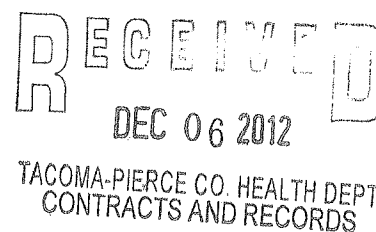


INTERAGENCY AGREEMENT  
BETWEEN  
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT  
and  
KITITAS COUNTY PUBLIC HEALTH DEPARTMENT



This Interagency Agreement is made and entered into by and between the **Tacoma-Pierce County Health Department**, hereinafter referred to as **DEPARTMENT**, and **Kittitas County Public Health Department**, hereinafter referred to as the **Local Health Jurisdiction**. The **DEPARTMENT** and the **Local Health Jurisdiction** are collectively referred to as the "parties."

### I. RECITALS

WHEREAS, the **DEPARTMENT** and the **Local Health Jurisdiction** are local health departments as provided for under Chapters 70.05, 70.08, or 70.46 RCW, with authority under Chapter 246-217 WAC to issue food worker cards; and

WHEREAS, it is the purpose of this Interagency Agreement to provide for the funding and execution of services as described in Addendum A, attached hereto and incorporated herein; and

WHEREAS, the parties have the authority to enter into this Agreement pursuant to RCW 70.05.150.

### II. DEFINITIONS

As used herein, the following terms shall have the meanings set forth below:

- A. **Agreement** means this Interagency Agreement together with the attached Addenda, and any other documents incorporated therein. Any oral representations or understandings not incorporated herein are excluded. Attached hereto and made a part hereof for all purposes are the following:

Addendum	Number of Pages	Description
A	2	Scope of Work
B	1	Reimbursement

- B. **Department Representative** means the individual or individuals designated and authorized by the **DEPARTMENT** to receive notices, sign amendments or modifications, and to act for it in all matters relating to this Agreement, or the designee of such individual.
- C. **Local Health Jurisdiction's Representative** means the individual designated and authorized by the **Local Health Jurisdiction** to receive notices, sign amendments or modifications, and to act for it in all matters relating to this Agreement, or the designee of such individual.
- D. **Services** means all work performed by the **DEPARTMENT** or the **Local Health Jurisdiction** pursuant to and governed by this Agreement, including Addenda A and B.

### III. TERM

The term of this Agreement shall be: January 1, 2013 through December 31, 2013, unless amended earlier pursuant to the terms and conditions herein. Should this Agreement be signed after the term beginning date stated herein, then it shall be retroactive and binding to that date.

### IV. PAYMENT

Payment for the services described in Addendum A shall be provided as set forth in Addendum B, attached hereto and incorporated by reference.

## **V. HOLD HARMLESS**

Each party shall defend, protect, and hold harmless the other party, and its appointed and elected officials, employees, and agents from and against all liability, loss, cost, damage and expense, including but not limited to costs and attorney's fees, because of claims, suits and/or actions arising from any negligent or intentional act or omission asserted or arising or alleged to have arisen directly or indirectly out of or in consequence of the performance of this Agreement.

## **VI. RECORDS MAINTENANCE**

The **DEPARTMENT** and the **Local Health Jurisdiction** shall each maintain books, records, documents, and other evidence that sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to inspection, review, or audit by personnel of both parties, and other personnel duly authorized by law. The **DEPARTMENT** shall retain and otherwise make available all books, records, documents, and other material relevant to this Agreement in accordance with Chapters 42.56 and 40.14 RCW and supporting regulations.

## **VII. TERMINATION**

Except as otherwise provided for herein, either party may terminate this Agreement by giving the other party at least ninety (90) days written notice. If this Agreement is so terminated, the each party shall be liable only for performance in accordance with the terms stated herein for services rendered prior to the effective date of termination.

## **VIII. CHANGE IN FUNDING**

If the funding authorities of the **DEPARTMENT** (*Federal, State, and local agencies*) fail to appropriate funds to enable the **DEPARTMENT** to continue payment as specified in this Agreement or if the Board of Health reduces the budget of the **DEPARTMENT** or any program(s) and, as a result of the Board of Health's action, the **DEPARTMENT's** Director of Health determines there are insufficient funds to continue payment as specified in this Agreement, then the **DEPARTMENT** may modify or cancel this Agreement without penalty provided that the **Local Health Jurisdiction** receives at least ninety (90) days prior written notice of lack of appropriate funds as the reason for the modification or termination.

## **IX. INTERPRETATION**

In the event of an inconsistency found in the terms and conditions contained within this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Federal and State Statutes and Regulations;
- Addenda A and B; and
- The provisions of this Agreement.

