

CONTRACT REVIEW CHECKLIST

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

CONTRACTOR: Whatcom County Fire District # 8

Scope: Fire / Emergency Medical Services

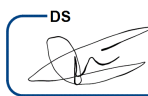
Duration: 1/1/2024 - 12/31/2024

Amount: \$ 420,000.00


Procurement: Autumn Washington

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

Budget Office Approval

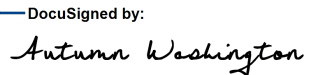
Chargeline	Amount	Funding	Initials	Date
10.150.6600.59400	420,000.00	General Fund-Firehouse	 DS	2/23/2024

Chief Financial Officer:

DocuSigned by:

 9BDBBA1C0BBD479...

Date: 2/23/2024

REFERENCES

CONTRACT #	PO #	DATE ISSUED	BY
22 - 24	1002064	2/26/2024	DocuSigned by:  Autumn Washington 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: Autumnw@lummi-nsn.gov

Sincerely,

DocuSigned by:
Autumn Washington
DA4692B9CCB0444...

Autumn Washington
Contracts Office

Lummi Indian Business Council
2024 Professional 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

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

CONTRACT#:

BEGINNING DATE: 01/01/2024 ENDING DATE: 12/31/2024

SCOPE OF WORK:
FIRE/EMERGENCY MEDICAL SERVICES

LOCATION: LUMMI RESERVATION

CONTRACT AMOUNT: \$ 420,000

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 benefits 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 LIBC 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:

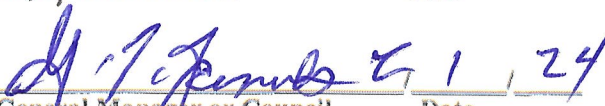
Work or Services for this agreement shall not begin until the Contractor has received a written obligation from the LIBC Contracts Office, a Commencement Letter or Purchase Order.



Department Director 2/01/24 Date




Contractor 2/1/2024 Date



General Manager or Council 2/1/24 Date
Depending which oversees your department..

revised form 12/29/11

DocuSigned by:



2/23/2024

CB9B79FB9B884A5...



Lummi Nation Contracts Office
2665 Kwina Rd, Bellingham, Washington 98226
(360) 312-2124

2024

2023 PROFESSIONAL SERVICES CONTRACT CHECKLIST

Department: POLICE

Requestor: CHIEF JAY MARTIN

Contractor: WCFA #8

Project Name: FIRE / EMERGENCY MEDICAL SERVICES
REQUEST TYPE

NEW Contract

- Contract signed by Contractor and Department Director
- Procurement Documents
 - 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
 - o Full description of Contractor Project Responsibilities
- Budget Report / Narrative
- Business License # N/A SEE ATTACHED BUSINESS LICENSE
 - o Business License(s) must cover the duration of the contract WAVER.
- W-9
 - o If the company selects "Incorporated", they will need to provide a Certificate of Incorporation OR Certificate of Good Standing
- Proof of Insurance
 - o 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
 - o Justification Memorandum
 - o Additional Scope Information
- Budget Report / Narrative
- Business License # _____
 - o Business License(s) must cover duration of the contract amendment
- W9
 - o If the company selects "Incorporated", they will need to provide a Certificate of Incorporation OR Certificate of Good Standing
- Proof of Insurance
 - o Which shows the company is covered for the stated contract project
- Any Other Additional Attachments: _____

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

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



Invoice

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

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

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

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

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

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

Check/Credit Memo No:

Form **W-9**
 (Rev. October 2018)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Whatcom County Fire District #3	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Fire Protection District	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 1800 Broadway	Requester's name and address (optional)
6 City, state, and ZIP code Bellingham, WA 98225	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
OR										
Employer identification number										
3	5		-	2	2	2	3	2	8	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶ 12/13/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

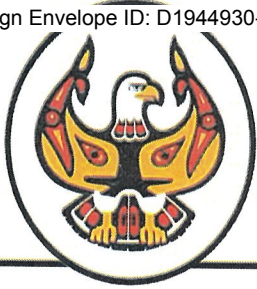
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- 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.*



Lummi 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

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: [\(360\)-306-7262](tel:(360)306-7262) | O: [\(360\)-312-2158](tel:(360)312-2158)
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.

