



**AGENDA**  
**BOARD OF CLALLAM COUNTY COMMISSIONERS**  
223 East 4th Street Room 160  
Port Angeles, Washington  
Tuesday, July 30, 2024 – 10:00 a.m.

Board of Clallam County Commissioner meetings will also be available virtually at:

If you would like to participate in the meeting via Zoom audio only, call 253-215-8782 and use meeting ID: 875 561 7844 and passcode: 12345

If you would like to participate in the meeting via Zoom video conference, visit <https://zoom.us/j/8755617844> and use meeting ID: 875 561 7844 and passcode: 12345

This meeting can be viewed on a live stream at this link: <https://www.clallamcountywa.gov/669/Live-Archived-Meetings-Online>

Public comment can be directed to the Clerk of the Board at 360-417-2256 or [Loni.Gores@clallamcountywa.gov](mailto:Loni.Gores@clallamcountywa.gov)

**CALL TO ORDER, PLEDGE OF ALLEGIANCE, ROLL CALL**

**REQUEST FOR MODIFICATIONS/APPROVAL OF AGENDA**

**PUBLIC COMMENT ? Please limit comments to three minutes (10 minutes total)**

**CONSENT AGENDA ? Any Commissioner may remove items for discussion**

- 1a. Approval of vouchers for the week of July 22

Approval of vouchers 

- 1b. Approval of payroll for the period ending July 15

Approval of payroll 

- 1c. Approval of minutes for the week of July 22

Approval of minutes 

- 1d. Resolution appointing Christine Paulsen to the Fair Advisory Board

Resolution 

- 1e. Call for hearing to be held on Tuesday, August 13, 2024 at 10:30 a.m. regarding an Ordinance amending chapter 27.03, Lake Sutherland Management District 2

Call for hearing 

- 1f. Letter of approval of application and fee waiver fee \$150 for Clallam Bay / Sekiu Fun Days assembly permit applications

## Letter

- 1g. Resolution re-establishing the Animal Issues Advisory Committee and renaming it the Animal Solutions Advisory Committee

## Resolution

Resolution - Updated 7-29-24 

## **REPORTS AND PRESENTATIONS**

## **CONTRACTS AND AGREEMENTS**

- 2a. Agreement with Washington State Health Care Authority for Reentry Demonstration Initiative Project (Sheriff's Office)

## Agreement

- 2b. Agreement with Washington State Health Care Authority for Reentry Demonstration Initiative Project (Juvenile Services)

## Agreement

## **BUDGET**

- 3a. Resolution for consideration to adopt the following Budget Revisions:  
HHS - Environmental Health - The budget is being revised to reallocate funding from the Laboratory Supplies line to the capital Machinery and Equipment line for the purchase of replacement laboratory equipment/\$6,000  
Non-Dept - Hotel/Motel Tax - Reallocation of funds per Resolution 40, 2024, Board-approved lodging tax applications/\$675,804.65

## Budget revisions

- 3b. Resolution for consideration to adopt the following Supplemental Appropriations:  
Sheriff - Operations -  
- A grant from Washington State Criminal Justice Training Commission will be utilized for a consultant and minor exercise equipment to increase deputy wellness program/\$20,000  
- A grant has been awarded by WASPC in support of a field response effort to identify and direct civilians undergoing mental distress to appropriate sources. Olympic Peninsula Community Clinic will provide the coordination and resources to fulfill this mission /\$629,566  
Sheriff - Emergency Services - Clallam County was awarded \$125,000 from the USDA's Community Wildfire Defense program to update our wildfire protection plan, last revised in 2009. A fund match will be met by staff time from the County and Fire District for planning, outreach, and steering committee involvement/\$125,000  
Sheriff - OPNET Drug - Clallam County's OPNET task force was awarded \$150,000 by WA State for the period of 7/1/24 - 6/30/25, to continue their ongoing efforts against our narcotics crisis/\$75,000  
Sheriff - Jail -  
- Clallam County Correctional Facility is awarded up to 2.25 million dollars of funding, half of which will be received into the General Fund balance in December 2024. This funding is to establish staffing, procedures, and infrastructure necessary for the Medicaid billing of inmate healthcare/\$1,125,000  
- 4Sight monitoring bracelets that will give real-time health metrics and sound an alarm if parameters are critical, funded by County's Risk Pool/\$24,687

## Supplemental appropriations

## HEARING(S) ? Beginning at 10:30 a.m.

- H1. Consideration of resolution adopting the following Debatable Emergencies:  
Public Works - Equipment Rental and Revolving - Fairground front mower FG173, which was scheduled for replacement in 2025, must be replaced now due to serious engine issues/\$20,000

Debatable emergencies 

## **PUBLIC COMMENT ? Please limit comments to three minutes**

### **EXECUTIVE SESSION**

The Board may recess into Executive Session to consider employment or dismissal of personnel, to review the performance of a public employee, to consult with legal counsel, to consider the position to be taken in collective bargaining, to consider acquisition or sale of real estate, or other matters per RCW 42.30.110

**The following meetings are scheduled for the Board of Commissioners July 29 - August 2:**  
**Meetings below are held in the BOCC Board Room 160 unless indicated otherwise**

**Monday, July 29:**

**9:00 a.m. Work Session**

**12:00 p.m. WSAC Virtual Update (Virtually with WSAC)**

**Tuesday, July 30:**

**10:00 a.m. Board Meeting**

**10:30 a.m. Hearing(s) - See Agenda**

**Wednesday, July 31:**

**8:00 a.m. Coffee with Colleen (Virtually with EDC)**

**Friday, August 2:**

**9:00 a.m. Housing Solutions Committee Meeting**

### **INSTRUCTIONS FOR SPEAKING AT A COMMISSIONERS' MEETING:**

- Members of the public wishing to address the Board on general items may do so during the designated times on the agenda.
- Members of the public wishing to comment at the public hearing are asked to sign in on the sheet provided giving their name and address.
- The Chair may limit the comment period to 3 minutes for each speaker subject to Board concurrence.
- Speakers, generally, will be heard in the order they signed up. All comments must be made from the speaker's rostrum and any individual making comments shall first state their name and address for the official record.
- General comments, applause, booing from members of the audience are inappropriate and may result in removal.

These guidelines are intended to promote an orderly system for conducting a public hearing so that each person has an opportunity to be heard and to ensure that exercising their right of free speech embarrasses no one.

**Note: Written testimony presented by members of the public during the Board meeting is considered a public document and must be submitted to the Clerk of the Board. Copies of public documents from Board meetings are available by contacting the Public Records Department.**



1a  
JUL 30 2024

Date of report: July 24, 2024

|                     |                       |
|---------------------|-----------------------|
| <b>General Fund</b> | <b>\$209,398.74</b>   |
| <b>Other Funds</b>  | <b>\$845,034.03</b>   |
| <b>Total</b>        | <b>\$1,054,432.77</b> |

STATE OF WASHINGTON

County of Clallam

This is to certify that the foregoing Final Check Lists a.k.a., Register of Warrants for the period herein indicated, is a full, true, and correct representation of the corresponding payments for services rendered to and supplies and equipment received by all Clallam County government operations as recorded in the books or original entry maintained by this office.

WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2024.

\_\_\_\_\_  
SHOONA RIGGS COUNTY AUDITOR

CLALLAM COUNTY BOARD OF COMMISSIONERS does hereby certify that the services and merchandise herein specified have been received and that the claims listed and numbered above are hereby approved for payment:

BOARD OF COMMISSIONERS  
CLALLAM COUNTY, WASHINGTON

\_\_\_\_\_  
MIKE FRENCH, Chair

\_\_\_\_\_  
RANDY JOHNSON

\_\_\_\_\_  
MARK OZIAS

\_\_\_\_\_  
TODD MIELKE, County Administrator

## Weekly Expenditures

July 22 - 26, 2024

| Fund #            | Department                                     | Expenditures      |                   | Use Tax           |               |
|-------------------|------------------------------------------------|-------------------|-------------------|-------------------|---------------|
|                   |                                                | General Fund (GF) | Other Funds       | General Fund (GF) | Other Funds   |
| 00100.221         | <b>Auditor</b>                                 | 26,740.91         |                   | 13.80             |               |
| 00100.241/291/831 | <b>Commissioners (BOCC)</b>                    | 20,838.05         |                   |                   |               |
| 19914.291         | BOCC - Veterans Relief                         |                   | 3,794.10          |                   |               |
| 19941.291         | BOCC - Opportunity Fund                        |                   | 31,672.50         |                   |               |
| 19951.291         | BOCC - Affordable Housing Sales Tax            |                   | 162,496.38        |                   |               |
| 19961.291         | BOCC - American Rescue Plan Act                |                   | 3,219.52          |                   |               |
| 00100.331-334     | <b>Dept. of Community Develop't (DCD)</b>      | 548.07            |                   |                   |               |
| 30301.331         | DCD - Lower Dungeness Floodplain               |                   | 106.14            |                   |               |
| 00100.871         | <b>District Court I</b>                        | 1,315.54          |                   |                   |               |
| 00100.881         | <b>District Court II</b>                       | 74.61             |                   |                   |               |
| 11301.511         | <b>Health &amp; Human Services (HHS)</b>       |                   | 5,672.71          |                   |               |
| 00100.511         | HHS - Environmental Health                     | 7,334.77          |                   |                   |               |
| 11323.511         | HHS - Chem Dep/Mental Hlth                     |                   | 29,225.97         |                   |               |
| 11331.511         | HHS - Developmental Disabilities               |                   | 2,707.40          |                   |               |
| 50501.461         | <b>Human Resources - Workers Comp</b>          |                   | 36,004.57         |                   |               |
| 00100.851         | <b>Juvenile Services</b>                       | 9,967.20          |                   |                   |               |
| 13001/13051       | <b>Noxious Weed/LMD #2</b> (Lake Mgmt. Dist.)  |                   | 4,721.72          |                   |               |
| 00100.911/912     | <b>Parks Fair Facilities (PFF)</b>             | 34,278.87         |                   |                   |               |
| 30101.911         | PFF - REET 1 (Real Estate Excise Tax)          |                   | 458.28            |                   |               |
| 30501.911         | PFF - Capital Projects                         |                   | 14,217.36         |                   |               |
| 00100.841-843     | <b>Prosecuting Attorney</b>                    | 13,900.00         |                   |                   |               |
|                   | <b>Public Works (PW)</b>                       |                   |                   |                   |               |
| 10101.611         | PW - Roads                                     |                   | 209,991.20        |                   |               |
| 41401.611         | PW - Clallam/Seki Sewer                        |                   | 3,278.44          |                   |               |
| 42401.611         | PW - Carlsborg Sewer                           |                   | 490.76            |                   |               |
| 43401.611         | PW - Bullman Beach Water System                |                   | 667.17            |                   |               |
| 50301.611         | PW - ER&R (Equip't Rental & Revolving)         |                   | 66,128.45         |                   |               |
| 00100.811-815,817 | <b>Sheriff</b>                                 | 89,523.38         |                   | 779.71            |               |
| 11002.811         | Sheriff - Honor Guard Donation                 |                   | 1,680.27          |                   |               |
| 11003.811         | Sheriff - Boating Safety                       |                   | 552.43            |                   | 44.50         |
| 11004.811         | Sheriff - VRF Boating Program                  |                   | 380.91            |                   |               |
| 11008.811         | Sheriff - OPNET Drug                           |                   | 377.30            |                   |               |
| 11061.811         | Sheriff - 911 Enhanced                         |                   | 186,979.54        |                   |               |
| 11065.811         | Sheriff - OPSCAN Operations                    |                   | 5,784.08          |                   | 400.01        |
| 11080.811         | Sheriff - Inmate Commissary                    |                   | 2,187.67          |                   | 88.18         |
| 30605.811         | Sheriff - Joint Public Safety Facility Project |                   | 55,157.47         |                   |               |
| 00100.861         | <b>Superior Court</b>                          | 3,750.00          |                   |                   |               |
| 12905.861         | Superior Court - Dispute Resolution            |                   | 625.00            |                   |               |
| 12911.861         | Superior Court - Courthouse Facilitator        |                   | 439.11            |                   |               |
| 00100.231         | <b>Treasurer</b>                               | 333.83            |                   |                   |               |
| 12201.231         | Treasurer - O&M (Operation & Maintenance)      |                   | 916.50            |                   |               |
| 12241.231         | Treasurer - Land Assessment                    |                   | 14,568.39         |                   |               |
| <b>Total</b>      |                                                | <b>208,605.23</b> | <b>844,501.34</b> | <b>793.51</b>     | <b>532.69</b> |

VISA statement balance:

Statement date:

| Report Reconciliation |              | Totals       |              |         |          |
|-----------------------|--------------|--------------|--------------|---------|----------|
| Total                 | 1,053,106.57 | General Fund | 209,398.74   |         |          |
| Final Check Lists     | 1,053,106.57 | Other Non-GF | 845,034.03   |         |          |
| Difference            | -            | VISA charges | -            |         |          |
|                       |              | Total        | 1,054,432.77 | Use Tax | 1,326.20 |

COPY

Prepared by: \_\_\_\_\_

Sara DeBiddle, Clallam County Auditor's Office

Invoice History Use Tax Report  
CLALLAM COUNTY

| Tran Date | Vendor Name             | Invoice / Credit Memo No. | Doc Group | Taxable Amount | Tax Amount | Invoice Total |
|-----------|-------------------------|---------------------------|-----------|----------------|------------|---------------|
| 7/30/2024 | INTAB LLC               | 217067A                   | sprice    | 155.00         | 13.80      | 155.00        |
| 7/30/2024 | LEXIPOL LLC             | #INVLEX11235552           | jkoon2    | 7,509.38       | 668.34     | 7,509.38      |
| 7/30/2024 | SWANSONS SERVICES CORP. | 1852001                   | jkoon2    | 937.50         | 83.44      | 937.50        |
| 7/30/2024 | SWANSONS SERVICES CORP. | 1857625                   | jkoon2    | 53.21          | 4.74       | 53.21         |
| 7/30/2024 | U S BANK                | 0037-Jul24                | jkoon     | 4,494.44       | 400.01     | 4,957.64      |
| 7/30/2024 | U S BANK                | 0097-Jul28                | jkoon     | 1,251.34       | 111.37     | 4,260.48      |
| 7/30/2024 | U S BANK                | 2308-Jul24                | jkoon     | 499.94         | 44.50      | 2,246.50      |
| Totals:   |                         |                           |           | 14,900.81      | 1,326.20   | 20,119.71     |

Auditor

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                  | Invoice | Inv Date  | Description              | Amount Paid | Check Total |
|-------------------------|---------|-------------------------|---------|-----------|--------------------------|-------------|-------------|
| 7/30/2024               | 0000152 | BALLOT & BUSINESS FORMS | 6424    | 7/10/2024 | BALLOT PAPER             | 553.80      | 553.80      |
| 7/30/2024               | 0000781 | INTAB LLC               | 217067A | 7/8/2024  | ELECTION SEALS           | 155.00      | 155.00      |
| 7/30/2024               | 0001140 | OLYMPIC PRINTERS INC    | 34992   | 7/1/2024  | PAPER CUTTING FOR ELECT  | 10.89       | 10.89       |
| 7/30/2024               | 0019068 | K & H PRINTERS INC      | 066510  | 7/18/2024 | 2024 AUGUST PRIMARY INSE | 11,902.38   | 11,902.38   |
| 7/30/2024               | 0047005 | SIGNATURE GRAPHICS INC  | 11058-A | 7/8/2024  | LVP PRINTING 2024 AUGUST | 14,118.84   | 14,118.84   |
| Sub total for U S BANK: |         |                         |         |           |                          |             | 26,740.91   |

0.\*  
26,740.91+  
218,226.45+  
654.21+  
1,315.54+  
74.61+  
100.00+  
44,840.85+  
36,004.57+  
9,967.20+  
4,721.72+  
40,954.51+  
13,900.00+  
66,128.45+  
209,991.20+  
4,436.37+  
322,434.50+  
20,188.55+  
4,814.11+  
15,818.72+  
3,794.10+  
1,053,106.57\*+  
0.\*

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07/24/2024 8:09:09AM

Final Check List  
CLALLAM COUNTY

Bocc

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                      | Invoice         | Inv Date  | Description               | Amount Paid | Check Total |
|-------------------------|---------|-----------------------------|-----------------|-----------|---------------------------|-------------|-------------|
| 7/30/2024               | 0000507 | CLALLAM COUNTY ECONOMIC     | 4401            | 7/18/2024 | 2ND Q 2024 SERVICES PER C | 31,672.50   |             |
|                         |         |                             | 4388            | 7/18/2024 | SFFI CONTRACT 245.24.013  | 20,000.00   | 51,672.50   |
| 7/30/2024               | 0001209 | PENINSULA BEHAVIORAL HEALTH | 5TH/FIR 19951.2 | 7/18/2024 | 5TH & FIR CONTRACT 19951. | 162,496.38  | 162,496.38  |
| 7/30/2024               | 0002534 | STATE AUDITOR'S OFFICE      | L162214         | 7/18/2024 | ACCOUNTABILITY, FEDERAL,  | 765.05      | 765.05      |
| 7/30/2024               | 0030587 | B&H PHOTO VIDEO             | 225052501       | 7/18/2024 | FAIRGROUNDS WIFI          | 3,219.52    | 3,219.52    |
| 7/30/2024               | 0046683 | ODP BUSINESS SOLUTIONS      | L373034522001   | 7/18/2024 | COPY PAPER                | 73.00       | 73.00       |
| Sub total for U S BANK: |         |                             |                 |           |                           |             | 218,226.45  |

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07/24/2024 8:13:42AM

Final Check List  
CLALLAM COUNTY

DCD

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                  | Invoice       | Inv Date  | Description             | Amount Paid | Check Total |
|-------------------------|---------|-------------------------|---------------|-----------|-------------------------|-------------|-------------|
| 7/30/2024               | 0001641 | VERIZON WIRELESS        | 9967467348    | 6/24/2024 | JUNE 2024 G157 \$106.14 | 443.12      | 443.12      |
| 7/30/2024               | 0001716 | DEPT OF ENTERPRISE SVCS | 731135421     | 7/2/2024  | BLDG/PLANN OPERATING SL | 100.49      | 100.49      |
| 7/30/2024               |         | voided check            |               |           |                         |             |             |
| 7/30/2024               | 0046683 | ODP BUSINESS SOLUTIONS  | L374954475001 | 7/9/2024  | ADMIN OFFICE SUPPLIES   | 65.96       |             |
|                         |         |                         | 375315487001  | 7/10/2024 | ADMIN OPERATING SUPPLIE | 44.64       | 110.60      |
| Sub total for U S BANK: |         |                         |               |           |                         |             | 654.21      |

