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 Nam	Northwest Workforce Council							
Is this a New Contract? Yes □ No ⊠	Contract? If not, is this an Amendment or Renewal to an Existing Contract?						Yes ⊠ No □ 202010119	
Does contract require Co		es 🖂 🛛 No 🗆] If No, include	WCC				
			- /				00.000	
Already approved? Council Approved Date: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)						08.090 and 3.08.100)		
Is this a grant agreement Yes ⊠ No □		agency contract r	number(s):			CFDA#:		
Is this contract grant funded? Yes No If yes, Whatcom County grant contract number(s):								
Is this contract the result of a RFP or Bid process? Yes No If yes, RFP and Bid number(s):					Contract Center:	Cost	627500	
				o Attachm		ractor De	oclaration form	
If YES, indicate exclusion(s) below. es agreement for certified	l/licensed profes	sional					
Contract work is for le	0			or Comme	rcial off the	shelf ite	ms (COTS).	
Contract work is for le			Work relate					
	t (between Governments).			Public Works - Local Agency/Federally Funded FHWA.				
							awards exceeding \$40,000,	
Contract Amount: (sum of c any prior amendments):	onginal contract amount ar							
10% of contract amount, whichever is greater, except when : 1. Exercising an option contained in a contract previously approved by the council.						oved by the council.		
			ed by council in a ca					
Varies depending on numb	per of participants. Not to		award is for supplies.		appropriate			
exceed \$330,000.		4. Equipm	nent is included in Ex	xhibit "B" of				
			t is for manufacturer's technical support and hardware maintenance of electronic					
	and/or technical support and software maintenance from the developer of							
proprietary software currently used by Whatcom County. Summary of Scope: This contract provides reimbursement for employment of eligible disaster relief and humanitarian assistance program								
Summany of Scope: This	contract provides reimburs	proprie	tary software current	ly used by \	Nhatcom Co	ounty.		
		proprie sement for emplo	tary software current	ly used by \	Nhatcom Co	ounty.		
Summary of Scope: This of participants certified by the		proprie sement for emplo	tary software current	ly used by \	Nhatcom Co	ounty.		
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participants certified by the Term of Contract: 1.	Northwest Workforce Co	proprie sement for emplo	tary software current	ly used by \	Whatcom Co ef and hum	ounty. nanitarian		
Term of Contract:	Northwest Workforce Co	proprie sement for emplo uncil.	tary software current yment of eligible di	ly used by \	Whatcom Co ef and hum	ounty. nanitarian	assistance program	
participants certified by the Term of Contract: 1. Contract Routing: 2. 3.	Attorney signoff:	JT KR RB	tary software current yment of eligible di	ly used by \	Whatcom Co ef and hum	ounty. nanitarian	assistance program 07/22/2021 08/02/2021 08/09/2021	
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participants certified by the Term of Contract: 1. Contract Routing: 2. 3. 4. 5. 6. 7.	A Northwest Workforce Con 14 Months Prepared by: Health Budget Approval Attorney signoff: AS Finance reviewed: IT reviewed (if IT related): Contractor signed: Executive Contract Review:	JT KR RB M Caldwell	tary software current yment of eligible di Expiration Date:	ly used by \	Whatcom Co ef and hum	21 Date: Date: Date: Date: Date: Date: Date: Date: Date:	assistance program 07/22/2021 08/02/2021 08/09/2021	
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Whatcom County Contract Number:

202010119 - 3

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 – 06/30/2021Amendment #1:10/28/2020 – 06/30/2021Amendment #2:10/28/2020 – 12/31/2021Amendment #3:07/22/2021 – 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. 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 up to eleven positions, in an amount not to exceed \$330,000.
 - 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 \$30,000 per position.
- 2. Funding for the total contract period (10/28/2020 12/31/2021) is not to exceed \$330,000.
- 3. All other terms and conditions remain unchanged.
- 4. The effective start date of the amendment is 07/22/2021.

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:			
	vorth, Communicable Disease & Epidemiology Manag	er Date	
DEPARTMENT HEAD APPROVAL:			
Erika Lautenb	Erika Lautenbach, Health Department Director		
APPROVAL AS TO FORM:			
Royce Buckingham, P	rosecuting Attorney	Date	
FOR THE CONTRACTOR:			
	Alex Kosmides, Deputy Director		
Contractor Signature	Print Name and Title	Date	
FOR WHATCOM COUNTY:			

Satpal Singh Sidhu, C	ounty Executive
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Date

CONTRACTOR INFORMATION:

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