WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract Number: 202010119 – 1

Originating Departmen	85 Health										
Division/Program: (i.e. Dept. Division and Program)					8560 Communicable Disease / 856010 Communicable Disease Admin						
Contract or Grant Administrator:				Cindy Hollinsworth							
Contractor's / Agency Name: Northwest Workforce Council											
Is this a New Contrac	t2 If not	is this an Am	andment or Rene	wal to an Evisting	Contract?			Yes ⊠	No □		
							4.	20201011			
Yes ☐ No ☑ If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 202010119							3				
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)								10)			
1											
Is this a grant agreement?											
Yes ⊠ No □ If yes, grantor age		agency contract	ncy contract number(s):			CFDA#:					
Is this contract grant f	iunded?					1					
		If you Whataa	m County grant	contract number(c)							
Tes INO	No ☐ If yes, Whatcom County grant contract number(s): the result of a RFP or Bid process? No ☒ If yes, RFP and Bid number(s): Contract Cost Center: 627500 ent excluded from E-Verify? No ☒ Yes ☐ If no, include Attachment D Contractor Declaration form.										
Is this contract the res				Contra	ct Cost						
Yes □ No ▷	If yes, R	FP and Bid nu	mber(s):								
Is this agreement exc	luded from E-V	/erity?	No ⊠ Yes	☐ If no, includ	e Attachm	ent D Cor	ntractor De	eclaration form.			
If YES, indicate exclusi	on(s) below:										
	nal services agreement for certified/licensed professional.										
	k is for less than \$100,000.										
☐ Contract work is f		☐ Work related subcontract less than \$25,000.									
☐ Interlocal Agreem					☐ Public Works - Local Agency/Federally Funded FHWA.						
	,		ì								
Contract Amount:(sum	_	tract amount a		roval required for; all							
any prior amendments):			ional service contrac				ease greater than	\$10,000 or		
		10% of contract amount, whichever is greater, except when:1. Exercising an option contained in a contract previously approved by the council.									
1.											
				ved by council in a capital budget appropriation ordinance.							
Varies depending on n	umber of partic	ipants. Not to		Bid or award is for supplies.							
exceed \$126,000.				nent is included in E		f the Budge	et Ordinance	е			
				, ,							
		systen	systems and/or technical support and software maintenance from the developer of								
proprietary software currently used by \							<u> </u>				
Summary of Scope: T				syment of eligible d	isaster reli	ief and hu	manitarian	ı assistance pro	gram		
participants certified by the Northwest Workforce Council.											
Term of Contract:	8 Months			Expiration Date:		06/30/20)21				
	1. Prepared by:		JT					12/22/2020			
Contract Routing:	· •		KR/JG	R/JG			Date:	12/22/20 / 12/2	3/20		
	3. Attorney signoff: RB						Date:	12/29/2020			
	4. AS Finance reviewed: bbennett Date: 12/30/2020										
	5. IT reviewed (if IT related): Date:										
	6. Contractor signed:					Date:					
	7. Submitted to Exec.: JT						Date:	01/13/2021			
8. Council approved (if necessary):			sary): AB20	21-020			Date:	01/12/2021			
9. Executive signed:10. Original to Council:							Date:				
							Date:				

Erika Lautenbach, Director Greg Stern, M.D., Health Officer

WHATCOM COUNTY Health Department



MEMORANDUM

TO: Satpal Sidhu, County Executive

FROM: Erika Lautenbach, Director

RE: Northwest Workforce Council – Disaster Relief Employment Contract

Amendment #1

DATE: January 13, 2021

Attached is a contract amendment between Whatcom County and Northwest Workforce Council for your review and signature.

Background and Purpose

Northwest Workforce Council (NWC) provides disaster relief and humanitarian assistance employment to minimize the employment and economic impact of the COVID-19 pandemic. NWC certifies eligibility for services under the Workforce Innovation and Opportunity Act COVID-19 Disaster Recovery Subsidized Employment Program and the Health Department temporarily employs eligible participants for various COVID-related positions including Nurses, Case/Contact Investigators, and testing site support staff. The purpose of this amendment is to increase the rate per participant and the total not-to-exceed amount.

Funding Amount and Source

NWC will reimburse Whatcom County for the total cost of wages and fringe benefits for approximately seven participants at a rate of \$18,000 per participant, for a total contract amount not to exceed \$126,000. These funds are included in the 2020-2021 budgets. Council approval is required as additional funding exceeds 10% of the approved budget.

Please contact Kathleen Roy at extension #6007 if you have any questions regarding this agreement.

Encl.



Whatcom County Contract Number:

202010119 - 1

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

Whatcom County Whatcom County Health Department 509 Girard Street Bellingham, WA 98225 AND CONTRACTOR: Northwest Workforce Council PO Box 2009 Bellingham, WA 98227

CONTRACT PERIODS:

Original: 10/28/2020 – 06/30/2021 Amendment #1: 10/28/2020 – 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:

- 1. Revise Terms and Conditions Reimbursement/Pay Schedule, as follows:
 - a. The NWC agrees to reimburse the Employer the total cost of each Participant's wage and fringe benefit during the contract performance period for seven participants in the amount of \$126,000.
 - b. The parties have agreed that the total compensation payable to the Employer, for satisfactorily accomplishing the work set forth in the related Whatcom County job descriptions, will not exceed \$18,000.
- 2. Funding for the total contract period (10/28/2020 06/30/2021) is not to exceed \$126,000.
- 3. All other terms and conditions remain unchanged.
- 4. The effective start date of the amendment is 10/28/2020.

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.

	D. (2) II.			
APPROVAL AS TO PROGRAM:	Cindy Hollinsworth	1/13/2021		
	Hollinsworth, Communicable Disease & Epidemiology Manag	er Date		
	DocuSigned by:			
DEPARTMENT HEAD APPROVAL:	Erika Lautenbach	1/13/2021		
	autenbach, Health Department Director	Date		
APPROVAL AS TO FORM:		1/13/2021		
Royce Bucking	ham, Prosecuting Attorney	Date		
FOR THE CONTRACTOR: Docusigned by: Alex Essmiles	Alex Kosmides, Deputy Director	1/14/2021		
Contractor Signature	Print Name and Title	Date		
FOR WHATCOM COUNTY: Docusigned by: Satpal Silliu	1/14/2	2021		
Satpal Singh Sidhu, County Executive		Date		

CONTRACTOR INFORMATION:

Northwest Workforce Council Alex Kosmides, Deputy Director 360-676-3207 Akosmides@workforcenorthwest.org

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