654.21  
Sub

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07/24/2024 8:24:18AM

Final Check List  
CLALLAM COUNTY

District Court I

Page: 1

Bank : apbank U S BANK

| Check #                 | Date      | Vendor  | Invoice           | Inv Date   | Description | Amount Paid              | Check Total |        |
|-------------------------|-----------|---------|-------------------|------------|-------------|--------------------------|-------------|--------|
|                         | 7/30/2024 | 0021386 | STAPLES ADVANTAGE | 6006377821 | 7/6/2024    | DISTRICT COURT OFFICE SU | 615.17      | 615.17 |
|                         | 7/30/2024 | 0021386 | STAPLES ADVANTAGE | 3543741238 | 7/16/2024   | OFFICE SUPPLIES          | 700.37      | 700.37 |
| Sub total for U S BANK: |           |         |                   |            |             |                          | 1,315.54    |        |

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07/24/2024 8:28:01AM

Final Check List  
CLALLAM COUNTY

District Court II

Page: 1

Bank : apbank U S BANK

| Check #                 | Date      | Vendor  | Invoice            | Inv Date   | Description | Amount Paid             | Check Total |       |
|-------------------------|-----------|---------|--------------------|------------|-------------|-------------------------|-------------|-------|
|                         | 7/30/2024 | 0019100 | PLUMLEY, WILLIAM L | 690882     | 7/30/2024   | PUBLIC DEFENDER INTERPR | 65.00       | 65.00 |
|                         | 7/30/2024 | 0021386 | STAPLES ADVANTAGE  | 6005641716 | 7/30/2024   | OFFICE SUPPLIES         | 9.61        | 9.61  |
| Sub total for U S BANK: |           |         |                    |            |             |                         | 74.61       |       |

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07/24/2024 10:44:11AM

Final Check List  
CLALLAM COUNTY

HHs(1)

Page: 1

Bank : apbank U S BANK

| Check #                 | Date      | Vendor           | Invoice         | Inv Date | Description             | Amount Paid | Check Total |
|-------------------------|-----------|------------------|-----------------|----------|-------------------------|-------------|-------------|
|                         | 7/30/2024 | 0020849 U S BANK | 5178-13 07-04-2 | 7/8/2024 | HOPS - COB CONFERENCE S | 100.00      | 100.00      |
| Sub total for U S BANK: |           |                  |                 |          |                         |             | 100.00      |

Bank : apbank U S BANK

| Check #                 | Date      | Vendor  | Invoice                  | Inv Date      | Description | Amount Paid                | Check Total |
|-------------------------|-----------|---------|--------------------------|---------------|-------------|----------------------------|-------------|
|                         | 7/30/2024 | 0036231 | FISHER SCIENTIFIC COMPAN | 2567033       | 5/24/2024   | WATER LAB - LAB SUPPLIES   | 5,986.63    |
|                         |           |         |                          | 3265045       | 6/21/2024   | WATER LAB - LAB SUPPLIES   | -162.70     |
|                         | 7/30/2024 | 0000918 | LINCOLN STREET STATION   | LSSC 7-9-24   | 7/9/2024    | WATER QUALITY - FEDEX OV   | 72.15       |
|                         | 7/30/2024 | 0046683 | ODP BUSINESS SOLUTIONS   | L367497985001 | 7/1/2024    | ADMIN - OFFICE SUPPLIES    | 55.41       |
|                         | 7/30/2024 | 0035803 | PHENOVA INC              | 200048        | 12/5/2023   | WATER LAB - LAB SUPPLIES   | 916.60      |
|                         | 7/30/2024 | 0001641 | VERIZON WIRELESS         | 9967780049-2  | 6/28/2024   | WQ - K KOWAL CELL PHONE    | 367.52      |
|                         | 7/30/2024 | 0023815 | VREELAND, ROBERT         | RV BT 6-11-24 | 6/30/2024   | FOOD - BUSINESS MILEAGE    | 99.16       |
|                         | 7/30/2024 | 0049777 | ANGELES LAWN             | 753227        | 7/12/2024   | HOPS - HRHC LAWN MOWING    | 326.10      |
|                         | 7/30/2024 | 0000296 | CENTURYLINK              | CL 07-06-24   | 7/6/2024    | HOPS - FORKS OFFICE PHON   | 403.18      |
|                         | 7/30/2024 | 0001249 | NORTH AMERICAN SYRINGE   | 55038-2       | 7/9/2024    | HOPS - XYLAZINE TEST STRI  | 1,658.77    |
|                         | 7/30/2024 | 0046683 | ODP BUSINESS SOLUTIONS   | L367280666001 | 6/28/2024   | HOPS - POSTITS, TONER, TA  | 309.57      |
|                         |           |         |                          | 367458812001  | 7/2/2024    | HOPS - TOILET PAPER        | 65.21       |
|                         |           |         |                          | 367386092001  | 7/1/2024    | HOPS - PENS, BATTERIES, PA | 54.56       |
|                         |           |         |                          | 367353708001  | 6/29/2024   | HOPS - PENS                | 12.23       |
|                         | 7/30/2024 | 0049218 | SQUEAKY CLEAN SERVICES   | 366           | 7/11/2024   | HOPS - CLEANING/SANITIZIN  | 750.00      |
|                         |           |         |                          | 367           | 7/11/2024   | HOPS - CLEANING/SANITIZIN  | 600.00      |
|                         | 7/30/2024 | 0001499 | TAYLOR COMMUNICATIONS    | IIV1904235    | 7/9/2024    | HOPS - BIRTH CERTIFICATE I | 176.11      |
|                         | 7/30/2024 | 0001641 | VERIZON WIRELESS         | 9967780049-1  | 6/28/2024   | HOPS - A SHARED CLALLAM/   | 1,062.47    |
|                         | 7/30/2024 | 0033201 | WESTSIDE PIZZA           | WP 07-12-24   | 7/12/2024   | HOPS - GROUP SUPPORT SL    | 154.51      |
|                         | 7/30/2024 | 0001209 | PENINSULA BEHAVIORAL HEA | 1132324PBHPA1 | 7/10/2024   | CD/MH - PATH OUTREACH SE   | 1,753.35    |
|                         | 7/30/2024 | 0001252 | PORT ANGELES, CITY OF    | 11323-24-PAFD | 6/12/2024   | CD/MH - COMMUNITY PARAM    | 11,899.57   |
|                         |           |         |                          | 11323-24-PAFD | 7/11/2024   | CD/MH - COMMUNITY PARAM    | 7,933.05    |
|                         | 7/30/2024 | 0030719 | REFLECTIONS COUNSELING   | 11323-24-RCSG | 7/12/2024   | CD/MH - UNDERINSURED & N   | 7,640.00    |
|                         | 7/30/2024 | 0046683 | ODP BUSINESS SOLUTIONS   | L367553718001 | 7/1/2024    | DDD - COPY PAPER, PENS     | 94.90       |
|                         | 7/30/2024 | 0001140 | OLYMPIC PRINTERS INC     | 34802         | 7/2/2024    | DDD - BAGS                 | 1,106.42    |
|                         |           |         |                          | 34801         | 7/2/2024    | DDD - SUNGLASSES           | 821.10      |
|                         |           |         |                          | 34800         | 7/2/2024    | DDD - CHIP CLIP            | 447.58      |
|                         |           |         |                          | 34803         | 7/2/2024    | DDD - POSTIT NOTES         | 237.40      |
| Sub total for U S BANK: |           |         |                          |               |             |                            | 44,840.85   |

HR Payroll

Bank : apbank U S BANK

| Check #                 | Date      | Vendor  | Invoice                             | Inv Date  | Description               | Amount Paid | Check Total |
|-------------------------|-----------|---------|-------------------------------------|-----------|---------------------------|-------------|-------------|
|                         | 7/30/2024 | 0001707 | WA ST DEPT OF, LABOR & INI2Q2024L&I | 7/18/2024 | 2ND QTR 2024 L&I (WORKER. | 36,004.57   | 36,004.57   |
| Sub total for U S BANK: |           |         |                                     |           |                           |             | 36,004.57   |

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07/24/2024 9:07:21AM

Final Check List  
CLALLAM COUNTY

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Bank : apbank U S BANK

| Check #                 | Date    | Vendor                | Invoice    | Inv Date  | Description | Amount Paid | Check Total |
|-------------------------|---------|-----------------------|------------|-----------|-------------|-------------|-------------|
| 7/30/2024               | 0017787 | DAIRY FRESH FARMS INC | 8122419808 | 7/16/2024 | DET FOOD    | 101.11      |             |
|                         |         |                       | 8122419111 | 7/9/2024  | DET FOOD    | 88.07       | 189.18      |
| 7/30/2024               | 0048357 | SANDERS, AMANDA       | CPWIJUN24  | 7/17/2024 | PRO SVCS    | 8,978.02    | 8,978.02    |
| 7/30/2024               | 0050045 | MATTIX, TUESDAY       | 01         | 7/12/2024 | PRO SVCS    | 800.00      | 800.00      |
| Sub total for U S BANK: |         |                       |            |           |             |             | 9,967.20    |

