



To Protect and Promote the Health and the Environment of the People of Kittitas County

Memorandum of Understanding

This Memorandum of Understanding is between First United Methodist Church located at 210 N Ruby Ellensburg WA 98926 hereinafter referred to as "Methodist Church,"

and

Kittitas County Public Health Department located at 507 N Nanum Street STE 102 Ellensburg WA 98926, hereinafter referred to as "KCPHD."

PURPOSE OF THIS MEMORANDUM OF UNDERSTANDING is to establish an agreement of use of space for conducting harm reduction education, testing and counseling, and supply distribution.

SCOPE OF SERVICES CONDUCTED include: harm reduction education, HIV/Hepatitis C testing and counseling, clean syringe exchange and safe disposal of used needles, wound care, drug treatment referrals, and other disease prevention measures, including condom distribution and Hepatitis A and Hepatitis B vaccinations.

THE TERM OF THIS UNDERSTANDING begins on June 1, 2010 (date) and ends upon 30 days written notice by either party or on May 31, 2011 (date)

RESPONSIBILITIES OF METHODIST CHURCH include the following:

1. Provide one key to KCPHD designated staff person for entrance to the designated space.
2. Ensure the designated space is reserved for KCPHD each Thursday from 12:00pm to 3:00pm.
3. Provide space to keep educational materials in posted brochure rack, which will remain the property of KCPHD.
4. Allow KCPHD staff access to building amenities including restrooms, heat and running water.

RESPONSIBILITIES OF KCPHD include the following:

1. Ensure all utilities are turned off and building is secured before leaving.
2. Ensure cleanliness after using space and proper disposal of garbage.
3. Maintain safety standards for KCPHD staff and clients as outlined in policy.
4. Request permission from Methodist Church board members to change or expand hours, if applicable.
5. Maintain confidentiality for clients and other groups using the facility.
6. Respect church property, grounds and members of the congregation.





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INDEMNIFICATION: Each party agrees to be responsible and assume liability for its own wrongful and/or negligent acts or omissions or those of its officials, officers, agents, or employees to the fullest extent required by law, and further agrees to save, indemnify, defend, and hold the other party harmless from any such liability. It is further provided that no liability shall attach to the County by reason of entering into this agreement except as expressly provided herein.

BOTH Methodist Church and KCPHD agree to provide all necessary documentation in the defense of a legal action brought against one or both parties to the Memorandum of Understanding.

BOTH Methodist Church and KCPHD shall comply with all applicable laws of local, state, and federal governments.

BOTH Methodist Church and KCPHD shall not discriminate against any client, patient, or user of service because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, or the presence of any sensory, mental, or physical handicap.

THIS MEMORANDUM OF UNDERSTANDING is hereby acknowledged:

Charles Haight - Trustee Chair

Methodist Church

Aug 1 2010

Date

Catherine Bambrick

Kittitas County Public Health Department

7/14/10

Date



Kittitas County Review Form Grants & Contract Agreement



Today's Date 04/27/2010	Agenda Date
Fund/Department 116-Public Health	

Contract/Grant Information

Contract /Grant Agency: MOU between First United Methodist Church and Kittitas County Public Health Department	
Period Begin Date: 06/01/2010	Period End Date: 05/31/2011
Total Grant/Contract Amount: N/A	
Grant/Contract Number:	
Contract/Grant Summary: This MOU is between First United Methodist Church and Kittitas County Public Health Department to establish an agreement of use of space for conducting harm reduction education, testing and counseling, and supply distribution	

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature <u><i>Amerine Bumbuck</i></u> , Administrator	Date: <u>4/27/10</u>
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

	<u>5/13/10</u>
Signature of Prosecutor's Office	Date
	<u>5/18/10</u>
Signature of Auditor's Office	Date
	<u>7.6.10</u>
Signature of Board of Health member	Date

Financial Information

Total Amount \$0	State Funds \$0	Federal Funds \$0
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$ Explain	

Is Equipment being purchased?No	Who owns equipment?
New Personnel being hired?No	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:None	

Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input checked="" type="checkbox"/> Why not
New Division Created?		
Revenue Code		

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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