature	Print Name and Title	Date
	· · · · · · · · · · · · · · · · · · ·	
FOR WHATCOM COUNTY:		
Satpal Singh Sidhu, County Execut	ive	Date
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CONTRACTOR INFORMATION:

Whatcom County Fire Protection District 7 2020 Washington Street Ferndale, WA 98248 lhoffman@wcfd7.org