MEMORANDUM OF UNDERSTANDING

WASHINGTON TRAFFIC SAFETY COMMISSION
621 8th Ave SE, Suite 409, PO Box 40944, Olympia WA 98504-0944

THIS AGREEMENT is made and entered into by and between:

KITTITAS COUNTY SHERIFF'S OFFICE
(Agency Name)

Hereinafter referred to as "CONTRACTOR" and the WASHINGTON TRAFFIC SAFETY COMMISSION, hereinafter referred to as "WTSC."

IT IS THE PURPOSE OF THIS AGREEMENT to provide overtime funding to law enforcement agencies who have certified Drug Recognition Experts (DRE) to conduct the following activities:

- Respond to radio calls when no other DRE is available on duty and requiring a response in 'overtime status' from list of registered DREs.
- Cover shift extension 'overtime' when completing a drug evaluation or covering a request for a DRE
- Testifying in court as a result of performing drug evaluations due to these call outs and shift extensions when overtime is required to testify. (Not responsible for overtime generated from cases/arrests during normal employment or assignment)
- On an overtime basis, participate in DRE sponsored emphasis patrols and allied agency specific DRE-related requests pre-approved by the DRE Program Coordinator between **July 1, 2015 through June 30, 2017.**

IT IS, THEREFORE, MUTUALLY AGREED THAT:

1. All contractor DREs will be maintained and available for callout by Washington State Patrol communications in their individual regions. WSP Communications has assigned a special roster of DREs that assists in finding those that are available under these MOUs.
2. Contractor will provide a certified DRE on an "overtime" basis (**not to exceed 1.5 times normal salary and benefits**) to perform drug evaluation activities as specified. No other commissioned personnel will be funded.
3. The period of activity will begin on July 1, 2015 and extend through June 30, 2017.
4. Drug evaluation performance standards for certified and funded DREs must meet the standards of the International Association of Chiefs of Police.
5. DREs will maintain good standing with Drug Evaluation Classification Program; i.e. paperwork, rolling logs, and resumes. (Contractor and DRE will be notified if DRE is not eligible for availability and removed from WSP roster -30 day notice given.)
6. Contractor must submit the billings and supporting documents to the Drug Evaluation Classification Program (DECP) at 811 E. Roanoke St., Seattle WA 98102-3915 for approval and reimbursement **not more than 30 days after the last day of the month in which the overtime is worked**. Contractor must ensure that reimbursement being requested is not for on-duty time, but for call out and shift extension overtime only. Billings will include:
    - Completed and signed invoice Voucher, A19-1A Form (attached). Please note that a fax or electronic copy cannot be accepted. Your agency must be identified as the

"Claimant" and Federal Tax ID # and an original signature of the agency head, command officer or contracting officer must be provided on the A19-1A form.

- Payment documentation (overtime slips, payroll documents, etc.)
- DRE Request Form showing all pertinent information. If for court case, evidence it came from a prior MOU overtime situation.

7. Disputes arising under this agreement shall be resolved by a panel consisting of one representative of the WTSC, one representative from your agency and one representative from the DECP. The dispute panel shall thereafter decide the dispute with the majority prevailing.
8. Either party may terminate this agreement upon (30 days) written notice to the other party. In the event of termination of this agreement, the terminating party shall be liable for the performance rendered prior to the effective date of termination.
9. WTSC Termination – This project agreement may be terminated or fund payments discontinued or reduced by WTSC at any time upon written notice to the Contractor due to non-availability of funds, failure of the Contractor to accomplish any of the terms herein, or from any change in the scope or timing of the project.
10. The Drug Evaluation Classification Program (DECP) will assist by monitoring and tracking the available funds to ensure the availability of funds and report to WTSC as funding begins to be depleted.

IN WITNESS WHEREOF, PARTIES HAVE EXECUTED THIS AGREEMENT.

APPROVED/DISAPPROVED

Kittitas County Sheriff's Ofc

05/11/2015

(Agency) **(Date)**

Washington Traffic Safety Commission (Date)

Gene Dana, Sheriff

Contracting Agent Title & NAME (print/type name)

(Signature)

Please return this signed form to:

Attention: Drug Evaluation Classification Program
Washington State Patrol
811 E Roanoke ST
Seattle WA 98102-3915

FORM
A19-1A
(Rev. 3/95)

STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO	**LOCATION CODE**	**P.R. OR AUTH. NO.**

AGENCY NAME

Mr. Mark Medalen
Washington Traffic Safety Commission
PO Box 49044
Olympia WA 98504-9044

VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hearby certify under penalty of perjury that the items and totals listed herein are proper charges for material, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____
(SIGN IN INK)

_____ _____
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)	RECEIVED BY	DATE GOODS/SERVICES RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE ONLY
	This form must be sent FIRST to the DRE Program, 811 E Roanoke ST, Seattle WA 98102, for approval before					
	submission to the Traffic Safety Commission. This form must be accompanied by a complete DRE					
	Request Form and a copy of the overtime/shift extension payroll document.					

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE
	( )			

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER

REF DOC SUF	TRANS CODE	MOD	FUND	MASTER INDEX: APPN INDEX	MASTER INDEX: PROGRAM INDEX	SUB OJECT	SUB SUB OJECT	ORG INDEX	WORKCLASS: ALLOC	COUNTY: BUDGET UNIT	CITY/TOWN: MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER