### 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 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 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 – 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 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.