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| Check #                 | Date    | Vendor                   | Invoice          | Inv Date  | Description            | Amount Paid | Check Total |
|-------------------------|---------|--------------------------|------------------|-----------|------------------------|-------------|-------------|
| 7/30/2024               | 0001540 | SWAIN'S GENERAL STORE IN | 330231           | 7/17/2024 | SHOVEL HANDLE AND GLOV | 48.80       |             |
|                         |         |                          | 330154           | 7/15/2024 | GEAR FOR SEASONAL WOR  | 13.98       | 62.78       |
| 7/30/2024               | 0041765 | CALL LUKE LLC            | Call Luke 7-12-2 | 7/9/2024  | WEED REMOVAL FOR ENFO  | 4,658.94    | 4,658.94    |
| Sub total for U S BANK: |         |                          |                  |           |                        |             | 4,721.72    |

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| Check #   | Date    | Vendor                   | Invoice         | Inv Date  | Description               | Amount Paid | Check Total |
|-----------|---------|--------------------------|-----------------|-----------|---------------------------|-------------|-------------|
| 7/30/2024 | 0000091 | ANGELES MILLWORK & LUMB  | 499281          | 7/18/2024 | 2304PR LKPLSNT DOCK BOL   | 373.02      |             |
|           |         |                          | 355631          | 7/18/2024 | 2304PR LKPLSNT DOCK BOL   | 279.26      |             |
|           |         |                          | k56055          | 7/18/2024 | 2403FAC HR RECONFIG WAL   | 39.75       |             |
|           |         |                          | 355918          | 7/18/2024 | 2304PR LKPLSNT DOCK BOL   | 36.04       |             |
|           |         |                          | 355921          | 7/18/2024 | 2304PR LKPLSNT DOCK WAS   | 35.39       |             |
|           |         |                          | 355991          | 7/18/2024 | CH PLIERS                 | 23.40       |             |
|           |         |                          | 356144          | 7/18/2024 | 2403FAC HR RECONFIG COM   | 22.85       |             |
|           |         |                          | K97500          | 7/18/2024 | 2403FAC HR RECONFIG TAPE  | 9.01        |             |
|           |         |                          | 356180          | 7/18/2024 | 2403FAC HR RECONFIG MES   | -26.44      | 792.28      |
| 7/30/2024 | 0000196 | BILLS PLUMBING & SANIKAN | IS3680436       | 7/18/2024 | SC SANIKAN, EXCESSIVE CLI | 290.00      |             |
|           |         |                          | s3680059        | 7/18/2024 | SMPK RDG SANIKAN          | 100.00      |             |
|           |         |                          | s3680522        | 7/18/2024 | DRA SANIKAN               | 100.00      | 490.00      |
| 7/30/2024 | 0000290 | CED/STUSSER - SEATTLE    | 5948-1056535    | 7/18/2024 | JUV LIGHTS                | 99.32       | 99.32       |
| 7/30/2024 | 0000359 | CLALLAM COUNTY PUBLIC W  | 1480 7/24       | 7/18/2024 | CB JUNE SEWER             | 148.04      | 148.04      |
| 7/30/2024 | 0000561 | FERGUSON ENTERPRISES IN  | 2816046         | 7/18/2024 | CDJ PVC PRIMER            | 83.43       | 83.43       |
| 7/30/2024 | 0000677 | GRAINGER INC             | 9181955619      | 7/18/2024 | 2009FAC CH VAV TSTAT      | 373.46      |             |
|           |         |                          | 9180508955      | 7/18/2024 | SMPK STAPLE HASP          | 9.93        | 383.39      |
| 7/30/2024 | 0001252 | PORT ANGELES, CITY OF    | 63871-98716 6/2 | 7/18/2024 | CH JUNE UTIL & GARBAGE    | 18,366.72   |             |
|           |         |                          | 63871-147906 6/ | 7/18/2024 | CH JUNE UTIL              | 3,396.40    |             |
|           |         |                          | 60327-89776 6/2 | 7/18/2024 | 3RD ST JUNE UTIL & GARBAC | 685.09      |             |
|           |         |                          | 63871-161038 6/ | 7/18/2024 | CH JUNE UTIL              | 94.22       | 22,542.43   |
| 7/30/2024 | 0001300 | PUBLIC UTILITY DISTRICT  | 43120 6/24      | 7/18/2024 | RH JUNE ELECT             | 216.40      |             |
|           |         |                          | 44963 6/24      | 7/18/2024 | RH IRR JUNE ELECT         | 32.20       |             |
|           |         |                          | 67069 6/24      | 7/18/2024 | SMPK CLINE UNMETERED LI   | 24.40       | 273.00      |
| 7/30/2024 | 0001540 | SWAIN'S GENERAL STORE IN | 330205          | 7/18/2024 | FG FIX FLAT TEXT KNLCK TH | 104.25      |             |
|           |         |                          | 330189          | 7/18/2024 | CH PAINT                  | 37.94       |             |
|           |         |                          | 330182          | 7/18/2024 | DRA MARKING PAINT         | 32.57       |             |
|           |         |                          | 330229          | 7/18/2024 | CH KEY                    | 16.17       | 190.93      |
| 7/30/2024 | 0004211 | CENTURYLINK              | 333811110 7/24  | 7/18/2024 | CDJ TELEPHONE             | 156.09      |             |
|           |         |                          | 333894964 7/24  | 7/18/2024 | SC TELEPHONE              | 80.71       | 236.80      |
| 7/30/2024 | 0004211 | CENTURYLINK              | 333558429 7/24  | 7/18/2024 | DRA TELEPHONE             | 155.71      | 155.71      |
| 7/30/2024 | 0022571 | TOPPER INDUSTRIES INC    | 24.0572         | 7/18/2024 | CB BRIDGE BEACH RAMP DF   | 6,926.04    | 6,926.04    |
| 7/30/2024 | 0026936 | SITKUM TREE SERVICE      | 8898            | 7/18/2024 | SC REMOVAL OF HAZARD TR   | 4,995.60    | 4,995.60    |
| 7/30/2024 | 0036323 | BUCK'S NORTHWEST LANDS   | 3249            | 7/18/2024 | 2304FAC LKPLSNT DOCK FLC  | 4,896.00    | 4,896.00    |

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| Check #                 | Date      | Vendor  | Invoice                  | Inv Date  | Description | Amount Paid               | Check Total |
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|                         | 7/30/2024 | 0038937 | MOBILE PRESSURE CLEANING | 653190    | 7/18/2024   | JUV CLEAN KITCHEN HOOD    | 490.05      |
|                         |           |         |                          | 653191    | 7/18/2024   | FG STEAM CLEAN KITCHEN I  | 435.20      |
|                         | 7/30/2024 | 0041393 | ETA MEDIA INC            | 20        | 7/18/2024   | FG 2024 FAIR ADVERT BLACK | 75.00       |
|                         | 7/30/2024 | 0041504 | IML SECURITY SUPPLY      | 4151581   | 7/18/2024   | 2008FACJAIL LOCK RPR LABE | 84.82       |
|                         | 7/30/2024 | 0041605 | HD SUPPLY                | 815321732 | 7/18/2024   | FG BATH TISS LINER HND SN | 2,371.54    |
|                         |           |         |                          | 814820379 | 7/18/2024   | CH HND SNTZR BRUSH & HO   | 1,257.49    |
|                         |           |         |                          | 81197268  | 7/18/2024   | DRA BATH TISSUE           | 905.29      |
|                         |           |         |                          | 813820347 | 7/18/2024   | CH BATH TISSUE CREDIT RE  | -717.43     |
|                         | 7/30/2024 | 0041765 | CALL LUKE LLC            | 4675      | 7/18/2024   | WSU/JUV PERIM PREV TREA   | 239.58      |
|                         | 7/30/2024 | 0048758 | GIORDANO RESTORATIONS    | 1547      | 7/18/2024   | FG DOG BARN PROJECT BEN   | 1,600.00    |
| Sub total for U S BANK: |           |         |                          |           |             |                           | 48,954.51   |

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| Check #                 | Date    | Vendor                   | Invoice     | Inv Date  | Description             | Amount Paid | Check Total |
|-------------------------|---------|--------------------------|-------------|-----------|-------------------------|-------------|-------------|
| 7/30/2024               | 0004037 | HARPER RIDGEVIEW CHAPEL  | 02605       | 7/18/2024 | HARPER CORONER JUNE 20: | 5,650.00    | 5,650.00    |
| 7/30/2024               | 0045696 | THURSTON COUNTY CORON    | CCC-7012024 | 7/18/2024 | JUNE MORGUE USAGE       | 750.00      | 750.00      |
| 7/30/2024               | 0045735 | PACIFIC NW FORENSIC PATH | 2024-CO-164 | 7/18/2024 | WENDY BRADBURY AUTOPS   | 2,100.00    |             |
|                         |         |                          | 2024-CO-162 | 7/18/2024 | GEORGE PARRISH AUTOPSY  | 1,200.00    | 3,300.00    |
| 7/30/2024               | 0048448 | PACIFIC NORTHWEST FOREN  | Moen6.2024  | 7/18/2024 | JULIE MOEN AUTOPSY      | 2,100.00    |             |
|                         |         |                          | Payne6.24   | 7/18/2024 | TERESA PAYNE AUTOPSY    | 2,100.00    | 4,200.00    |
| Sub total for U S BANK: |         |                          |             |           |                         |             | 13,900.00   |

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| Check #   | Date    | Vendor                    | Invoice        | Inv Date  | Description                     | Amount Paid | Check Total |
|-----------|---------|---------------------------|----------------|-----------|---------------------------------|-------------|-------------|
| 7/30/2024 | 0000091 | ANGELES MILLWORK & LUMB   | 356184         | 7/17/2024 | Propane - PA 830                | 20.84       | 20.84       |
| 7/30/2024 | 0000172 | BAXTER A/P OFFICE         | 130895-24      | 7/11/2024 | Wheel Hub Seals, Bearings - P   | 82.42       | 82.42       |
| 7/30/2024 | 0000175 | BEAR CAT MFG INC          | 126835         | 2/6/2024  | Roll Pins, O Rings, Ball Valves | 416.88      | 416.88      |
| 7/30/2024 | 0000329 | CO-OP FARM AND GARDEN, T  | 105756-24      | 7/1/2024  | Propane - SQ 839                | 32.32       | 32.32       |
| 7/30/2024 | 0000594 | DECKER CITY HARDWARE, T   | 1834412        | 7/1/2024  | Paint, Enamel, Tape - LC 20-Y   | 131.25      |             |
|           |         |                           | 834581         | 7/2/2024  | Spackling - LC 20-YDLC          | 9.76        | 141.01      |
| 7/30/2024 | 0000599 | FORKS OUTFITTERS          | 1JUL2024       | 7/1/2024  | Vinegar - LC 20-YDLC            | 20.07       | 20.07       |
| 7/30/2024 | 0000772 | INDUSTRIAL HYDRAULICS IN  | A348642        | 7/12/2024 | Filter Heads - PA 803           | 295.78      |             |
|           |         |                           | A348641        | 7/12/2024 | Caps, Plugs, Jugs - PA          | 151.77      | 447.55      |
| 7/30/2024 | 0000821 | JOHN DEERE AG & TURF CO   | F117623410     | 6/27/2024 | Vehicle Purchase - PA FG175     | 19,604.64   | 19,604.64   |
| 7/30/2024 | 0000848 | PAPE KENWORTH NORTHWE     | 14759583       | 7/9/2024  | Compressor, Clutch - LC 240     | 541.73      |             |
|           |         |                           | 14758450       | 7/9/2024  | Tubes, Seals, Screws - LC 207   | 356.25      |             |
|           |         |                           | 14738906       | 6/28/2024 | Oil Gasket - PA 200             | 256.73      | 1,154.71    |
| 7/30/2024 | 0001187 | PAPE MACHINERY INC        | 15402127       | 7/12/2024 | Roller ASSY, Wear Plate, Bolts  | 862.04      |             |
|           |         |                           | 2219016        | 6/30/2024 | Repairs - PA 619                | 383.16      | 1,245.20    |
| 7/30/2024 | 0001251 | PORT ANGELES AUTO GLASS   | 0074326        | 7/10/2024 | Windshield - PA 45              | 740.52      | 740.52      |
| 7/30/2024 | 0001252 | PORT ANGELES, CITY OF     | 934-358/071324 | 7/13/2024 | Utility Charges - PA            | 2,984.37    | 2,984.37    |
| 7/30/2024 | 0001255 | PRICE FORD LINCOLN MERCI  | 5054408        | 7/10/2024 | Oil - PA 181                    | 109.96      |             |
|           |         |                           | 698520         | 7/5/2024  | Repairs - PA S366               | 108.96      |             |
|           |         |                           | 5054506        | 7/18/2024 | TPMS Sensor - PA S344           | 64.93       | 283.85      |
| 7/30/2024 | 0001405 | LES SCHWAB TIRE CENTERS   | S38100589315   | 6/24/2024 | Tires - SQ 453                  | 292.91      | 292.91      |
| 7/30/2024 | 0001576 | THURMAN SUPPLY            | 908895         | 7/10/2024 | Submersible Pump - PA           | 107.09      | 107.09      |
| 7/30/2024 | 0001714 | WA ST DEPT OF NATURAL RE  | 0100177926/202 | 7/2/2024  | Surface Mining Tax - Kirner Pit | 2,000.00    | 2,000.00    |
| 7/30/2024 | 0001781 | WHITEHEADS AUTO PARTS I   | N290837        | 7/11/2024 | PAG Oil - LC 240                | 69.76       |             |
|           |         |                           | 288812         | 6/17/2024 | Mic, Grommet, Tape - LC         | 62.39       |             |
|           |         |                           | 290894         | 7/12/2024 | Return Credit - LC 240          | -52.32      | 79.83       |
| 7/30/2024 | 0004191 | STEEBY, JAMES             | L0242913035    | 7/15/2024 | Trip Permit - PA 20-GUTTERS     | 33.00       | 33.00       |
| 7/30/2024 | 0004211 | CENTURYLINK               | 34063592/07062 | 7/6/2024  | Phone Services 812B - CH 20-F   | 101.44      | 101.44      |
| 7/30/2024 | 0004448 | DAREN'S POINT S TIRE & AU | T0097844       | 8/10/2024 | Tires - PA S344                 | 700.00      | 700.00      |

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|-------------------------|-----------|---------|---------------------------|-------------|-------------|-------------------------------------|-------------|-----------|
|                         | 7/30/2024 | 0022435 | RACE STREET AUTO PARTS    | 979244-24   | 7/16/2024   | Battery - PA 843                    | 308.19      |           |
|                         |           |         |                           | 878566-24   | 7/11/2024   | Fuel Filters - PA Stores            | 177.07      |           |
|                         |           |         |                           | 678561-24   | 7/11/2024   | Various Filters, Washer Fluid - S   | 94.96       |           |
|                         |           |         |                           | 678562-24   | 7/11/2024   | Oil Filter, Wipers, Air Filter - SQ | 58.86       |           |
|                         |           |         |                           | 678959-24   | 7/14/2024   | Gladhand - SQ 243                   | 44.37       |           |
|                         |           |         |                           | 679112-24   | 7/15/2024   | Adapter - PA 57                     | 42.91       |           |
|                         |           |         |                           | 678994-24   | 7/15/2024   | Fitting - PA                        | 34.80       |           |
|                         |           |         |                           | 678997-24   | 7/15/2024   | Oil Filters - PA Stores             | 33.06       |           |
|                         |           |         |                           | 678478-24   | 7/10/2024   | Warrenty Credit - PA 130            | -43.55      |           |
|                         |           |         |                           | 678587-24   | 7/11/2024   | Core Return Credit - PA 108         | -71.87      | 678.80    |
|                         | 7/30/2024 | 0025256 | FIRE CHIEF EQUIPMENT CO   | 0922175     | 5/21/2024   | Shop Fire Extinguishers - SQ 21     | 905.68      |           |
|                         |           |         |                           | 0020050-1   | 7/11/2024   | Fire Extinguishers - PA             | 341.10      | 1,246.78  |
|                         | 7/30/2024 | 0036098 | O'REILLY AUTO PARTS       | 2750-101642 | 7/16/2024   | Alternator - PA 20-OPNET, IMP       | 271.47      | 271.47    |
|                         | 7/30/2024 | 0036418 | PA FAR WEST MACHINE &, HY | 0624-10132H | 7/3/2024    | Hydraulic Hoses, Clamps - PA 4      | 853.43      | 853.43    |
|                         | 7/30/2024 | 0041605 | HD SUPPLY                 | 812602944   | 7/1/2024    | Liner, Tissue - PA 20-B201          | 207.73      | 207.73    |
|                         | 7/30/2024 | 0043469 | PETROCARD                 | 0525376-IN  | 7/11/2024   | Unleaded - CH                       | 10,966.62   |           |
|                         |           |         |                           | 0525287-IN  | 7/10/2024   | Dyed Diesel - SQ                    | 8,401.69    |           |
|                         |           |         |                           | 0271133-IN  | 7/10/2024   | Various Oils, Drum - SQ             | 5,598.98    |           |
|                         |           |         |                           | 0525092-IN  | 7/9/2024    | Unleaded - SQ                       | 5,190.04    |           |
|                         |           |         |                           | 0271971-IN  | 7/2/2024    | Hydrualic Fluid, Drum, Pump - I     | 1,933.40    |           |
|                         |           |         |                           | 0524369-IN  | 7/8/2024    | Hose, Hose Parts - LC 20-FILC       | 241.91      | 32,332.64 |
|                         | 7/30/2024 | 0049733 | VESTIS SERVICES LLC       | 5120500399  | 7/11/2024   | Laundry Services - SQ               | 16.34       |           |
|                         |           |         |                           | 5120502772  | 7/16/2024   | Laundry Services - PA               | 16.33       |           |
|                         |           |         |                           | 5120502757  | 7/16/2024   | Laundry Services - WE               | 16.28       | 48.95     |
| Sub total for U S BANK: |           |         |                           |             |             |                                     | 66,128.45   |           |

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|-------------------------|---------|-------------------------|----------------|-----------|----------------------------|-------------|-------------|
| 7/30/2024               | 0000091 | ANGELES MILLWORK & LUMB | 3555800        | 7/10/2024 | MAINTENANCE SUPPLIES -TI   | 36.07       |             |
|                         |         |                         | 3555893        | 7/11/2024 | MAINTENANCE SUPPLIES       | 26.44       |             |
|                         |         |                         | 355832         | 7/11/2024 | MAINTENANCE SUPPLIES -TI   | 11.88       | 74.39       |
| 7/30/2024               | 0000244 | BRUCH & BRUCH CONSTRUCC | 1256 EST 8     | 7/17/2024 | c1256 ESTIMATE 8 DRY CREE  | 153,289.82  | 153,289.82  |
| 7/30/2024               | 0040717 | CAPPS, LINDA            | RDLINCAP/0713  | 7/13/2024 | REIM MILEAGE -CAPPS BEAF   | 77.72       | 77.72       |
| 7/30/2024               | 0004211 | CENTURYLINK             | 333641764-0708 | 7/8/2024  | 06/24 360-683-2667         | 215.50      |             |
|                         |         |                         | 6835282-07924  | 7/9/2024  | 06/24 360-683-5282         | 149.72      | 365.22      |
| 7/30/2024               | 0000366 | CLALLAM COUNTY TREASUR  | IREALEXAFFPEI  | 7/16/2024 | Z & W PEPPERS -EASEMENT    | 87.05       |             |
|                         |         |                         | MCCOY-REALE    | 7/13/2024 | REAL ESTATE EXCISE TAX -B  | 53.40       | 140.45      |
| 7/30/2024               | 0050043 | DICKINSON ELECTRIC LLC  | ZACHPEPP2024   | 7/16/2024 | BEAR CREEK RD -Z PEPPER    | 20,064.11   | 20,064.11   |
| 7/30/2024               | 0000546 | EXPRESS SERVICES, INC   | 31015755-10101 | 7/17/2024 | EXPRESS EMPLOYMENT 07/8    | 2,758.96    | 2,758.96    |
| 7/30/2024               | 0000709 | HARBOR SAW & SUPPLY     | 807388         | 7/17/2024 | MAINTENANCE SUPPLIES- LC   | 222.44      |             |
|                         |         |                         | 807438         | 7/18/2024 | MAINTENANCE SUPPLIES- PA   | 115.72      |             |
|                         |         |                         | 807460         | 7/17/2024 | MAINTENANCE SUPPLIES- LC   | 53.77       | 391.93      |
| 7/30/2024               | 0036131 | LEPPELL, JIMMY T        | 2024-001 BEAVE | 7/11/2024 | BEAVER REMOVAL             | 333.50      | 333.50      |
| 7/30/2024               | 0040272 | MATT'S TOOLS USA LLC    | 144254         | 7/16/2024 | MAINT SUPPLIES- PA         | 729.13      | 729.13      |
| 7/30/2024               | 0039375 | MCCOY, FLOYD            | MCCOYBRCKR     | 7/13/2024 | BEAR CREEK ROAD -F MCCC    | 4,024.67    | 4,024.67    |
| 7/30/2024               | 0049130 | PACIFIC NORTHWEST RESOL | 2024-03 PNWR   | 7/17/2024 | PACIFIC NW RES 07/08-07/14 | 1,142.80    |             |
|                         |         |                         | 2024-01 PNWR   | 7/17/2024 | PACIFIC NW RES 06/24-6/30  | 857.10      |             |
|                         |         |                         | 2024-02 PNWR   | 7/17/2024 | PACIFIC NW RES 07/01-07/07 | 742.82      | 2,742.72    |
| 7/30/2024               | 0050042 | PEPPERS, ZACHARIAH      | WILLOPEPP072   | 7/16/2024 | BEAR CREEK RD -W PEPPER    | 20,064.10   | 20,064.10   |
| 7/30/2024               | 0001253 | PORT ANGELES SOLID WAST | 1211210-060524 | 6/5/2024  | DUMP FEES-PA               | 268.43      | 268.43      |
| 7/30/2024               | 0022435 | RACE STREET AUTO PARTS  | 678560         | 7/11/2024 | MAINTENANCE SUPPLIES- S    | 74.03       | 74.03       |
| 7/30/2024               | 0001429 | SEQUIM REDI-MIX, INC.   | 21395-1        | 7/11/2024 | MAINTENANCE SUPPLIES - S   | 4,344.00    | 4,344.00    |
| 7/30/2024               | 0021386 | STAPLES ADVANTAGE       | 6006721785     | 7/13/2024 | OFFICE SUPPLIES            | 105.56      | 105.56      |
| 7/30/2024               | 0001551 | TACOMA SCREW PRODUCTS   | 140116924-00   | 7/10/2024 | MAINTENANCE SUPPLIES - T   | 93.55       | 93.55       |
| 7/30/2024               | 0049733 | VESTIS SERVICES LLC     | 5120502771     | 7/16/2024 | LAUNDRY SERVICE-PA         | 16.33       |             |
|                         |         |                         | 5120500400     | 7/11/2024 | LAUNDRY SERVICE-SQ         | 16.30       |             |
|                         |         |                         | 5120502758     | 7/16/2024 | LAUNDRY -LC                | 16.28       | 48.91       |
| Sub total for U S BANK: |         |                         |                |           |                            |             | 209,991.20  |

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| 7/30/2024               | 0000023 | ADVANCED TRAVEL          | ADVTRLDUST-C    | 7/8/2024  | REIM ADVANCE TRAVEL -DUS  | 74.00       | 74.00       |
| 7/30/2024               | 0046122 | DUSTIN, COLE             | COLEREIM7/8/2   | 7/8/2024  | REIM - DUSTIN MILEAGE     | 260.63      | 260.63      |
| 7/30/2024               | 0001179 | PACIFIC OFFICE EQUIPMENT | 1144283-1       | 7/15/2024 | POE CHAIR-RON             | 433.02      | 433.02      |
| 7/30/2024               | 0021430 | RED'S ELECTRIC MOTORS IN | 39013           | 7/16/2024 | RED'S ELECTRIC MOTORS IN  | 895.44      | 895.44      |
| 7/30/2024               | 0021386 | STAPLES ADVANTAGE        | 6006721783      | 7/13/2024 | RON-OFFICE SUPPLIES       | 120.35      | 120.35      |
| 7/30/2024               | 0020614 | WOOD HAWK, INC           | 2115            | 7/15/2024 | 07/15/24 WOOD HAWK INC    | 1,495.00    | 1,495.00    |
| 7/30/2024               | 0001300 | PUBLIC UTILITY DISTRICT  | 119587-07/15/24 | 7/15/2024 | 06/11-07/11 971 CARLSBORG | 490.76      | 490.76      |
| 7/30/2024               | 0000546 | EXPRESS SERVICES, INC    | 31015755-43401  | 7/17/2024 | EXPRESS CROSS 07/8-07/14  | 667.17      | 667.17      |
| Sub total for U S BANK: |         |                          |                 |           |                           |             | 4,436.37    |

Sheniff (1)

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                    | Invoice            | Inv Date  | Description               | Amount Paid | Check Total |
|-------------------------|---------|---------------------------|--------------------|-----------|---------------------------|-------------|-------------|
| 7/30/2024               | 0000159 | BOB BARKER CO INC         | #INV2037236        | 6/26/2024 | INMATE CLOTHING - KITCHEN | 161.92      | 161.92      |
| 7/30/2024               | 0000296 | CENTURYLINK               | 406092135-Jul24    | 7/6/2024  | DATA CONNECTION           | 1,236.30    | 1,236.30    |
| 7/30/2024               | 0000296 | CENTURYLINK               | 300421654-Jul24    | 7/6/2024  | TELEPHONE SERVICE         | 230.18      | 230.18      |
| 7/30/2024               | 0000714 | HARTNAGEL BLDG SUPPLY INC | 869066             | 7/13/2024 | PAINTING SUPPLIES         | 45.40       | 45.40       |
| 7/30/2024               | 0001252 | PORT ANGELES, CITY OF     | 071624             | 7/16/2024 | TAX DISTRIBUTION PAYMENT  | 186,979.54  |             |
|                         |         |                           | 85314              | 7/16/2024 | PENCOM DISPATCH SERVICE   | 68,575.00   |             |
|                         |         |                           | 82495-151160-Jul24 | 7/13/2024 | UTILITIES - FRONT ST      | 473.39      | 256,027.93  |
| 7/30/2024               | 0001300 | PUBLIC UTILITY DISTRICT   | 88052-Jul24        | 7/10/2024 | UTILITIES - KITFOX LN     | 52.49       | 52.49       |
| 7/30/2024               | 0001540 | SWAIN'S GENERAL STORE INC | 330059             | 7/12/2024 | PAINTING SUPPLIES         | 282.57      |             |
|                         |         |                           | 330085             | 7/13/2024 | PAINTING SUPPLIES         | 86.86       |             |
|                         |         |                           | 330062             | 7/12/2024 | PAINTING SUPPLIES         | 25.01       | 394.44      |
| 7/30/2024               | 0001543 | SWANSONS SERVICES CORP    | 1852001            | 6/27/2023 | ADMISSION KITS            | 937.50      |             |
|                         |         |                           | 1857625            | 7/11/2024 | INDIGENT PACKS            | 53.21       | 990.71      |
| 7/30/2024               | 0017788 | LEXIPOL LLC               | #INVLEX112355      | 6/1/2024  | ANNUAL CORRECTIONS POL    | 7,509.38    | 7,509.38    |
| 7/30/2024               | 0021386 | STAPLES ADVANTAGE         | 6005647008         | 6/29/2024 | OFFICE SUPPLIES           | 232.01      | 232.01      |
| 7/30/2024               | 0037246 | MITCHELL, KAREN           | 050324             | 5/3/2024  | MILEAGE FOR PROJECT LIFE  | 24.12       | 24.12       |
| 7/30/2024               | 0037247 | HAIR BY NICOLE            | 071624             | 7/16/2024 | INMATE HAIRCUTS           | 260.00      | 260.00      |
| 7/30/2024               | 0047517 | GREGOIRE, KATHI           | 7-1-24             | 7/1/2024  | MILEAGE FOR CHAPLAIN BU   | 97.15       | 97.15       |
| 7/30/2024               | 0047701 | OAC SERVICES INC          | 149162             | 7/16/2024 | CL CO EMERGENCY OPERAT    | 55,157.47   | 55,157.47   |
| 7/30/2024               | 0050036 | PURPLE COMMUNICATIONS     | 85572-131984       | 7/8/2024  | INTERPRETATION SERVICE    | 15.00       | 15.00       |
| Sub total for U S BANK: |         |                           |                    |           |                           |             | 322,434.50  |

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Final Check List  
CLALLAM COUNTY

Sheriff (2)

Page: 1

Bank : apbank U S BANK

| Check #                 | Date      | Vendor  | Invoice  | Inv Date   | Description | Amount Paid                | Check Total |           |
|-------------------------|-----------|---------|----------|------------|-------------|----------------------------|-------------|-----------|
|                         | 7/30/2024 | 0020849 | U S BANK | 0037-Jul24 | 7/8/2024    | SWAINS, MUIR COMMUNICAT    | 4,957.64    |           |
|                         |           |         |          | 0097-Jul28 | 7/8/2024    | SEQUIM,JIMS,TAXI,ELSI,GALI | 4,260.48    |           |
|                         |           |         |          | 6528-Jul24 | 7/8/2024    | SAFE LIFE, WSEMA, AMAZON   | 3,657.56    |           |
|                         |           |         |          | 2308-Jul24 | 7/8/2024    | LES SCHWAB, AMAZON, AXC    | 2,246.50    |           |
|                         |           |         |          | 2324-Jul24 | 7/8/2024    | AMAZON, BEST WESTERN, G    | 1,234.74    |           |
|                         |           |         |          | 7400-Jul24 | 7/8/2024    | JOHN E REID, SIMPLISAFE    | 932.57      |           |
|                         |           |         |          | 0945-Jul24 | 7/8/2024    | AMAZON                     | 643.03      |           |
|                         |           |         |          | 2266-Jul24 | 7/8/2024    | GOOD2GO , WALMART          | 624.90      |           |
|                         |           |         |          | 8739-Jul24 | 7/8/2024    | MICROSOFT,CONOCO,CHEV      | 571.84      |           |
|                         |           |         |          | 7275-Jul24 | 7/8/2024    | WA ST FERRIES, HOTEL INDI  | 417.25      |           |
|                         |           |         |          | 4738-Jul24 | 7/8/2024    | AMAZON                     | 415.81      |           |
|                         |           |         |          | 6236-Jul24 | 7/8/2024    | AMAZON                     | 151.14      |           |
|                         |           |         |          | 2258-Jul24 | 7/8/2024    | SAFEWAY FUEL, GOOD2GO,     | 75.09       | 20,188.55 |
| Sub total for U S BANK: |           |         |          |            |             |                            | 20,188.55   |           |

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Final Check List  
CLALLAM COUNTY

Superior Court

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                  | Invoice    | Inv Date  | Description               | Amount Paid | Check Total |
|-------------------------|---------|-------------------------|------------|-----------|---------------------------|-------------|-------------|
| 7/30/2024               | 0000357 | CLALLAM-JEFFERSON CO    | PRCF 08-24 | 7/16/2024 | AUGUST 2024 - COURT FACIL | 3,750.00    | 3,750.00    |
| 7/30/2024               | 0000357 | CLALLAM-JEFFERSON CO    | PR06-24 CF | 7/16/2024 | JUNE 2024 - CF SURCHARGE  | 439.11      | 439.11      |
| 7/30/2024               | 0001212 | PENINSULA DISPUTE RESOL | 06-24 PDRC | 7/16/2024 | JUNE 2024 - PDRC SURCHAR  | 625.00      | 625.00      |
| Sub total for U S BANK: |         |                         |            |           |                           |             | 4,814.11    |

Treasurer

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                   | Invoice    | Inv Date  | Description              | Amount Paid | Check Total |
|-------------------------|---------|--------------------------|------------|-----------|--------------------------|-------------|-------------|
| 7/30/2024               | 0000331 | CLALLAM COUNTY AUDITOR   | 24-164428  | 7/18/2024 | REMOVAL OF FORESTLAND    | 916.50      | 916.50      |
| 7/30/2024               | 0000366 | CLALLAM COUNTY TREASURER | 212-18273A | 7/18/2024 | 18273 2ND HALF TAXES     | 12,969.80   |             |
|                         |         |                          | 212-19615B | 7/18/2024 | 60856 AND HALF TAXES     | 1,431.14    |             |
|                         |         |                          | 212-18298B | 7/18/2024 | 18298 2ND HALF TAXES     | 86.07       |             |
|                         |         |                          | 212-18293B | 7/18/2024 | 83593 2ND HALF TAXES     | 81.38       | 14,568.39   |
| 7/30/2024               | 0041157 | WHITE, JENNIFER          | WSACTWHITE | 7/18/2024 | TRAVEL LEGISLATIVE CONFE | 333.83      | 333.83      |
| Sub total for U S BANK: |         |                          |            |           |                          |             | 15,818.72   |

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                   | Invoice        | Inv Date  | Description        | Amount Paid | Check Total |
|-------------------------|---------|--------------------------|----------------|-----------|--------------------|-------------|-------------|
| 7/17/2024               | 0000268 | WAVE BUSINESS            | WAVE 7/17/24   | 7/17/2024 | VET CENTER PHONE   | 120.78      | 120.78      |
| 7/17/2024               | 0001036 | MURREYS OLYMPIC DISPOSAL | WR0971 7/17/24 | 7/17/2024 | UTILITIES          | 60.89       |             |
|                         |         |                          | MDC 7/17/24    | 7/17/2024 | VET CENTER RECYCLE | 41.96       | 102.85      |
| 7/17/2024               | 0001179 | PACIFIC OFFICE EQUIPMENT | POE 7/17/24    | 7/17/2024 | VET CENTER PRINTER | 105.09      | 105.09      |
| 7/17/2024               | 0001300 | PUBLIC UTILITY DISTRICT  | WR0971 7/17/24 | 7/17/2024 | UTILITIES          | 115.64      | 115.64      |
| 7/17/2024               | 0019516 | LINDE PRICE FUNERAL SERV | MH1874 7/17/24 | 7/17/2024 | DEATH BENIFIT      | 799.74      | 799.74      |
| 7/17/2024               | 0020849 | U S BANK                 | LA5106 7/17/24 | 7/17/2024 | FUEL               | 150.00      |             |
|                         |         |                          | LP6817 7/17/24 | 7/17/2024 | FOOD               | 150.00      |             |
|                         |         |                          | LV9835 7/17/24 | 7/17/2024 | FOOD               | 150.00      |             |
|                         |         |                          | MB8950 7/17/24 | 7/17/2024 | FOOD               | 150.00      |             |
|                         |         |                          | TB7322 7/17/24 | 7/17/2024 | FOOD               | 150.00      |             |
|                         |         |                          | WB6184 7/17/24 | 7/17/2024 | FOOD               | 150.00      |             |
|                         |         |                          | WG6056 7/17/24 | 7/17/2024 | FOOD               | 150.00      |             |
|                         |         |                          | BD8762 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | BG6299 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | BT6808 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | CT2720 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | FC1973 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | GW3594 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | HG1393 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | JJ2522 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | KR9828 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | MC2576 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | MG8806 7/17/24 | 7/17/2024 | FUEL               | 100.00      |             |
|                         |         |                          | MR0685 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | RD6882 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | WK7511 7/17/24 | 7/17/2024 | FOOD               | 100.00      |             |
|                         |         |                          | ZT0109 7/17/24 | 7/17/2024 | FOOD               | 100.00      | 2,550.00    |
| Sub total for U S BANK: |         |                          |                |           |                    |             | 3,794.10    |



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JUL 30 2024

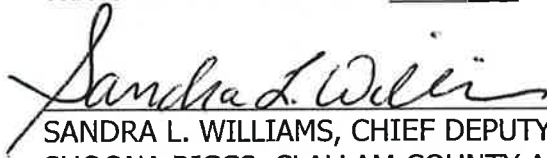
Payroll Ending: 7/15/2024

|                     |                |
|---------------------|----------------|
| Gross Earnings:     | \$987,950.57   |
| Benefits Paid:      | \$221,490.85   |
| Total Expenditures: | \$1,209,441.42 |

STATE OF WASHINGTON )  
 )  
COUNTY OF CLALLAM )

This is to certify that the foregoing 'Labor Distribution Totals by Fund' Report for the period herein indicated is a full, true, and correct representation of the earnings and benefits paid to all Clallam County employees as recorded in the books of original entry maintained by this office.