Thank you.

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

**LUMMI INDIAN BUSINESS COUNCIL
FY 2024 BUDGET**

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%
Calendar Year	2024

*PUT IN APPROPRIATE INDIRECT RATE;
FOR ALL 100 ACCOUNTS LEAVE AT ZERO*

Expense Code	Expense Line Item Description	2023 Approved Budget	Budget Increase/ (Decrease)	2024 Total Requested Budget
50100	Salaries	0.00	0.00	0.00
50400,505*	Fringe	0.00	0.00	0.00
51200	Copies/Mail	0.00	0.00	0.00
51500	Telephones/Cell Phones	0.00	0.00	0.00
52700	Supplies	0.00	0.00	0.00
52800	Sensitive Items	0.00	0.00	0.00
53100	Contract Services	0.00	0.00	0.00
54100	Utilities	0.00	0.00	0.00
54200	Repairs & Maintenance	0.00	0.00	0.00
54300	Utilities Cost Allocation (Admin Building Only)	0.00	0.00	0.00
54600	Lease/Rentals	0.00	0.00	0.00
54900	Insurance	1,138.00	0.00	1,138.00
55200	Fuel	0.00	0.00	0.00
57300	Training	0.00	0.00	0.00
57400	Travel	0.00	0.00	0.00
57401	Mileage	0.00	0.00	0.00
57500	Meetings	0.00	0.00	0.00
58100	Dues, Fee's & Subscriptions	0.00	0.00	0.00
58300	Advertising	0.00	0.00	0.00
58600	Miscellaneous	0.00	0.00	0.00
58700	Gifts/Donations	0.00	0.00	0.00
59100	Capital Assets	0.00	0.00	0.00
59300	Capital Improvements	0.00	0.00	0.00
59400	Subcontracts	504,211.00	0.00	504,211.00
59700	Lobbying	0.00	0.00	0.00
59800	Other Non-Indirect	0.00	0.00	0.00
59900	Indirect	275.00	(69.00)	206.00
TOTAL		505,624.00	(69.00)	505,555.00

PROGRAM DIRECTOR SIGNATURE: _____ DATE: _____

EXECUTIVE DIRECTOR SIGNATURE: _____ DATE: _____

CBC CHAIR SIGNATURE: _____ DATE: _____

Budget Narrative/Justification

52800	Sensitive Items (Supplies over \$100+ w/asset value)	2022	2023	2024	\$	-	
Historical Analysis							
FY Approved Budget							
FY Actual Expenses							
FY2021 Request						\$	-

Justification for Increase (if applicable):

Identification Specific High Cost Items:	Amount	
Sub-Total		\$ -

53100	Contract Services				\$	-
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Purpose	Amount	Re-Occuring (Yes/No)
Contract Services Sub-Total	\$ -	

54100	Utilities (Not in Admin Building)	2022	2023	2024	\$	-
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Historical Analysis	FY Approved Budget					
	FY Actual Expenses					
	FY2022 Request			\$ -		

Identification Specific Items:

	Amount	
Sub-Total		\$ -

54200	Repairs & Maintenance	2022	2023	2024	\$	-
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Historical Analysis	FY Approved Budget					
	FY Actual Expenses					
	FY2021 Request			\$ -		

Justification for Increase (if applicable):

Identification Specific Items:	Amount	
Sub-Total		\$ -

Budget Narrative/Justification

54300	Utility Allocation						\$	-
				Monthly				
		<i># of Employees</i>	<i># Months</i>	<i>Rate</i>	<i>Est. Cost</i>		<i>Sub-Total</i>	
Employee Allocation					\$ -	\$	-	Employee Allocation
Square Ft. Allocation					\$ -	\$	-	Square Ft. Allocation

