

# Kittitas County Review Form Grants & Contract Agreement



Today's Date 10/23/2017	Agenda Date
Fund/Department 116-Public Health	

## Contract/Grant Information

Contract /Grant Agency: Walla Walla County and KCPHD	
Period Begin Date: 07/01/2017	Period End Date: 06/30/2018
Total Grant/Contract Amount: \$3000.00	
Grant/Contract Number:	
Contract/Grant Summary: The agreement is entered into, by, and between Walla Walla County and Kittitas County Public Health Department for engagement and participation in the Greater Columbia Accountable Community of Health Youth Marijuana Prevention and Education Program Planning Team.	

## Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_

Department Head Signature: _____, Administrator    Date: _____
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## 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 \$3000.00	State Funds \$3000.00	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$ <small>Explain</small>	

Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

### Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input checked="" type="checkbox"/> Why not
New Division Created?		Not an increase in bottom line, shifting of revenues
Revenue Code 116-612.91.334.06.902 - \$3000.00		

### Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

### Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

### Submitted

Signature:	Date:
Department:	

### Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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**Service Agreement #**  
between  
**WALLA WALLA COUNTY**  
and

**KITTITAS COUNTY PUBLIC HEALTH**

The Agreement is entered into by and between Walla Walla County, hereinafter "County," and Kittitas County Public Health, hereinafter "Contractor," for engagement and participation in the Greater Columbia Accountable Community of Health Youth Marijuana Prevention and Education Program Planning Team, as outlined in the attached Statement of Work. The rights and obligations of both parties are governed by the General Terms and Conditions, and the following Exhibits, copies of which are attached hereto and incorporated herein by this reference as fully as if set forth herein:

Exhibit A – Statement of Work  
Exhibit B – Budget  
Exhibit C – Expenditure Report Form  
Exhibit D – Participation Report Form

**Performance Period:** The terms of this Agreement shall commence on July 1st, 2017 and shall, unless terminated or renewed as provided elsewhere in the Agreement, terminate on June 30, 2018.

**Compensation:** Payment to Contractor for services rendered under this Agreement shall be as set forth in Exhibit B – Budget. The allocation of funding is currently awarded for Fiscal Year 2017: 7/1/2017 to 6/30/2018. The amount of payment for the performance period of this Agreement shall not exceed \$3,000.

CFDA# (if applicable): \_\_\_\_\_

UBI#: \_\_\_\_\_

State Industrial Account ID # (if applicable): \_\_\_\_\_

**1.0 CONTRACTOR RESPONSIBILITIES:**

CONTRACTOR agrees to:

- Participate in a minimum of six (6) monthly meetings of the regional planning group for Marijuana Prevention and Education per Statement of Work, Exhibit A

CONTRACTOR is responsible for the selection of the CONTRACTOR's participant in the regional planning meetings per Statement of Work, Exhibit A

CONTRACTOR agrees to follow all applicable statutes and regulations.

CONTRACTOR agrees to hold COUNTY harmless from all liabilities resulting from the above-described activities and further assumes responsibility for any future audit exceptions due to the use of these funds.

**2.0 BILLING AND PAYMENT**

The CONTRACTOR agrees to submit required deliverables as detailed in Exhibit B, Budget.

COUNTY will reimburse the actual approved expense of the KITTITAS COUNTY PUBLIC HEALTH up to a MAXIMUM OF \$3000. See Exhibit B

Allowable expenses are for reasonable program purposes, including personnel and travel submitted on Expenditure Report form (ERF), Exhibit C per Participation Report Form, Exhibit D. No expenses will be reimbursed for any lobbying efforts of any kind or for any clinical care.

Indirect costs are limited to the organization's approved overhead rate.

After approval of the billing invoices, payment will be made on the next scheduled Walla Walla County voucher run.

**All items shall be received and services rendered by midnight April 30, 2018. COUNTY shall not be responsible for any Invoices received after June 15, 2018.**

### 3.0 PROHIBITION AGAINST ASSIGNMENT

Neither this contract nor any interest therein may be assigned by either party without first obtaining the consent of the other party.

### 4.0 INDEPENDENT CONTRACTOR STATUS OF HEALTH DEPARTMENT

The CONTRACTOR and CONTRACTOR's employees and agents shall perform all duties pursuant to this Contract as an independent contractor. COUNTY shall not control or supervise the manner in which this Contract is performed nor withhold or pay any taxes on behalf of the CONTRACTOR or the CONTRACTOR's employees or agents.

## 5.0 INDEMNIFICATION AND INSURANCE

Any and all claims which hereafter arise on the part of any and all persons as a direct or indirect result of the CONTRACTOR or the CONTRACTOR's employees or agents performance or failure to perform duties pursuant to this Contract, shall be the CONTRACTOR's sole obligation, and the CONTRACTOR shall indemnify and hold harmless COUNTY.

