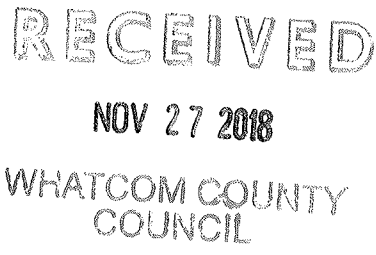



WHATCOM COUNTY COUNCIL AGENDA BILL

NO. _____

2018-360

CLEARANCES	Initial	Date	Date Received in Council Office	Agenda Date	Assigned to:
Originator:	SL	10/24/2018		12/4/18	Finance/Council
Division Head:					
Dept. Head:					
Prosecutor:	KNF	10/25/2018			
Purchasing/Budget:	bb BB	10/25/18			
Executive: 		11.27.18			

TITLE OF DOCUMENT:

Contract Renewal Between Whatcom County And The Whatcom Dispute Resolution Center

ATTACHMENTS:

Contract Renewal between Whatcom Co.nty and Whatcom Dispute Resolution Center

SEPA review required? () Yes (X) NO
 SEPA review completed? () Yes (X) NO

Should Clerk schedule a hearing? () Yes (X) NO
 Requested Date:

SUMMARY STATEMENT OR LEGAL NOTICE LANGUAGE: *(If this item is an ordinance or requires a public hearing, you must provide the language for use in the required public notice. Be specific and cite RCW or WCC as appropriate. Be clear in explaining the intent of the action.)*

The purpose of this contract renewal is to provide administration of the family law mediation program.

COMMITTEE ACTION:

COUNCIL ACTION:

Related County Contract #:

Related File Numbers:

Ordinance or Resolution Number:

Please Note: Once adopted and signed, ordinances and resolutions are available for viewing and printing on the County's website at: www.co.whatcom.wa.us/council.

WHATCOM COUNTY
SUPERIOR COURT ADMINISTRATION
311 Grand Avenue # 301
Bellingham, WA 98225



DAVID REYNOLDS
Director

RECEIVED

NOV 13 2018

JACK LOUWS
COUNTY EXECUTIVE

MEMORANDUM

TO: Jack Louws, County Executive

FROM: David Reynolds, Director

RE: Contract Renewal for 2018-2019 Family Law Mediation
Administration Contract with the Whatcom Dispute Resolution Center
for 2019-20.

DATE: October 17, 2018

Attached are two contract original amendments between Whatcom County and Whatcom Dispute Resolution Center for your review and signature.

Background and Purpose

This contract provides administration of the family law mediation program (including but not limited to case management and the certification and oversight of family law mediators), fee subsidy for low income participants of family law mediation sessions, parenting seminars, and language interpretation for both programs as needed.

Funding Amount and Source

General funding up to the contract amount of \$50,000 per year.

Differences from Previous Contract

There is no difference from last contract.

Please contact me at extension 5565, if you have any questions or concerns regarding the terms of this agreement,

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.

201705018-1

Originating Department:	Superior Court Administration
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Superior Court
Contract or Grant Administrator:	David Reynolds
Contractor's / Agency Name:	Whatcom Dispute Resolution Center
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 201705018	
Does contract require Council Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, include WCC: _____ (see Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, grantor agency contract number(s): _____ CFDA#: _____	
Is this contract grant funded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, Whatcom County grant contract number(s): _____	
Is this contract the result of a RFP or Bid process? Contract _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, RFP and Bid number(s): _____ Cost Center: _____	
Is this agreement excluded from E-Verify? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below: <input checked="" type="checkbox"/> Professional services agreement for certified/licensed professional. <input checked="" type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input type="checkbox"/> Contract work is for less than 120 days. <input type="checkbox"/> Work related subcontract less than \$25,000. <input type="checkbox"/> Interlocal Agreement (between Governments). <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>50,000</u> This Amendment Amount: \$ <u>100,000 (50,000 per year)</u> Total Amended Amount: \$ <u>150,000 (50,000 per year)</u>	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, professional services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies or equipment included approved in the budget. 4. 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.
Summary of Scope: The contract provides for administration of the family law mediation program, fee subsidy for low income participants of family law mediation sessions and parenting seminars, and language interpretation for both programs as needed.	
Term of Contract: Two years	Expiration Date: 12/31/20

Contract Routing:	1. Prepared by: <u>Stephanie Lewis</u>	Date: <u>10/24/2018</u>
	2. Attorney signoff: <u>KNF</u>	Date: <u>10/25/2018</u>
	3. AS Finance reviewed: <u>bbennett <i>BB</i></u>	Date: <u>10/25/18</u>
	4. IT reviewed (if IT related): _____	Date: _____
	5. Contractor signed: <u><i>[Signature]</i></u>	Date: <u>11/9/18</u>
	6. Submitted to Exec.: <u><i>[Signature]</i></u>	Date: <u>11-13-18</u>
	7. Council approved (if necessary): _____	Date: _____
	8. Executive signed: _____	Date: _____
	9. Original to Council: _____	Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Coastal Insurance Group, LLC 2415 James Street Bellingham WA 98225		CONTACT NAME: Andrew Olive PHONE (A/C, No, Ext): 360-671-9995 E-MAIL ADDRESS: aolive@coastalig.com		FAX (A/C, No): 360-671-9995	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : Philadelphia Indemnity Insurance Company		18058	
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		PHPK1879253	10/27/2018	10/27/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PHPK1879253	10/27/2018	10/27/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	PHPK1879253	10/27/2018	10/27/2019	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			PHPK1879253	10/27/2018	10/27/2019	Limit: \$2,000,00 Each Professional Incident / 4,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is listed as additional insured.

CERTIFICATE HOLDER	CANCELLATION
Whatcom County Superior Court 312 Grand Ave. Bellingham WA 98225	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Andrew Olive</i>