



CONTRACTS & AGREEMENTS

ECM INDEX DATA

INTRLOC_00 SEATTLE KC DEPT OF PUBLIC HEALTH

File Location

Vendor Name

Document Type: Interlocal Amendment

Vendor Name: SEATTLE KC DEPT OF PUBLIC HEALTH

PO# Location: INTRLOC-001

Effect Date: 4/1/2014

Term Date: 12/31/2019

CR#: 51350

Related CR#: 50984

Ordinance: _____

Resolution: 8670

Leg Date: 12/9/2013

Vendor #: 37850

Description: AMD#1 2014-2019 BASIC LIFE SUPPORT SERVICES
PO 1310673-001 X-REF 50984

SEATTLE KC DEPT OF PH
12/31/2019

INTRLOC_00
INTERLOCAL AGREEMENTS
12/31/2019
500176854

Notes:

CONTRACT # EMS3310
AMENDMENT # 1

CONTRACT AMENDMENT / CHANGE ORDER

PROJECT NAME: Basic Life Support Services

PHSKC PROGRAM MONITOR: Felisa Azpitarte

CONTRACTOR: City of Bellevue Fire Department
450 110th Ave NE, 3rd Fl. East
Bellevue, WA 98009

ORIGINAL CONTRACT START DATE: 1/1/14 AMENDMENT EFFECTIVE DATE: 4/1/2014

This amendment effects the following changes:

CHANGES TO CONTRACT BOILERPLATE

Increase the contract amount by \$33,038.00 to \$2,094,983.00

CHANGES TO CONTRACT EXHIBITS

- 1. Add Exhibit B-2, One-time payment as attached hereto.

All other terms and conditions of the referenced contract shall remain unchanged.

IN WITNESS HEREOF, the parties hereto have caused this amendment to be executed and instituted on the date first written.

KING COUNTY

CONTRACTOR

James Kagay FOR
King County Executive

R. Mark Moulton
Signature

4/5/14
Date

R. Mark Moulton
Name (please type or print)

3/27/2014
Date

Contract # EMS3310
EXHIBIT B-2, One-Time Payment

This Amendment authorizes a one-time payment in addition to the 2014 allocation to Basic Life Support (BLS) agencies that is equivalent to the decrease in allocation from 2013 – 2014. The one-time payment will not reset the baseline amount for the BLS allocation, and will not change the amount of the 2014 – 2019 levy funds for BLS.

The one-time funds are from designations from the 2008 - 2013 levy period. The payment will be used to cover higher than planned supply and service costs during the 2014 – 2019 levy period.

The one time amount for your agency is \$33,038

CR# 51350 Date: 5-29-14 PO # & Loc: 1310673-001



City of Bellevue
Finance Department - Procurement Services
450 110th Ave. NE. Bellevue, WA 98004

Contract Routing Form

Current Contract Information:

Contract Title: King County EMS Basic Life Support Services
Contract Description: Agr. with KCEMS to fund the City's Medic One BLS services (EMS Levy)
Total Contract Value: \$2,061,945.00
This Amendment Value:
Department: Fire - 514
Contract Manager: BC Moulton
Contract Type: Interlocal Agreement (ILA)
Contract Form: Vendor contract document
Budget Expenditure: Revenue
Maximo User: Yes

Vendor Information:

New Vendor?	No	Tax ID#:	916001327
Vendor Name:	King County Public Health Seattle	COB License #:	
JDE Vendor Number:	37850	UBI #:	578037394
Independent Contractor?	Yes	Contractor's Lic. #:	

Contract Term:

Original Effective Date: 01/01/2014 **End Date:** 12/31/2019
Subject To: No Renewal

Council Approval:

Does this contract require council approval? No

Route:

		<u>In</u>	<u>Out</u>
Procurement Services:	<u>J. Robinson *</u>	<u>5/21</u>	<u>5/21</u>
Information Technology:	Not Required	—	—
Legal:	N/A	—	—
Insurance Reviewed By:	N/A	—	—
Department Director:	N/A	—	—
Procurement Services:		—	—
Return To:	Nuri Thobani	—	—
City Clerk's Office:	<u>M. TOMMOW</u>	<u>5-29-14</u>	<u>5-29-14</u>

*Routing for the official file record.

Related Contract Information:

Amendment/change order/renewal? Yes
Amendment #: 1
Amendment Effective Date: 4/1/2014
Original PO #: 1310673
Original Contract Value: \$2,061,945.00
Total value of Previous Change Orders: \$0.00

Budget Information:

Line #	Description	GL Date	Account #	Subtotal	Tax	Total
1	BLS Funding	01/01/2014				

Additional Comments:

CONTRACT REVIEW CRITERIA

Dept.	PS	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contract Routing/Approval Form and Contract have consistent information?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Contract Type and template appropriate for the services performed?
<input type="checkbox"/>	<input type="checkbox"/>	Are the contract values (i.e aggregate values, yearly budget totals, taxable amounts, acct. numbers, etc.) accurate?
<input type="checkbox"/>	<input type="checkbox"/>	Is the JDE vendor name and number accurate?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Company have a Bellevue Business License? If not, date Tax Office was notified? _____
<input type="checkbox"/>	<input type="checkbox"/>	If the Company's Tax ID# appears to be a SS#, or if we are paying an individual, make a copy of the Routing Form and interoffice to Gail Davila in HR.
<input type="checkbox"/>	<input type="checkbox"/>	Do the Contract Start/End Dates comply with current policies (maximum 4 years unless exception noted)?
<input type="checkbox"/>	<input type="checkbox"/>	Is this an amendment or renewal? If so, are the original contract #'s and values indicated?
<input type="checkbox"/>	<input type="checkbox"/>	Has the Selection Method been explained in Additional Comments? Are results attached?
<input type="checkbox"/>	<input type="checkbox"/>	If there is an ordinance/resolution/motion for this contract, are the date and # noted and a copy attached?
<input type="checkbox"/>	<input type="checkbox"/>	Does the contractor meet requirements of the Independent Contractor Threshold question?
<input type="checkbox"/>	<input type="checkbox"/>	Is Attachment "A" (Scope of Work and/or Services) attached?
<input type="checkbox"/>	<input type="checkbox"/>	Is Attachment "B" (Insurance Requirements) attached?
<input type="checkbox"/>	<input type="checkbox"/>	Are any additional riders required? If so, which one's? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does Insurer have a Best rating of A- or better?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Contractor identified as the insured?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contractor have Commercial General Liability, Commercial Auto Liability, Worker's Compensation, and Employer's Liability/Stop Gap and special coverages as required?
<input type="checkbox"/>	<input type="checkbox"/>	Are the policy expiration date(s) on the Certificate of Insurance current?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contractor have a self-insured retention? Is it above \$50,000?
<input type="checkbox"/>	<input type="checkbox"/>	Is the City listed as the Certificate Holder?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Certificate signed?
<input type="checkbox"/>	<input type="checkbox"/>	Is the City of Bellevue (& contracting partners) listed as an additional insured on the Certificate of Insurance? Is the additional insured status primary and non-contributory?
<input type="checkbox"/>	<input type="checkbox"/>	If this contract requires the payment of Prevailing Wages, are current Wage Rates referenced in Attachment "C"?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Contractor have an open account with the Washington State Department of Revenue?
<input type="checkbox"/>	<input type="checkbox"/>	Are the Contractor's worker's compensation premiums current?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Vendor have an active Professional/Contractor License with the Washington State Department of Licensing?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Vendor on the Federal Debarred Suspended List?

RISK MANAGEMENT:

- Are the Insurance Requirements (Attachment B) appropriate for Scope of Work?
- Does the Contractor's Certificate of Insurance comply with the requirements?
- Are there any Limitations of Liability clauses or other risk transfer language problems that shift risk back to the City?
- Does the Hold Harmless clause include language referencing Title 51 releases?