CONTRACT REVIEW CHECKLIST

Received	Туре	Request	Program	Requestor
2/15/2024	Professional	New	Police	Jay Martin

CONTRACTOR: Whatcom County Fire District # 8

Scope: Fire / Emergency Medical Services

Duration: 1/1/2024 - 12/31/2024

Amount: \$420,000.00

Procurement: Autumn Washington

Procure	ment	Sole Source	Method	Memorandum
SAM.Go	v	Verified	Insurance / W-9	Yes / Yes
Business License		N/A	Attachment	
Note: Work Order & Invoice Attached				

Budget Office Approval

Chargeline	Amount	Funding	Initials	Date
10.150.6600.59400	420,000.00	General Fund-Firehouse		2/23/2024

Chief Financial Officer:



Date: 2/23/2024

REFERENCES				
CONTRACT #	P O #	DATE ISSUED	BY	
22 - 24	1002064	2/26/2024	DocuSigned by: Autumn Weshington DA4692B9CCB0444	



Lummi Indian Business Council

Office of Management and Budget / Contracts Office

2665 Kwina Rd, Bellingham, WA 98226

2/26/2024

Commencement Letter

To: Whatcom County Fire District # 8 1800 Broadway Street Bellingham, WA 98225

 Re: Contract: Fire / Emergency Medical Services

 Amount:
 420,000.00

 Duration:
 Start date:
 1/1/2024
 Ending date:
 12/31/2024

This is a notice to proceed with the stated above project per the stated beginning date.

This Contract has been taken through an internal process within LIBC for final approval. Enclosed you will find your final copies for your records. Please be advised in the attachment you might find fees, compliance requirements which are based on the details of the contract (location, scope, funding, etc). When submitting an invoice for payment on this contract; please reference the following:

Contract	#	22	- 24

PO # 1002064

Any questions regarding payment or general project management must be directed to the Program Manager, their information is as follows:

Department: Police

Program Manager: Jay Martin

Phone: 360 – 312 – 2273

Address: 2665 Kwina Road, Bellingham, WA 98226

Thank you for your services and we look forward to working with you in the future. Please let me know if you need any further documentation or have any questions regarding you Contract paperwork, my email is: <u>Autumnw@lummi-nsn.gov</u>

Sincerely,

-DocuSigned by:

Autumn Washington -DA4692B9CCB0444...

Autumn Washington Contracts Office DocuSign Envelope ID: D1944930-2EE8-403D-871E-C24BA8017B77

LUMMI INDIAN BUSINESS COUNCIL

515230

MATERIAL / WORK ORDER

(THIS IS NOT A PURCHASE ORDER)

Vendor/Contractor	Xendor #	24829	Date OZ-01-L4
Requesting Department	Account #	,	
POUCE	150).600.	59400

Quantity	Description	Price	Amount
	2024 FIRE ENDEGENCY		
	2024 FIRE ENDEGENCY MEDICAL JORVICES		420,000
			
1	Contract # 22 - 24		
	PO # 1002064		
2		Total Estimate	+ 420,000-

Required Anna	Approved By
green green get	·/// ••••

0.0000000000000000000000000000000000000	Business Council
2024 Projession	1al Services Contract
DEPARTMENT: POLICE	PROGRAM:POLICE
CONTRACTOR: Please include official name of your business; WHATCOM COUNTY FIRE DISTRICT #8	PROGRAM MANAGER: CHIEF JAY R. MARTIN
ADDRESS: 1800 BROADWAY BELLINGHAM WA 98225	FUND#: 10.150.6600
TELEPHONE#: (360) 778-8400	TYPE OF SERVICES: FIRE/EMERGENCY MEDICAL SERVICES

CONTRACT#:

01/01/2024

BEGINNING DATE:

S.S.N. or EIN#: 35-2223287

SCOPE OF WORK: FIRE/EMERGENCY MEDICAL SERVICES

	LOCATION: LUMMI RESERVATION	CONTRACT AMOUNT: \$ 420,000
1		

PROVISIONS: Maximum payment for this contract will not exceed the stated contract amount. Payment will not be made in advance of any service rendered. The Contractor shall furnish LIBC a detailed billing for all activities completed relating to the above Scope of Work. The Contractor shall not enter into subcontracts for any of the work under this contract without obtaining prior written approval of LIBC. Any modifications to this contract including any increase in the amount of compensation or to the time required for the contract's performance or any changes in the description of work must be incorporated in a written approved format amendment or change order to this contract. The Contractor shall be an Independent contractor and not an employee. No insurance or other employee benfefits will be provided to the contractor. The Contractor shall be responsible for all taxes, social security payment, state disability insurance and other similar payments both for Contractor and Contractor's employees. The Lummi Indian Business Council will be filing a 1099 with the IRS at the end of the fiscal year under the official name of your business. The Contractor shall hold LIBC and its officers, agents and employees, harmless from all suits, claims or liabilities of any nature, including costs and expenses, for or on account of injuries or damages sustained by any persons or property resulting in whole or in part from activities of the Contractor, its agents or employees pursuant to this contract, or on account of any unpaid wages, materials or other remuneration for services. The Contractor must provide proof of general liability or professional liability insurance naming Lummi Indian Business Council as an additional insured in the amount specified in The Scope of Work. If the Contractor owes a prior debt to LIEC or LNSO the debt will automatically be deducted from any payment owing to Contractor, unless there is a payback agreement made with LIBC Accounting Department.

ACCEPTANCE OF AGREEMENT:

Work or Services for this agreement shall not begin until the Contractor has received a written obligation from the LIBC Contracts Office, a Commencement Letter or Purchase Order.

210112 Date 1 2024 Department Director

General Manager or Council Date

Depending which oversees your department.

revised form 12/29/11

ENDING DATE:

12/31/2024

anthony Hillaire CB9B79FB9B884A5...

DocuSigned by:

2/23/2024

DocuSign Envelope ID: D1944930-2EE8-403D-871E-C24BA8017B77
Lummi Nation Contracts Office 2665 Kwina Rd, Bellingham, Washington 98226 (360) 312-2124
Department: POUCE OHEF Requestor: JPY MARTIN
Contractor: WCFD #8
Project Name: FIRE EMERGENCY MEDICAL DEENCES
 NEW Contract Contract signed by Contractor and Department Director Procurement Documents Sole Source Sole Source Sole Source Justification Memorandum RFP or RFQ All Proposals Submitted Selection Process Bid Price Comparison or Justification Memorandum Bid Solicitation Bid Price Comparison or Memorandum to why contractor was selected Contractor Obligations Full description of Contractor Project Responsibilities Business License # NIA SEE Must Prove the duration of the contract WAVEE Business License(s) must cover the duration of the contract WAVEE W-9 If the company selects "Incorporated", they will need to provide a Certificate of Incorporation OR Certificate of Good Standing Proof of Insurance Which shows the company is covered for the stated contract project Any Other Additional Attachments:
MODIFICATION / AMENDMENT Previous Contract # Previous PO # Contract Amendment signed by Contractor and Department Director Amendment Justification Justification Memorandum Additional Scope Information Budget Report / Narrative Business License #

Whatcom County Fire District #8 1800 Broadway Bellingham, WA 98225



Phone 360-778-8400 Fax 360-78-8401

Sold To: Lummi Indian Business Council 2665 Kwina Road Bellingham, WA 98228 Invoice

Invoice Number: INV 2024-05 01/30/2024

Ship To:

Whatcom County Fire District 8 1800 Broadway Bellingham, WA 98225

Customer ID	Customer PO	Contract # 12-20	
LIBC	Shipping Method		
Sales Rep ID		Ship Date	Due Date
			Upon Receipt

Quantity	Item	Description	Unit Price	Amount
1		2024 Fire / EMS Fees		\$420,000.00
		Contract # 22 - 24		
		PO # 1002064		
				¢ 420,000,00

Subtotal\$420,000.00Sales Tax\$0.00Total Invoice Amount\$420,000.00Payment/Credit Applied\$0.00

TOTAL \$420,000.00

Check/Credit Memo No:

