Kittitas County Review Form Grants & Contract Agreement



Today's Date 06/05/2014	Agenda Date
Fund/Department	
116-Public Health	

Contract/Grant Information

Contract / Grant Agency: Central Washington University (CWU) MOU

Period Begin Date: Upon signature

Period End Date: 1 year from start date (upon signature)

Total Grant/Contract Amount: None

Grant/Contract Number:

Contract/Grant Summary:

The MOU between the State of Washington, Center for Leadership and Community Engagement of Central Washington University and Kittitas County Public Health Department is created to allow CWU the ability to provide registered service participants of the Center for Leadership & Community

Recommendation for Board of Health and Board of Health Review on

Engagement program to serve at the Kittitas County Public Health Department.

Department Head Signature: Administrator Date: Department Head Signature: D

Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

Signature of Prosecutor's Office Date

Signature of Auditor's Office Date

Signature of Board of Health member Date

Financial Information

Total Amount \$	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#

		In-Kind \$ Explain							
Is Equipment being purchase	ed?	Who owns equipment?							
New Personnel being hired?		Contact HR hiring – reporting requirements							
	Future impacts or liability to Kittitas County:								
		, , .							
,									
Dudget Information									
	Budget Information			No 🗔 When a t					
New Division Created?	Budget Amendment Needed? Yes attach budget			form No Why not					
Revenue Code									
Nevenue code									
·									
Pass Through Information	on								
Agency to Pass Through									
Amount to Pass Through \$									
Sub-Contract Approved [Date:								
Prosecutor Review									
Has the Prosecutor review	ewed thi	s agreemen	t?	Yes □ No □					
County Departments Im	pacted								
Auditor			Facilities Maintenance						
Information Services			Human Resource						
Prosecutor			Treasurer						
Submitted									
Signature:			Date:						
Department:				5					
Assignment of Tracking	Informa	ation							
Auditor's Office									
Human Resource									
Prosecutor's Office									
Who Signed the grant applic	cation								
Reviewer		COLUMN TO THE CO	Date						

11793-23

Memorandum of Understanding

This Memorandum of Understanding (MOU) made and entered into this [DATE] 6 06 14 at Ellensburg, County of Kittitas, State of Washington, by and between the State of Washington, Center for Leadership and Community Engagement (CLCE) of Central Washington University, hereafter referred to as CWU, and Kittitas County Health Department[CBO] hereafter referred to as the Sponsor.

CWU agrees to provide CLCE registered service participants with the opportunity to serve in the Sponsor's organization. Through this agreement, both parties agree that these CWU service participants will become service providers of Sponsor and not of CWU. It is agreed that CWU service participants may be asked to perform a variety of service support for sponsor. This Agreement is effective beginning [DATE] and will continue thereafter from year to year. This agreement will be reviewed no later than three years from its effective date, or earlier at the request of either party.

In consideration of these services, notification and placement of service participants at the above named organization, the Sponsor agrees to the following responsibilities:

- 1. Register all CWU service participants as volunteers of Sponsor organization.
- 2. Purchase and keep in force a general liability policy with minimum coverage of 1,000,000.00 per occurrence.
- 3. When applicable and required by law, obtain written authorization from each CWU service participant registered with Sponsor and secure valid criminal history background information pursuant to the Child/Adult Abuse Information Act and RCW 43.43.830 through 43.43.845.
- 4. Ensure that all registered CWU service participants have a safe working environment and that the CWU service participants are not exposed to any extreme hazards.
- 5. Demonstrate a level of professionalism consistent with CWU.
- 6. Provide supervision of all CWU service participants to include, but not limited to, the following:
 - Inform service participants of duties.
 - Be a contact person between CWU service participants and CWU CLCE.
 - Provide CWU service participants with the necessary instruction, feedback and learning opportunities.

CWU shall not be held responsible if CWU service providers do not attend or perform as to the Sponsor's requirements.

CWU requests that Sponsor provide CWU service providers with Labor & Industries Volunteer coverage under the Sponsors' account. If Sponsor does not provide such coverage to CWU service participants, it is the Sponsors' responsibility to notify all CWU service participants and CWU CLCE that such coverage will not be provided prior to the service experience.

In addition, Sponsor agrees to indemnify, defend and hold harmless the State of Washington, CWU and all its Board of Trustees, officials, agents and employees, and service providers from and against all claims arising of or resulting from the performance of this MOU. "Claims," as used in this agreement, means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable for bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom.

Each party to this MOU shall be responsible for the negligent acts or omissions of its own employees, officers, or agents in the performance of this Agreement. Neither party will be considered the agent of the other nor does neither party assume any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

This MOU has been executed by and on behalf of the parties hereto the day and year first above written.

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Sponsor's Phone and Email Contact 1	Information					

Sponsor's Print Name

Sponsor's Authorized Signature

Keith Champagne

Associate Dean for Student Life

DATE

DATE