## **X. PERFORMANCE**

The **DEPARTMENT** shall perform all services in accordance with all applicable professional standards and agrees that it will use only qualified, competent personnel in the execution of these services.

## **XI. AMENDMENTS**

Either party may request changes to this Agreement. Proposed changes, which are mutually agreed upon, shall be incorporated by written amendments to this Agreement. No changes to this Agreement are valid or binding on either party unless first reduced to writing and signed by the Representatives of both parties.

## **XII. NON-DISCRIMINATION**

Each party covenants that in providing the services described in Addendum A, no person, on the grounds of marital status, presence of any sensory, mental, or physical handicap, unless based upon a bona fide

occupational qualification, race, creed, color, national origin, age, religion, gender, sexual orientation, disabled veteran status or Vietnam Era Veteran status, shall be excluded from participation therein, denied the benefits thereof, or otherwise be subjected to discrimination with respect thereto.

### XIII. DISPUTES

This Agreement shall be administered and interpreted under the laws of the State of Washington. In the event that a dispute arises in the interpretation or application of this Agreement, both parties are to proceed to good faith negotiation to resolve said disputes. However, in the event such disputes cannot be resolved, the dispute may be appealed to the parties' Directors of Health for resolution. In the event the Directors are unable to resolve the dispute, either party may pursue relief in Superior Court. Jurisdiction of litigation arising from this Agreement shall be in the State of Washington. Venue for all actions arising pursuant to this Agreement shall lie within Pierce County, Washington.

### XIV. SERVICES MANAGEMENT

The work described in Addendum A shall be performed under the coordination and cooperation of both party representatives. Each party shall provide assistance and guidance to the other party as necessary for the successful performance and goals of this Agreement.

### XV. ALL WRITINGS CONTAINED HEREIN

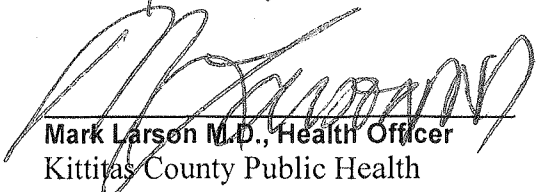
This Interagency Agreement contains all the terms and conditions acknowledged by both parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind the parties hereto.

### XVI. COMPLIANCE WITH POLICIES AND PROCEDURES

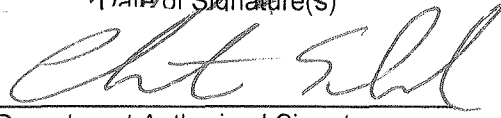
The **Local Health Jurisdiction** agrees to adhere to and/or comply with all applicable policies and procedures of the **DEPARTMENT** relating to the services and obligations described in Addenda A and B.

IN WITNESS THEREOF the parties hereto have executed this Agreement as of the 30th day of November, 2012.

11/30/12  
Date of Signature

  
Mark Larson M.D., Health Officer  
Kittitas County Public Health  
507 N Nanum St Suite 102  
Ellensburg, WA 98926  
(509) 962-7515

12/14/12  
Date of Signature(s)

  
Department Authorized Signature  
Christopher Schuler, Business Manager

12/10/12  
Steve Marek, Division Director

Tacoma-Pierce County Health Department  
3629 South D. Street, MS 001  
Tacoma, WA 98418  
(253) 798-2899

### **ADDENDUM A: SCOPE OF WORK AND SPECIFIC CONDITIONS**

This Addendum A applies to Agreement **10529-32** between The TACOMA-PIERCE COUNTY HEALTH DEPARTMENT ( **DEPARTMENT**) and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT (**Local Health Jurisdiction**). In addition to the terms and conditions set forth in the **Agreement**, the parties agree as follows..

**1. Local Health Jurisdiction shall:**

- 1.1. Authorize **DEPARTMENT** by means of this Agreement, to provide online food worker training, testing and card issuance to residents of Kittitas County and any out-of-state residents who state they work in Kittitas County as the **Local Health Jurisdiction's** "Designated Agent", as permitted under Chapter 246-217 WAC.
- 1.2. Hold the **DEPARTMENT** harmless from any actual or purported loss of online food worker training, testing and card issuance income during times of unavoidable lack of access to the **DEPARTMENT's** training, testing and card issuance web site.