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	Whatcom County Fire District #8									
	2 Business name/disregarded entity name, if different from above									
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ge	3 Check appropriate box for federal tax classification of the person whose nat following seven boxes.	me is entered on line 1. Ch	eck only	one	of the					only to als; see
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IS OF	Individual/sole proprietor or C Corporation S Corporation single-member LLC	n [_] Partnership	🗌 Tri	ust/e	state	Evan	ant now	a enda	lif and	
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Ins Ins	LLC if the LLC is classified as a single-member LLC that is disregarded f another LLC that is not disregarded from the owner for U.S. federal tax p	rom the owner unless the o purposes. Otherwise, a since	owner of t	the L	LC is		e (if any)		•	
Cific P	is disregarded from the owner should check the appropriate box for the t	tax classification of its own	ier.							
Print or type. See Specific Instructions on page 3.	✓ Other (see instructions) ► Fire Protec 5 Address (number, street, and apt. or suite no.) See instructions.	tion District	Reques	torio	nama	1				la tha U.S.)
ee	1800 Broadway		nequea	ter a	name		01999 (ptional	ł	
S	6 City, state, and ZIP code									
	Bellingham, WA 98225									
	7 List account number(s) here (optional)		********		*****			nnonna mnoheitea ⁿⁿ		
Dav										
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backu	p withholding. For individuals, this is generally your social security nur	mber (SSN). However, f	ora		T T			7 1	1	
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a	Part I, later. For other	nt so			uniq		-		
TIN, la	ter.			or			L			
Note:	If the account is in more than one name, see the instructions for line 1 er To Give the Requester for guidelines on whose number to enter.	. Also see What Name	and	Em	ploye	r identi	fication	numb	ər	
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Part	II Certification	*			L					
	penalties of perjury, I certify that:	****			*******	****	A. (. 1465 AND		*************	
1. The	number shown on this form is my correct taxpayer identification num	ber (or I am waiting for	a numb	er to	be is	sued t	o me);	and		
2. I am Sen	n not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu	ckup withholding, or (b)) I have i	not l	been r	the I	by th	e Interr	ial Rev	enue
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	a U.S. citizen or other U.S. person (defined below); and									
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Sign Here	Signature of U.S. person >		Date Þ	1	. 1		-			
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related	e developments. For the latest information about developments I to Form W-9 and its instructions, such as legislation enacted	 Form 1099-B (stoc transactions by brok 		tual	fund s	sales a	ind cei	tain ot	her	
	ney were published, go to www.irs.gov/FormW9.	• Form 1099-S (proc	ceeds fro	om r	eal es	tate tr	ansact	ions)		
	bose of Form	 Form 1099-K (men 					-			
	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	 Form 1098 (home 1098-T (tuition) 	mortgag	je in	terest	, 1098	3-E (stu	ident k	an inte	ərest),
identifi	cation number (TIN) which may be your social security number	 Form 1099-C (can 	celed de	bt)						
	individual taxpayer identification number (ITIN), adoption er identification number (ATIN), or employer identification number	• Form 1099-A (acqu			andor	ment	of secu	red pr	operty)	
(EIN), t	o report on an information return the amount paid to you, or other	Use Form W-9 on				perso	on (incl	uding a	ı reside	ent
	It reportable on an information return. Examples of information s include, but are not limited to, the following.	alien), to provide you If you do not return				ramu	star w	ith a T	IN. voi	miaht

Form 1099-INT (interest earned or paid)

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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Jummi Indian Business Council POLICE DEPARTMENT 2665 Kwina Road · Bellingham, WA 98226 Bus (360) 312-2274 Fax (360) 380-6992

MEMO TO: LIBC OMB

FROM: CHIEF JAY R. MARTIN

DATE: JANUARY 30, 2024

RE: SOLE SOURCE FOR FIRE/EMS SERVICES – WCFD #8

This document is to address the procurement method used to award the contract for WCFD #8 to provide FIRE/Emergency Medical Services for the Lummi Nation.

DESCRIPTION: FIRE/Emergency Medical Services

BACKGROUND: Lummi Nation does not have its own Fire/Emergency Medical Services.

PER POLICY: Per the Federal Register OMB 2 CFR, Part 200.320, Section (f), Item 1, the item is available only from a single source.

SUMMARY JUSTIFICATION: The Lummi Nation has contracted with Whatcom County Fire District #8 to provide fire and emergency medical services within the exterior boundaries of the Lummi Reservation.

KJ

LENGESOT – CHO > "Protecting Our Community" Tribal Police • Victim Services • Natural Resource Enforcement

Karen A. James

From:	Sean M. Lawrence
Sent:	Tuesday, January 30, 2024 3:58 PM
To:	Karen A. James
Cc:	Laura A. Solomon; Jay R. Martin; Jeannette N. LaClair; Business License
Subject:	Re: LIBC Business License Waiver for WCFD #8 and WCFD #17

Good afternoon Karen,

Thank you for sending the request.

