WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No. $\underline{202011032 - 4}$

Originating Department:					85 Health						
Division/Program: (i.e. Dept. Division and Program)				8550 Human Services / 855040 Housing Program							
Contract or Grant Administrator:				Anne Deacon							
Contract of Grant Administrator: Contractor's / Agency Name:				SeaMar Community Health Centers							
									13		
Is this a New Contract		f not, is this an A								Yes ⊠	No □
Yes ☐ No ☑ If Amendment or Renewal, (per WCC				3.08.100 (a)) Original Contract #: 202011032							
Doos contract require	Council A	Approval?	Voc F		No 🗆	If No. include	WCC.				
Does contract require Council Approval? Yes ⊠ No ☐ Already approved? Council Approved Date:				If No, include WCC: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)							
Alleady approved: C	Journal Ap					(Exclusions see: \	Whatcom C	County Codes 3	.06.010, 3.	08.090 and 3.08.100	<u>))</u>
Is this a grant agreem	nent?										
Yes □ No ▷		If yes, granto	or agen	icy con	tract nun	nber(s):		(CFDA#:	21.019 / 93.3	323
le this southerst around t	: al a al O										
Is this contract grant f			0 -			h		0040040	.00		
Yes ⊠ No □	_	if yes, vvnat	com Co	ounty g	rant cont	tract number(s):		2018010	23		
Is this contract the res	sult of a RI	FP or Bid process	s?					Contract Cost			
Yes □ No ▷		es, RFP and Bid ı		r(s):				Center:		660430 / 66048	0
				` '		T.,					
Is this agreement exc	luded from	n E-Verity?	No		Yes ⊠	If no, include	e Attachn	nent D Conti	ractor De	eclaration form.	
If YES, indicate exclusi	on(s) belo	w: This contract (provides	s servic	ces to the	County require	d as a res	sult of an em	ergency.	(COVID-19 pande	emic)
											,
☐ Contract work is f						☐ Contract for Commercial off the shelf items (COTS).					
☐ Contract work is f						☐ Work related subcontract less than \$25,000.					
☐ Interlocal Agreem			s).			☐ Public Works - Local Agency/Federally Funded FHWA.					
	•										
Contract Amount:/oum	of original	contract amount	tand	Counc	ril approva	al required for: all	nronarty le	asses contra	cte or hid (awards exceedin	1 \$40 000
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202011032 - 4

WHATCOM COUNTY HEALTH DEPARTMENT CONTRACT AMENDMENT

PARTIES:

Whatcom County AND CONTRACTOR:

Whatcom County Health Department SeaMar Community Health Centers

509 Girard Street 1040 S Henderson Street

Bellingham, WA 98225 Seattle, WA 98108

CONTRACT PERIODS:

Original: 03/01/2020 - 12/30/2020 Amendment #3: 01/01/2021 - 05/31/2021 Amendment #1: 12/31/2020 - 01/31/2021 Amendment #4: 06/01/2021 - 09/30/2021

Amendment #2: 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 09/30/2021.
- 2. Amend 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 (06/01/21 09/30/21) is not to exceed \$95,460.
- 4. Funding for the total contract period (03/01/2020 09/30/2021) is not to exceed \$453,436.
- 5. All other terms and conditions remain unchanged.
- 6. The effective start date of the amendment is 06/01/2021.

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 S	Services Manager	Date
DEPARTMENT HEAD APPROVAL:_			
	Erika Lautenbach, Healt	th Department Director	Date
APPROVAL AS TO FORM:Royce	 Date		
FOR THE CONTRACTOR:	Ducking harri, 1 10300ating	g / morney	Duto
Contractor Signature		Print Name and Title	Date
STATE OF WASHINGTON) COUNTY OF KING)	'		,
On this da	y of	, 2021, before me personally ap	peared, to
me known to be the	and who exec	uted the above instrument and who a	acknowledged to me the act of signing
and sealing thereof.			
		NOTARY PUBLIC in and for the St	ate of Washington.
		Residing at	
		My Commission expires:	
FOR WHATCOM COUNTY:			
Satpal Singh Sidhu, County Exe	cutive	-	Date
STATE OF WASHINGTON)			
COUNTY OF WHATCOM)			
On this day	of	, 2021, before me personally appea	red Satpal Singh Sidhu, to me known
to be the Executive of Whatcom Cou sealing thereof.	nty and who executed th	e above instrument and who acknow	wledged to me the act of signing and
332			
		NOTARY PUBLIC in and for the Bellingham. My Commission expires:	State of Washington. Residing at

EXHIBIT "B" - Amendment #4

(COMPENSATION)

Budget and Source of Funding: Funding for this contract period (06/01/21 – 09/30/21) may not exceed \$95,460. 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. The 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 Emergency Preparedness & Response COVID-19 Local CARES and Epidemiology & Laboratory Capacity Grants (CFDA 21.019 & 93.323). The budget for this contract is as follows:

BUDGET (06/01/2021 – 09/30/2021)							
Item	Documentation Required	Budget					
Salaries for personnel providing Facility Operational Support, Consultation, and Technical Assistance	Expanded GL report for the period	\$89,460					
Support Assistance Program and Flex Funds	GL Detail or Credit Card statement and Receipts showing documentation to support dispersals	\$6,000					
	TOTAL BUDGET:	\$95,460					

Changes to the line item budget that exceed 10% of the line item amount must be approved in writing by the County.

II.Invoicing

- 1. The Contractor shall submit itemized invoices according to the dates provided in #2 below in a format approved by the County to <a href="https://hub.nubmit.edu/hub.nubm
- 2. Invoices submitted for payment must include the items identified in the table above.
 - a. Final invoices for services provided through June 30, 2021 must be received by July 21, 2021.
 - b. Final invoices for services provided from July 1, 2021 September 30, 2021 must be received by October 21, 2021.
- Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing
 information from 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.
- 5. <u>Duplication of Billed Costs or Payments for Service:</u> The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.