

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202007019 – 3

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855040 Housing Program
Contract or Grant Administrator:	Anne Deacon
Contractor's / Agency Name:	Henry Hollander

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 #:	202007019	

Does contract require Council Approval?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If No, include WCC:	3.08.100(A)(6) **Under Declaration of Emergency**
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#:	93.323
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Is this contract grant funded?	If yes, Whatcom County grant contract number(s):	201801023
Yes <input checked="" 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:	660440
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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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 checked="" 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 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 exceeding \$40,000 , and professional service contract amendments that have an increase 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. 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. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 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.
\$ 40,000	
This Amendment Amount:	
\$ 20,000	
Total Amended Amount:	
\$ 60,000	

Summary of Scope: This contract provides facilities and support services at the COVID-19 Temporary Housing Facility located at 3701 Byron Avenue in Bellingham.

Term of Contract:	1 Year	Expiration Date:	05/31/2021
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Contract Routing:	1. Prepared by:	JT	Date:	12/22/2020
	2. Health Budget Approval	KR/JG	Date:	01/06/2021
	3. Attorney signoff:	RB	Date:	01/08/2021
	4. AS Finance reviewed:	Bbennett	Date:	01/08/2021
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Submitted to Exec.:		Date:	
	8. Council approved (if necessary):	AB2021-049	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

Whatcom County Contract Number:

202007019 – 3

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

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

AND CONTRACTOR:

Henry Hollander
3980 Pipeline Road
Blaine, WA 98230

CONTRACT PERIODS:

Original: 06/01/2020 – 10/31/2020

Amendment #1: 11/01/2020 – 12/30/2020

Amendment #2: 12/31/2020 – 01/31/2021

Amendment #3: 02/01/2021 – 05/31/2021

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. Extend the term of the contract through 05/31/2021.
2. Revise Exhibit B – Compensation, to reflect a budget for the extended contract period and update invoicing requirements; revised Exhibit B is attached.
3. Funding for the extended contract period (02/01/2021 – 05/31/2021) is not to exceed \$20,000.
4. Funding for the total contract period (06/01/2020 – 05/31/2021) is not to exceed \$60,000.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 02/01/2021.

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: _____
Anne Deacon, Human Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: _____
Royce Buckingham, Prosecuting Attorney Date

FOR THE CONTRACTOR:

Henry Hollander		
_____ Contractor Signature	_____ Print Name and Title	_____ Date

FOR WHATCOM COUNTY:

Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

Henry Hollander
3980 Pipeline Road
Blaine, WA 98230
360-961-8411
Chief7102@gmail.com

EXHIBIT "B" – Amendment #3
COMPENSATION

- I. **Budget & Funding:** Funding for this contract period (02/01/2021 – 05/31/2021) may not exceed \$20,000. Funds under the Contract are made available and are subject to Section 601(a) of the Social Security act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and Title V and VI of the CARES Act. This project was supported by a grant awarded by the US Department of the Treasury. Grant funds are administered by the Local Government Coronavirus Relief Fund thru the Washington State Department of Health Epidemiology & Laboratory Capacity Grant (CFDA 93.323). The budget for this contract is as follows:

Dates	Services	Rate/Unit	Total
February 1, 2021 – May 31, 2021	COVID-19 Temporary Housing Facility Facilities Management and Insurance Reimbursed Monthly Based on Cost	\$75/Hour	\$20,000
TOTAL			\$20,000

II. **Invoicing:**

1. The Contractor shall submit itemized invoices on a monthly basis showing daily hours worked and associated tasks accomplished. Monthly invoices must be submitted by the 10th of the month, following the month of service **except as follows:**
 - A. **Final invoices for services performed between February 1, 2021 – May 31, 2021 must be submitted no later than June 11, 2021.**
2. The Contractor shall submit invoices to (include contract/PO #) HL-BusinessOffice@co.whatcom.wa.us.
3. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.
4. 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.