Since they are government agencies, they are not defined as engaging in business pursuant to Title 24, Business Regulation Code.

Therefore, a business license is not required,

Sean Lawrence, MBA Tsel-Matchten | Tee Weet Kay tet Interim General Manager | Director, Office of Economic Policy C: <u>(360)-306-7262</u> | O: <u>(360)-312-2158</u> Sent via mobile

From: Karen A. James <KarenJ@lummi-nsn.gov>
Sent: Tuesday, January 30, 2024 2:49:10 PM
To: Sean M. Lawrence <SeanL@lummi-nsn.gov>
Cc: Laura A. Solomon <LauraS@lummi-nsn.gov>; Jay R. Martin <JayM@lummi-nsn.gov>; Jeannette N. LaClair <JeannetteL@lummi-nsn.gov>
Subject: LIBC Business License Waiver for WCFD #8 and WCFD #17

Good afternoon, Sean:

May I get an LIBC Business License Waiver for Whatcom County Fire Department #8, and Whatcom County Fire Department #17, from the Economic Development Office, please? I am in the process of preparing the 2024 contracts for them this week. Both of them are government agencies providing fire and emergency medical services within the Lummi Reservation.

1

Thank you.

Karen James Support Services Supervisor LUMMI NATION POLICE DEPARTMENT 2665 Kwina Road Bellingham, WA 98226 (360) 312-2280

LUMMI INDIAN BUSINESS COUNCIL

				*
PROGRAM/DEPT:	FIRE / EMS	FUND CODE	150	_
MANAGER:		DEPT CODE	6600	
DIRECTOR:	CHIEF JAY R. MARTIN	FY2024 BUDGET TYPE	Status Quo	•

	Indirect Rate	18.11%	PUT IN APPROPRIATE INDIRECT R	4 <i>TE;</i>
	Calendar Year	2024	FOR ALL 100 ACCOUNTS LEAVE A	T ZERO
Expense Code	Expense Line Item Description	2023 Approved Budget	Budget Increase/ (Decrease)	2024 Total Requested Budget
50100	Salaries	0.00	0.00	0.0
50400,505*	Fringe	0.00	0.00	0.0
51200	Copies/Mail	0.00	0.00	0.0
51500	Telephones/Cell Phones	0.00	0.00	.0.0
52700	Supplies	0.00	0.00	0.0
52800	Senstive Items	0.00	0.00	0.0
53100	Contract Services	0.00	0.00	0.0
54100	Utilities	0.00	0.00	0.9
54200	Repairs & Maintenance	0.00	0.00	0.0
54300	Utilities Cost Allocation (Admin Building Only)	0.00	0.00	0.
54600	Lease/Rentals	0.00	0.00	0.
54900	Insurance	1,138.00	0.00	1,138.
55200	Fuel	0.00	0.00	0.0
57300	Training	0.00	0.00	0.
57400	Travel	0.00	0.00	0.
57401	Mileage	0.00	0.00	0.
57500	Meetings	0.00	0.00	0.
58100	Dues, Fee's & Subscritions	0.00	0.00	0.
58300	Advertising	0.00	0.00	0.
58600	Miscellanous	0.00	0.00	0.
58700	Gifts/Donations	0.00	0.00	0.
59100	Capital Assets	0.00	0.00	0.0
59300	Capital Improvements	0.00	0.00	0.
59400	Subcontracts	504,211.00	0.00	504,211.
59700	Lobbying	0.00	0.00	0.
59800	Other Non-Indirect	0.00	0.00	0.0
59900	Indirect	275.00	(69.00)	206.0
	TOTAL	505,624.00	(69.00)	505,555.