Insurance. CONTRACTOR is a member of the Washington Counties Risk Pool. CONTRACTOR shall notify COUNTY forty-five (45) days before cancellation or reduction in CONTRACTOR's insurance coverage.

## 6.0 SUSPENSION AND DEBARMENT

The CONTRACTOR certifies that persons responsible for this agreement are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this program by any federal department or agency.

## 7.0 TERMINATION

This agreement shall terminate and be null and void to the extent funds anticipated to be made available to the COUNTY for the purposes of this agreement are not made available to the COUNTY for any reason whatsoever.

Either party may terminate this agreement with written notice to the other party prior to June 10, 2018.

## 8.0 VERBAL AGREEMENTS

This written Contract constitutes the mutual agreement of the CONTRACTOR and COUNTY in whole. No alteration or variation of the terms of this Contract and no oral understandings or agreements not incorporated herein, unless made in writing between the parties hereto, shall be binding.

## 9.0 APPLICABLE LAW

This Contract shall be governed by the laws of the State of Washington.

## 10.0 NONDISCRIMINATION

No person shall, on the grounds of race, creed, color, national origin, sex, sexual orientation or handicapping condition be excluded from participation in, be denied the

benefits of, or be otherwise subjected to discrimination under activities performed pursuant to this Contract.

#### 11.0 EFFECTIVE DATE - DURATION

This Contract shall commence on the 1st Day of July 2017, and shall terminate at midnight on the 30<sup>th</sup> day of June 2018, regardless of the date of execution. Section 5.0 (Indemnification) which shall continue to bind the parties their heirs and successors after June 30, 2018.

**IN WITNESS WHEREOF**, COUNTY and CONTRACTOR have executed this Contract consisting of four pages and attachments.

By their signatures below, the parties agree to the terms and conditions of this Agreement and all documents incorporated by reference. The parties signing below certify that they are authorized to sign this Agreement.

**IN WITNESS WHEREOF**, the parties hereto have signed this Agreement.

COUNTY:

CONTRACTOR:

\_\_\_\_\_  
Meghan DeBolt, MBA/MPH  
Director  
Department of Community Health  
314 W. Main  
P.O. Box 1753  
Walla Walla, WA 99362  
Phone: (509) 524-2650 Fax: (509) 524-2642

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized By  
Date

\_\_\_\_\_  
Print Name & Title of Person Signing

\_\_\_\_\_  
Telephone Number / Email Address:

\_\_\_\_\_  
Mailing Address (Street address required in addition to PO Box.):

\_\_\_\_\_  
Social Security or Business Tax ID#:

**Exhibit A**  
**STATEMENT OF WORK**

Grantee Name: Kittitas County Public Health

Agreement Number: Contract Period: July 1, 2017 – June 30, 2018

<b>Task Number</b>	<b>Task/Activity/Description</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
1	Participate in Monthly YMPEP Planning Team meetings.	Participation and attendance to monthly YMPEP Planning Team meetings	Monthly – October 2017 through March 2018	Invoiced monthly

## Exhibit B

### BUDGET

Grantee Name: Kittitas County Public Health

Agreement Number: Contract Period: October 1, 2017 - June 31, 2018

This Agreement \_\_\_\_\_ includes /  X  does not include, in the SPECIFIC TERMS AND CONDITIONS, requirements to which payment of budgeted funds is contingent.

Line Item/Description	Amount
Personnel Costs: Time and Effort	\$2000
Travel to and From YMPEP Planning Team Meetings, \$0.54/mile	\$1000
TOTAL:	\$3,000

Funded By:

WA State Department of Health Youth Marijuana Prevention and Education Program



**INSTRUCTIONS TO VENDOR OR CLAIMANT:**

**Submit this form to Contractor:**

Walla Walla, WA 99362

Email to: [DCHContractsBilling@co.walla-walla.wa.us](mailto:DCHContractsBilling@co.walla-walla.wa.us)

## CLAIMANT

**BY:**

(SIGN IN INK)

(TITLE)

(DATE)

**Program:**

**Agreement Number:**

**Claim Period:**TOTAL PAYMENT REQUESTED WITH THIS ERF:

\$0.00
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PREPARED BY

TELEPHONE NUMBER

DATE

**FOR COUNTY FINANCE USE ONLY**

VENDOR NUMBER

UBI NUMBER

**FUND Code Distribution**

ACCOUNTING APPROVAL FOR PAYMENT

DATE \_\_\_\_\_

WARRANT TOTAL

WARRANT NUMBER
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**\$0.00**