### WHATCOM COUNTY CONTRACT INFORMATION SHEET

| Originating Department:  |   |                      | 85 Health             | 85 Health                                    |                 |           |                                   |
|--|---|----------------------|-----------------------|--|-----------------|-----------|-----------------------------------|
| Division/Program: (i.e. Dept. Division and Program)  |   |                      | 8550 Human            | 8550 Human Services / 855040 Housing Program |                 |           |                                   |
| Contract or Grant Administrator:   |   |                      | Anne Deaco            | Anne Deacon                                  |                 |           |                                   |
| Contractor's / Agency  | Name:   |                      | Henry Hollar          | Henry Hollander                              |                 |           |                                   |
| In this a New Central  | ot? If not is this on A   | mondmont or Dono     | welte en Evieting     | Contract2                                    |                 |           |                                   |
| Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract?   Yes □ No ⊠ If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: |   |                      |                       | Yes ⊠ No □                                   |                 |           |                                   |
| Yes 🗌 🛛 No 🛛   |   | r Renewal, (per wo   | JC 3.08.100 (a))      | Original C                                   | ontract #:      |           | 202007019                         |
| Does contract require Council Approval? Yes 🗌 No 🖂 3.08.100(A)(6)  |   |                      |                       |  |                 |           |                                   |
| If No, include WCC: **Under Declaration of Emergency**   |   |                      |                       |  |                 |           |                                   |
| Already approved?  | Already approved? Council Approved Date: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100) |                      |                       |  |                 |           |                                   |
|  |   |                      |                       |  |                 | 00.010,0  |                                   |
| Is this a grant agreer   |   |                      |                       |  |                 |           |                                   |
| Yes 🗌 🛛 No 🖸   | 🛛 🛛 🔤 If yes, grant   | or agency contract r | number(s):            |  | C               | CFDA#:    | 93.323                            |
| Is this contract grant   | funded?   |                      |                       |  |                 |           |                                   |
| Yes X No [   |   | com County grant c   | ontract number(s)     |  | 20180102        | 23        |                                   |
|  |   |                      | ontract number (5)    | •  | 20100102        |           |                                   |
|  | sult of a RFP or Bid proces   |                      |                       |  | Contract        | Cost      |                                   |
| Yes 🗌 🛛 No 🛛   | If yes, RFP and Bid I   | number(s):           |                       |  | Center:         |           | 660440                            |
| la this agreement ov   | cluded from E-Verify?   | No 🗌 Yes             |                       |  |                 |           |                                   |
| Is this agreement exc  |   | No 🗌 Yes             |                       |  |                 |           |                                   |
| If YES, indicate exclus  |   |                      |                       |  |                 |           |                                   |
| Professional sei   | vices agreement for certif  | ied/licensed profes  | sional.               |  |                 |           |                                   |
| Contract work is   | for less than \$100,000.  |                      | Contract              | for Comme                                    | rcial off the   | shelf ite | ms (COTS).                        |
| Contract work is   | for less than 120 days.   |                      | Work relation         | ted subcon                                   | tract less that | an \$25,0 | .000                              |
| Interlocal Agreen  | nent (between Government  | s).                  | 🔲 🔲 Public We         | orks - Local                                 | l Agency/Fe     | derally l | Funded FHWA.                      |
| Contract Amount:/sum   | of original contract amount   |                      | oval required for: al | l property lea                               | ases contrac    | ts or hid | awards exceeding \$40,000,        |
| any prior amendments   |   | and professi         |                       |  |                 |           | ease greater than \$10,000 or     |
| \$ 40,000  | <i>.</i>  |                      | act amount, whiche    |  |                 |           | J                                 |
| This Amendment Amc   | unt   | 1. Exercis           | ing an option contai  | ined in a cor                                | ntract previou  | sly appro |                                   |
| \$ 20,000  | uni.  |                      |                       |  |                 |           | ervices, or other capital costs   |
| Total Amended Amou   | nt:   |                      | ed by council in a ca |  | t appropriatio  | n ordinar | nce.                              |
|  | п.  |                      | award is for supplies |  | the Dudget (    | Judinana  | •                                 |
| \$ 60,000  |   |                      | nent is included in E |  |                 |           | e<br>re maintenance of electronic |
|  |   |                      |                       |  |                 |           | from the developer of             |
|  |   |                      | tary software curren  |  |                 |           |                                   |
| Summary of Scope: T  | his contract provides faciliti  |                      |                       |  |                 |           | tv located at 3701 Byron          |
| Avenue in Bellingham.  |   |                      |                       |  | ,               | 5         | ,                                 |
|  |   |                      |                       |  |                 |           |                                   |
|  |   |                      |                       |  |                 |           |                                   |
| Term of Contract:  | 1 Year  |                      | Expiration Da         | ite:   | 05/31/202       | 1         |                                   |
|  | 1. Prepared by:   | JT                   |                       |  |                 | Date:     | 12/22/2020                        |
| Contract Routing:  | 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.: JT   |                      |                       | Date:  | 02/10/2021      |           |                                   |
| 8. Council approved (if necessary): AB2021-049   |   |                      | Date:                 | 02/09/2021                                   |                 |           |                                   |
|  | 9. Executive signed:  |                      |                       |  |                 | Date:     |                                   |
|  | 10. Original to Council:  |                      |                       |  |                 | Date:     |                                   |
| •  | ÷   |                      |                       |  |                 |           | *                                 |

# WHATCOM COUNTY HEALTH DEPARTMENT



#### ERIKA LAUTENBACH, DIRECTOR GREG STERN, M.D., HEALTH OFFICER

# MEMORANDUM

| TO:   | Satpal Sidhu, County Executive   |
|-------|--|
| FROM: | Erika Lautenbach, Director   |
| RE:   | Henry Hollander – COVID-19 Temporary Housing Facility Support Contract<br>Amendment #3 |
| DATE: | February 10, 2021  |

Attached is a contract amendment between Whatcom County and Henry Hollander for your review and signature.

## Background and Purpose

This contract provides funding for 24/7 support services to guests at the COVID-19 Temporary Housing Facility located at 3701 Byron Avenue in Bellingham. This contract has not been previously approved by County Council as funding did not exceed \$40,000. The purpose of this amendment is to extend the contract through 05/31/2021 and increase funding for the extended contract period.

# Funding Amount and Source

Funding for this extended contract period (02/01/2021 – 05/31/2021) may not exceed \$20,000 and funding for the entire contract period (06/01/2020 – 05/31/2021) may not exceed \$60,000. Funds under this contract are made available by a grant awarded by the US Department of Treasury and subject to Section 601(a) of the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and Title V and VI of the CARES Act, passed through the Washington State Department of Health Epidemiology & Laboratory Capacity Grant (CFDA 93.323). These funds are included in the 2021 budget. Council approval is not required per Whatcom County Code 3.08.100(A)(6) for contracts executed within the declaration of a county emergency.

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

Encl.



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 PERIOD | S:                      |               |                         |
|-----------------|-------------------------|---------------|-------------------------|
| Original:       | 06/01/2020 - 10/31/2020 | Amendment #2: | 12/31/2020 – 01/31/2021 |
| Amendment #1:   | 11/01/2020 – 12/30/2020 | 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.

#### DocuSign Envelope ID: D78DE71B-EE96-4B0A-BA44-2C755D3BD9D8

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.

|  | cuSigned by:                     |           |
|--|----------------------------------|-----------|
| APPROVAL AS TO PROGRAM:                | ne Deacon                        | 2/10/2021 |
|  | n, Human Services Manager        | Date      |
|  | igned by:                        |           |
| DEPARTMENT HEAD APPROVAL:              | i Lautenbach                     | 2/10/2021 |
| Erika Lautent                          | bach, Health Department Director | Date      |
| APPROVAL AS TO FORM:                   | ingham                           | 2/10/2021 |
| Royce Buckingham, Prosecuting Attorney |                                  | Date      |
| FOR THE CONTRACTOR:                    |                                  |           |
| DocuSigned by:                         | Henry Hellender                  |           |
| Henry Hollander                        | Henry Hollander                  | 2/11/2021 |
| Contractor Signature                   | Print Name and Title             | Date      |
|  |                                  |           |
|  |                                  |           |
| FOR WHATCOM COUNTY:                    |                                  |           |
| DocuSigned by:                         |                                  |           |

Tyler Schroeder, Deputy Executive Tyler Schroeder, Deputy County Executive

2/11/2021

Date

## **CONTRACTOR INFORMATION:**

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

#### EXHIBIT "B" – Amendment #3 COMPENSATION

I. <u>Budget & Funding</u>: 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 –<br>May 31, 2021 | COVID-19 Temporary Housing Facility Facilities Management<br>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 10<sup>th</sup> 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.