## Whatcom County Contract Number: 202010119 – 2

# WHATCOM COUNTY CONTRACT INFORMATION SHEET

Originating Department:			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 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 #:					t:	Yes ⊠ No 202010119			
Does contract require Council Approval? Yes ⊠ No □ If No, include WCC:									
			<u> </u>						
Already approved? Council Approved Date: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)									
Is this a grant agreen Yes ⊠ No □	nent? If yes, grantor age	ency contract n	umber(s):			CFDA#:			
Is this contract grant funded?       Yes □     No □       If yes, Whatcom County grant contract number(s):									
Is this contract the re-		Cou		Contrac	rt Cost				
Yes □ No D	er(s):	Center				627500			
7.7, 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.									
Is this agreement excluded from E-Verify?  No ☑ Yes ☐ If no, include Attachment D Contractor Declaration form.									
If YES, indicate exclusi	ion(s) below:								
☐ Professional services agreement for certified/licensed professional.									
☐ Contract work is for less than \$100,000. ☐ Contract for Commercial off the shelf items (COTS).									
☐ Contract work is t	for less than 120 days.		☐ Work relate	☐ Work related subcontract less than \$25,000.					
☐ Interlocal Agreem	☐ Public Works - Local Agency/Federally Funded FHWA.								
Contract Amount:(sum	of original contract amount and	Council appr	oval required for: all	property lea	ses, contra	acts or bid a	awards <b>exceeding \$40</b>	0.000.	
any prior amendments	•			val required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , nal service contract amendments that have an increase greater than \$10,000 or					
Varies depending on n exceed \$220,000.	<ol> <li>for contract amount, whichever is greater, except when:</li> <li>Exercising an option contained in a contract previously approved by the council.</li> <li>Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.</li> <li>Bid or award is for supplies.</li> <li>Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>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.</li> </ol>								
Summary of Scope: T	his contract provides reimbursen						assistance program		
Summary of Scope: This contract provides reimbursement for employment of eligible disaster relief and humanitarian assistance program participants certified by the Northwest Workforce Council.									
Term of Contract:	14 Months		Expiration Date:		12/31/20	21			
	Prepared by:	JT	-	•		Date:	05/03/2021		
Contract Routing:	2. Health Budget Approval	KR/JG				Date:	05/14/2021		
	Attorney signoff:	RB			Date:	05/12/2021			
	4. AS Finance reviewed:	M Caldwell			Date:	5/17/21			
	5. IT reviewed (if IT related):					Date:			
	6. Contractor signed:				Date:				
	7. Submitted to Exec.:	AD2024 200				Date:			
8. Council approved (if necessary): AB2021-298  9. Executive signed:					Date:				
	Executive signed.  10. Original to Council:					Date:			

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#### 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 Amendment #2: 10/28/2020 – 12/31/2021

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 12/31/2021.
- 2. 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 eleven participants in the amount of \$220,000.
  - 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 \$20,000.
- Funding for the total contract period (10/28/2020 12/31/2021) is not to exceed \$220,000.
- All other terms and conditions remain unchanged.
- 5. 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.

APPROVAL AS TO PROGRAM:		
	Cindy Hollinsworth, Communicable Disease & Epidemiology Manager	Date
DEPARTMENT HEAD APPROVAL:_	 Date	
	Erika Lautenbach, Health Department Director	Date
APPROVAL AS TO FORM:Royce	Date	
·	<b>3</b>	
FOR THE CONTRACTOR:		
	Alex Kosmides, Deputy Director	
Contractor Signature	Print Name and Title	Date
FOR WHATCOM COUNTY:		
		_
Satpal Singh Sidhu, County Execu	tive	Date

### **CONTRACTOR INFORMATION:**

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

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