PROGRAM DIRECTOR SIGNATURE: DATE: EXECUTIVE DIRECTOR SIGNATURE: DATE:

CBC CHAIR SIGNATURE:

DATE:

50100	Salaries (Regular)	*Refer to Salary/Fringe Wo	orksheet					Sub-Total
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Page 2 of 10

54300	Utility Allocation								\$ -
				Monthly					
		# of Employees	# Months	Rate	Est	Cost	Sub-Total		
	Employee Allocation				\$		\$	-	Employee Allocation
	Square Ft. Allocation				\$		\$ A part of	-	Square Ft. Allocation

54600	Lease/Rental		2022	2023	2024			\$	
	Historical Analysis	FY Approved Budget			and the second sec				
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54900	Vehicle/Facility Insura	nce						¢	1 120 00
54500		lice		Monthly				\$	1,138.00
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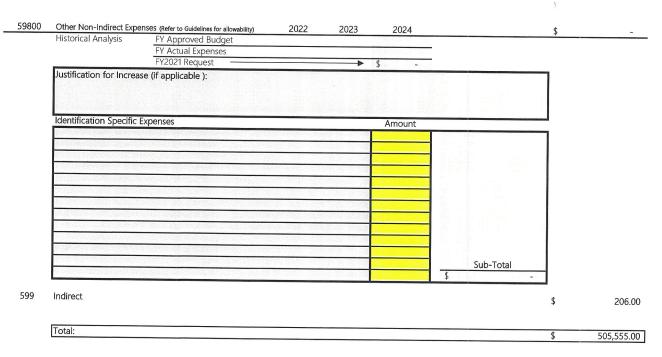
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Identification Specific Expenses Amount

59100	Capital Assets		2022		2024					
	Historical Analysis	FY Approved Budget		2023	17 Sec. 4	_	\$			
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Page 8 of 10

entification Specific Expenses	Amount
	Sub-Total



Ą	ć		ER	TIF	ICATE OF LIA	BILI	TY INS	URANC	E		e (MM/DD/YYYY) 2/08/2024
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th	is c	ertificate does not confer rights t	o the	e cert	ificate holder in lieu of s			.) .			
PRO	DUCE					CONTA NAME:	Denis	se Brooks			
		Nicholson & Associates	ns	LLC		PHONE (A/C, No	o, Ext): (360)	736-7601	FAX (A/C, No):	(360)	623-1054
		118 W Pine St				É-MAIL ADDRE	_{ss:} denis	se@nichinsu	re.com		
		Centralia, WA 98531					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
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		Bill Hewett				INSURE	RC:				
		1800 Broadway				INSURE	RD:				
		Bellingham, WA 98225				INSURE	RE:				
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INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α	X	COMMERCIAL GENERAL LIABILITY			VFNU-TR-0001560		01/01/2024	01/01/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
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		DED RETENTION \$								\$, ,
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1	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
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DESC	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
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CEI	RTIF	FICATE HOLDER				CANO	ELLATION				
	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										
							222				
							12XX	Rook)		(NDB)

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WHATCOM FIRE DISTRICT 8

Unique Entity ID	CAGE / NCAGE	Purpose of Registration
UXP7TZAG7AU3	6WTR7	Federal Assistance Awards Only
Registration Status	Expiration Date	
Active Registration	Oct 24, 2024	
Physical Address	Mailing Address	
752 Marine DR	1800 Broadway	
Bellingham, Washington 98225-1530	Bellingham, Washington 98225	
United States	United States	
Business Information		
Doing Business as	Division Name	Division Number
(blank)	(blank)	(blank)
Congressional District	State / Country of Incorporation	URL
Washington 02	(blank) / (blank)	www.whatcomfire8.org
Registration Dates		
Activation Date	Submission Date	Initial Registration Date
Oct 30, 2023	Oct 25, 2023	Sep 21, 2012
Entity Dates		
Entity Start Date	Fiscal Year End Close Date	
Jul 1, 1955	Dec 31	
Immediate Owner		
CAGE	Legal Business Name	
(blank)	(blank)	
Highest Level Owner		
CAGE	Legal Business Name	
(blank)	(blank)	

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure

U.S. Government Entity

Profit Structure (blank)

Entity Type US Local Government Organization Factors (blank)

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types	
U.S. Local Government County	
Financial Information	
Accepts Credit Card Payments	Debt Subject To Offset
No	No
EFT Indicator	CAGE Code
0000	6WTR7
Points of Contact	
Electronic Business	
9. **	752 Marine DR.
Bill Hewett, Fire Chief	Bellingham, Washington 98225
	United States
Government Business	
<i>♀</i>	752 Marine DR.
Bill Hewett, Fire Chief	Bellingham, Washington 98225
	United States
Service Classifications	
NAICS Codes	
Primary NAICS Codes	NAICS Title
Disaster Response	

This entity does not appear in the disaster response registry.