

BOARD OF COUNTY COMMISSIONERS  
COUNTY OF KITTITAS  
STATE OF WASHINGTON

RESOLUTION  
NO. 2017- 126

RESOLUTION TO AUTHORIZE EXECUTION OF A MEMORANDUM OF  
UNDERSTANDING BETWEEN CENTRAL WASHINGTON UNIVERSITY AND THE  
KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

**WHEREAS**, Kittitas County, through the Kittitas County Public Health Department (KCPHD), is charged with the preservation, promotion, and improvement of health in the County; and

**WHEREAS**, Central Washington University agrees to provide Center for Leadership and Community Engagement registered participants to KCPHD to serve as volunteers and assist KCPHD with various public health projects; and

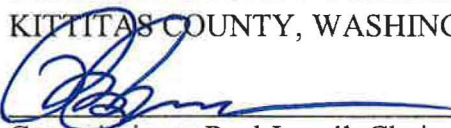
**WHEREAS**, KCPHD can benefit from volunteer services to carry out their preservation, promotion, and improvement of health in the County objectives; and


**WHEREAS**, the Parties agree these services should be delivered in the manner detailed in the Memorandum of Understanding, attached hereto and incorporated herein by reference.

**NOW THEREFORE, BE IT RESOLVED** that the Board of County Commissioners of Kittitas County, Washington, hereby authorizes the Kittitas County Public Health Department to execute a Memorandum of Understanding with Central Washington University that is attached hereto, and incorporated herein by reference.

DATED this 1st day of August, 2017, at Ellensburg, Washington.

BOARD OF COUNTY COMMISSIONERS  
KITTITAS COUNTY, WASHINGTON

  
Commissioner Paul Jewell, Chair

  
Commissioner Laura Osiadacz, Vice Chair

  
Commissioner Obie O'Brien



  
Clerk of the Board

- ☒ Julie Kjorsvik
- ☐ Mandy Buchholz



Central Washington University **LEARN. DO. LIVE.**

**Center for Leadership &  
Community Engagement**

11793-23

## Memorandum of Understanding

This Memorandum of Understanding (MOU) made and entered into this **6/30/2017** 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 Public Health Department** hereafter referred to as the Sponsor.

CWU agrees to provide CLCE registered service participants with the opportunity to serve in the Sponsor's organization. Opportunities may be contingent upon resources available from the Sponsor. 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 **6/30/2017** 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. Provide Sponsor's orientation requirements for CWU service participants. All CWU service participants must satisfactorily complete orientation before commencing their duties.
5. 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.
6. Demonstrate a level of professionalism consistent with CWU.
7. Provide supervision of all CWU service participants to include, but not limited to, the following:
  - Inform service participants of duties, which may vary from project to project and will be based on the current needs of the Sponsor and available funding. Duties are not limited to, but typically include:
    - Working in the Health Promotion, Community Health, Environmental Health, or Assessment divisions
    - Assisting with any activities within the department
    - Interaction with department staff and the general public
    - Attending staff and program meetings
    - Shadowing in the field
    - Assisting with front desk duties
    - Attending trainings and local events



- Assisting with the collection and analysis of data
- Promoting and supporting current activities of the department
- Building and maintaining relationships with community partners
- Conducting outreach for public health programs
- Designing written materials
- 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.

Each party to this MOU shall be responsible for its own acts or omissions and for those of its directors or trustees, officers, employees, agents, and volunteers. Neither party shall be responsible to the other party for the acts or omissions of persons or entities not a party to this Agreement.

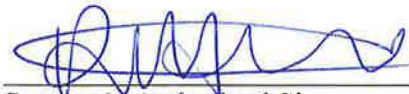
The performance of all or part of this MOU shall not operate to vest any employment rights whatsoever and shall not be deemed to guarantee any employment of the CWU service participant at the present time or in the future.

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

509.962-7515      Robin Read @ Co. Kittitas, WA, US  
Sponsor's Phone and Email Contact Information

Robin Read

Sponsor's Print Name



Sponsor's Authorized Signature

8/7/17  
DATE



Jenna Hyatt  
Interim Associate Dean Student Living

8-11-17  
DATE

CWU 7-14-17

**Kittitas County  
Review Form  
Grants & Contract Agreement**



#39961

Today's Date 07/03/2017	Agenda Date <b>7/31/17</b>
Fund/Department 116-Public Health	

**Contract/Grant Information**

Contract /Grant Agency: MOU between Central Washington University and Kittitas County Public Health	
Period Begin Date: 06/30/2017	Period End Date: 06/30/2020
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 Engagement program to serve at the Kittitas County Public Health Department.	

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

Department Head Signature:  Administrator	Date: <b>8/7/17</b>
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**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**

APPROVED AS TO FORM:

Signature of Prosecutor's Office	<div style="text-align: right; margin-bottom: 5px;"><b>7-17-17</b></div> Date
Signature of Auditor's Office	<div style="text-align: right; margin-bottom: 5px;"><b>7/20/17</b></div> 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 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 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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