Budget Narrative/Justification

57400	Travel	2022	2023	2024	\$	-
Historical Analysis		FY Approved Budget		_____		
		FY Actual Expenses		_____		
		FY2021 Request		_____ →		\$ -

Justification for Increase (if applicable):

Identification Specific Travel	Amount
Sub-Total	
	\$ -

57401	Mileage	2022	2023	2024	\$	-
Historical Analysis		FY Approved Budget		_____		
		FY Actual Expenses		_____		
		FY2021 Request		_____ →		\$ -

Justification for Increase (if applicable):

57500	Meetings	2022	2023	2024	\$	-
Historical Analysis		FY Approved Budget		_____		
		FY Actual Expenses		_____		
		FY2021 Request		_____ →		\$ -

Justification for Increase (if applicable):

Identification Specific Meetings	Amount
Sub-Total	
	\$ -

58100	Dues, Fees & Subscriptions	2022	2023	2024	\$	-
Historical Analysis		FY Approved Budget		_____		
		FY Actual Expenses		_____		
		FY2021 Request		_____ →		\$ -

Justification for Increase (if applicable):

Identification Specific Expenses	Amount

Budget Narrative/Justification

58300	Advertising	2022	2023	2024	\$	-
Historical Analysis		FY Approved Budget		_____		
		FY Actual Expenses		_____		
		FY2021 Request		_____		
				\$	-	

Justification for Increase (if applicable):

Identification Specific Expenses	Amount
Sub-Total	
	\$ -

58600	Miscellaneous	2022	2023	2024	\$	-
Historical Analysis		FY Approved Budget		_____		
		FY Actual Expenses		_____		
		FY2021 Request		_____		
				\$	-	

Justification for Increase (if applicable):

Identification Specific Expenses	Amount
Sub-Total	
	\$ -

58700	Gifts & Donations	2022	2023	2024	\$	-
Historical Analysis		FY Approved Budget		_____		
		FY Actual Expenses		_____		
		FY2021 Request		_____		
				\$	-	

Justification for Increase (if applicable):

Identification Specific Expenses	Amount
Sub-Total	
	\$ -

Budget Narrative/Justification

59800	Other Non-Indirect Expenses (Refer to Guidelines for allowability)	2022	2023	2024	\$	-
	Historical Analysis	FY Approved Budget				
		FY Actual Expenses				
		FY2021 Request → \$ -				

Justification for Increase (if applicable):

Identification Specific Expenses	Amount
Sub-Total	\$ -

599 Indirect \$ 206.00

Total: \$ 505,555.00



WHATCOM FIRE DISTRICT 8

Unique Entity ID UXP7TZAG7AU3	CAGE / NCAGE 6WTR7	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Oct 24, 2024	
Physical Address 752 Marine DR Bellingham, Washington 98225-1530 United States	Mailing Address 1800 Broadway Bellingham, Washington 98225 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Washington 02	State / Country of Incorporation (blank) / (blank)	URL www.whatcomfire8.org

Registration Dates

Activation Date Oct 30, 2023	Submission Date Oct 25, 2023	Initial Registration Date Sep 21, 2012
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Entity Dates

Entity Start Date Jul 1, 1955	Fiscal Year End Close Date Dec 31
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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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	Entity Type US Local Government	Organization Factors (blank)
Profit Structure (blank)		

Socio-Economic Types

Check the registrant's Repts & 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 No	Debt Subject To Offset No
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EFT Indicator 0000	CAGE Code 6WTR7
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Points of Contact

Electronic Business

👤 Bill Hewett, Fire Chief	752 Marine DR. Bellingham, Washington 98225 United States
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Government Business

👤 Bill Hewett, Fire Chief	752 Marine DR. Bellingham, Washington 98225 United States
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Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
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Disaster Response

This entity does not appear in the disaster response registry.