**2. The DEPARTMENT shall:**

- 2.1. Provide online food worker training, testing and card issuance services as a designated agent of **Local Health Jurisdiction** that meet the State of Washington's requirements under Chapter 246-217 WAC.
- 2.2. Ensure a best-faith effort to maintain a training, testing and card issuance web site that functions and is accessible to residents of Kittitas County and any out-of-state residents who state they work in Kittitas County.
- 2.3. Provide **Local Health Jurisdiction** with the location of a website to which residents of Kittitas County and any out-of-state residents who state they work in Kittitas County may be directed for online training, testing and card issuance . The **DEPARTMENT** may change the location of the website, but must provide re-direction to a new site with a minimum of thirty (30) days advance notice to **Local Health Jurisdiction**.
- 2.4. Provide access to the software to print a food worker card with the **Local Health Jurisdiction** logo which shall be valid throughout the State of Washington for a minimum period of two years from the date of issuance.
- 2.5. Establish a secure online payment gateway and service that will permit online payment services via, credit cards, including but not limited to Visa and MasterCard, as well as debit cards.
- 2.6. Provide and pay for an online maintenance agreement with an outside contractor to provide technical support of the website and online programming of the online food worker card software.
- 2.7. Provide **Local Health Jurisdiction** with a written statement of income on a quarterly basis or as the parties may otherwise agree or a link to an on line report providing the same information.

- 2.8. Provide support and service to **Local Health Jurisdiction** during regular **DEPARTMENT** hours of operation to ensure **Local Health Jurisdiction** the ability to respond to queries from residents of Kittitas County and any out-of-state residents who state they work in Kittitas County.
3. The liaisons for the Agreement shall be as follows:

On behalf of the **DEPARTMENT**:

Mike Davis  
Food Program Supervisor  
Tacoma-Pierce County Health Department  
3629 S D Street  
Tacoma, WA. 98418  
Phone: (253) 798-6464  
Fax: (253) 798-6539  
Email: [mdavis@tpchd.org](mailto:mdavis@tpchd.org)

On behalf of the **Local Health Jurisdiction**:

**James Rivard**  
Environmental Health Supervisor  
Interim Co-Administrator Kittitas County  
Public Health Department  
507 N. Nanum St., Suite 102  
Ellensburg, WA 98926  
(509) 962-7005  
Email: [ames.rivard@co.kittitas.wa.us](mailto:ames.rivard@co.kittitas.wa.us)

## **ADDENDUM B: REIMBURSEMENT**

This Addendum B applies to **Agreement 1059-32** between The TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (**DEPARTMENT**) and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT (**Local Health Jurisdiction**). In addition to the terms and conditions set forth in the **Agreement**, the parties agree as follows:

### **1. Reimbursement and Method of Payment.**

- 1.1. During the period January 1, 2013 through December 31, 2013 the **DEPARTMENT** agrees to reimburse the **Local Health Jurisdiction** for services identified in Addendum A.
- 1.2. The **DEPARTMENT** will pay **Local Health Jurisdiction** the proceeds less a \$3.00 per card fee the **DEPARTMENT** collects from online food worker cards issued to the residents of Kittitas County and any out-of-state residents who state they work in Kittitas County that enter the [www.foodworkercard.wa.gov](http://www.foodworkercard.wa.gov) website (or a successor site) by means of the **Local Health Jurisdiction's** web link, the **DEPARTMENT's** web link, or any other approved link.
- 1.3. If the actual and overhead costs incurred by the **DEPARTMENT** for online food worker cards increase over \$3.00 per card, the **DEPARTMENT** may, in its sole discretion, increase the fees to offset the difference and the amount paid to **Local Health Jurisdiction** will be reduced. Written notice of any rate increases, if necessary, will be provided in writing thirty (30) days in advance to the **Local Health Jurisdiction**.
- 1.4. The **DEPARTMENT** will pay **Local Health Jurisdiction** all proceeds less a \$1.00 per card fee the **DEPARTMENT** collects for each replacement food worker card issued online to a resident of Kittitas County and any out-of-state residents who state they work in Kittitas County, who lost their original food worker card and purchases a replacement food worker card without taking the online test that enter the [www.foodhandlerscard.com](http://www.foodhandlerscard.com) testing website (or a successor site) by means of the **Local Health Jurisdiction's** web link, the **DEPARTMENT's** web link, or any other approved link.
- 1.5. These rates are based on the maximum fees established and subject to change under Chapter 246-217 WAC.
- 1.6. The **DEPARTMENT** shall remit a payment and a statement of revenues due to the **Local Health Jurisdiction**, at the address stated below, quarterly, within 20 business days of the end of the quarter.

### **2. Remittance Address.** **DEPARTMENT** will remit payment to the address stated below:

Kittitas County Public Health Department  
507 N. Nanum St., Suite 102  
Ellensburg, WA 98926  
Phone: (509)962-7515

### **3. Accounting Information.**

- 3.1. Source of Funding: **NA**
- 3.2. **DEPARTMENT** Program Number 1059-FoodSafety