WITNESS MY HAND THIS 24th DAY OF July 2024

  
SANDRA L. WILLIAMS, CHIEF DEPUTY FOR  
SHOONA RIGGS, CLALLAM COUNTY AUDITOR

CLALLAM COUNTY BOARD OF COMMISSIONERS does hereby certify that the payroll herein specified has been disbursed and that the earnings and benefits listed above are approved for payment:

BOARD OF COMMISSIONERS  
CLALLAM COUNTY, WASHINGTON

\_\_\_\_\_  
RANDY JOHNSON

\_\_\_\_\_  
MARK OZIAS

\_\_\_\_\_  
MIKE FRENCH

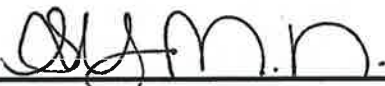
\_\_\_\_\_  
(County Administrator)

COPY

# Payroll and Benefits Paid for semi-monthly payroll: July 25, 2024

| Fund Name                     | Fund Number | Gross Earnings Paid by Fund # | Benefits Paid by Fund # | Employees Paid by Fund # | Total Expenditures  |
|-------------------------------|-------------|-------------------------------|-------------------------|--------------------------|---------------------|
| <b>COUNTY (Semi-Monthly)</b>  |             |                               |                         |                          |                     |
| General Fund                  | 00100       | 715,850.52                    | 161,103.49              | 225                      | 876,954.01          |
| Sheriff: Boating Safety/VRF   | 11003/04    | 2,403.42                      | 431.64                  | 2                        | 2,835.06            |
| HHS                           | 11301       | 26,215.53                     | 5,304.17                | 11                       | 31,519.70           |
| Prosecutor-Local Crime Victim | 11701       | 5,586.78                      | 1,066.26                | 2                        | 6,653.04            |
| Treasurer- O&M                | 12201       | 327.15                        | 62.46                   | 1                        | 389.61              |
| Auditor-Doc Preservation      | 12401       | 1,505.43                      | 293.10                  | 2                        | 1,798.53            |
| Noxious Weed Control          | 13001       | 6,584.76                      | 1,404.63                | 3                        | 7,989.39            |
| Veterans Relief               | 19914       | 4,747.89                      | 928.47                  | 2                        | 5,676.36            |
| Affordable Housing Sales Tax  | 19951       | 4,691.36                      | 890.16                  | 1                        | 5,581.52            |
| HR-Risk Management            | 50401       | 11,524.43                     | 2,511.19                | 3                        | 14,035.62           |
| HR-Workers Compensation       | 50501       | 1,102.77                      | 213.91                  | 1                        | 1,316.68            |
|                               |             | <b>780,540.04</b>             | <b>174,209.48</b>       |                          | <b>954,749.52</b>   |
| <b>ROADS</b>                  |             |                               |                         |                          |                     |
| PW - Roads                    | 10101       | 163,203.81                    | 37,606.25               | 59                       | 200,810.06          |
| PW - Flood Control            | 10135       | 4,082.23                      | 812.86                  | 3                        | 4,895.09            |
| PW - Broadband Infrastructure | 30805       | 267.52                        | 59.53                   | 1                        | 327.05              |
| PW - Solid Waste              | 40201       | 1,022.21                      | 221.40                  | 3                        | 1,243.61            |
| Clallam Bay/Seki Sewer        | 41401       | 14,409.27                     | 3,226.62                | 9                        | 17,635.89           |
| PW - Carlsborg Sewer M&O      | 42401       | 1,348.48                      | 287.20                  | 5                        | 1,635.68            |
| ER&R                          | 50301       | 23,077.01                     | 5,067.51                | 11                       | 28,144.52           |
|                               |             | <b>207,410.53</b>             | <b>47,281.37</b>        |                          | <b>254,691.90</b>   |
| <b>TOTALS</b>                 |             | <b>987,950.57</b>             | <b>221,490.85</b>       |                          | <b>1,209,441.42</b> |

Prepared by:



Sherry Price, Deputy Auditor

COPY

pyLDFnd  
07/23/2024 11:18:23AM  
Check Date: 07/25/2024

Labor Distribution Totals By Fund  
CLALLAM COUNTY  
07/01/2024 to 07/15/2024-2 Cycle sc

Page: 1

Fund Worked : 00100  
# Emps : 225

| Earnings Code & Description |                                | Amount     | Hours     | Earnings Code & Description |                                | Amount     | Hours     |
|-----------------------------|--------------------------------|------------|-----------|-----------------------------|--------------------------------|------------|-----------|
| r                           | REGULAR                        | 519,470.36 | 15,023.50 | v                           | VACATION                       | 58,645.89  | 1,572.12  |
| h                           | HOLIDAY                        | 50,445.32  | 1,410.17  | fh                          | FLOATING HOLIDAY               | 22,753.23  | 569.25    |
| s                           | SICK                           | 21,081.41  | 623.93    | o25v                        | OT X 2.5 - CORR VOLUNTEER/SHRF | 16,811.42  | 206.50    |
| o15s                        | OVERTIME X 1.5 - SHERIFF DEPT  | 7,717.40   | 137.50    | cu                          | COMP USED                      | 6,411.79   | 206.11    |
| ohjd                        | OT HOLIDAY - JUV DETENTION     | 2,311.67   | 60.00     | oth                         | OVERTIME X 1.5 - HOURLY        | 1,733.75   | 126.00    |
| vp                          | VACATION PAYOFF                | 1,623.97   | 48.24     | accres                      | ACCREDITATION PAY              | 1,411.97   |           |
| ldpa                        | DPA LONGEVITY PAY              | 925.00     |           | auto                        | AUTO ALLOWANCE CONTRACTUAL     | 850.00     |           |
| stby                        | STANDBY PAY                    | 687.35     | 19.00     | aute                        | AUTO ALLOWANCE ELECTED         | 680.00     |           |
| o15j                        | OVERTIME x 1.5 - JUV DETENTION | 614.62     | 16.00     | bsba                        | BS/BA EDUCATION INCENTIVE      | 581.54     |           |
| detpay                      | DETECTIVE PAY                  | 403.14     |           | aaas                        | AA/AS EDUCATION INCENTIVE      | 220.32     |           |
| phsm                        | PHONE STIPEND SMART PHONE      | 180.00     |           | uapr                        | URINE ANALYSIS PREMIUM         | 80.00      |           |
| aspj                        | ACTING SUPERVISOR PAY JUVENILE | 78.00      | 60.00     | asp                         | SHERIFF ACTING SUPERVISOR PAY  | 75.61      | 47.00     |
| biling                      | BILINGUAL INCENTIVE            | 31.40      |           | spt                         | SICK PAYOFF - TERMINATION 10%  | 15.51      | 7.09      |
| cp                          | COMP TIME PAID - COUNTY        | 9.85       | 0.45      |                             |                                |            |           |
|                             |                                |            |           | Totals:                     |                                | 715,850.52 | 20,132.86 |

| Deduction Code and Description |                          | Amount    | Deduction Code and Description |                                | Amount     |
|--------------------------------|--------------------------|-----------|--------------------------------|--------------------------------|------------|
| fedtx                          | FEDERAL WITHHOLDING TAX  | 60,883.54 | socsec                         | SOCIAL SECURITY                | 44,056.85  |
| pers2                          | PERS 2 RETIREMENT        | 31,081.43 | 401a                           | 401A DEFERRED COMPENSATION     | 15,830.13  |
| medtx                          | MEDICARE TAX             | 10,303.71 | icm457                         | ICMA DEFERRED COMP             | 9,967.53   |
| leoff2                         | LEOFF 2 RETIREMENT       | 6,362.68  | psers                          | PSERS RETIREMENT               | 6,223.61   |
| rth457                         | ROTH-ICMA DEFERRED COMP  | 3,819.23  | fmlatx                         | WA Paid Family & Medical Leave | 3,758.81   |
| wacare                         | WA Long-Term Care        | 3,703.48  | udteam                         | UNION DUES - TEAMSTERS         | 3,648.55   |
| pers3                          | PERS 3 RETIREMENT        | 3,461.12  | l&i                            | L&I - SELF INSURED             | 1,352.14   |
| n457                           | NATIONWIDE 457           | 1,337.50  | dshs                           | DSHS CHILD SUPPORT             | 1,287.47   |
| h457                           | MASSMUTUAL 457           | 1,235.75  | dshsca                         | DSHS CHILD SUPPORT CALIFORNIA  | 750.00     |
| medpre                         | HEALTH INSURANCE PRE TAX | 701.00    | udpd                           | UNION DUES - 1619 D            | 642.10     |
| udcd                           | UNION DUES - 1619 CD C   | 588.94    | udmp                           | UNION DUES - 1619 MP           | 409.58     |
| udlc                           | UNION DUES - 1619 LC     | 382.41    | usdtr                          | US DEPARTMENT OF TREASURY      | 302.12     |
| pers1                          | PERS 1 RETIREMENT        | 214.10    | udtint                         | TEAMSTERS INIT FEE or ADJ      | 200.00     |
| udcs                           | UNION DUES - 1619 CS     | 63.96     | genpre                         | SUN LIFE PRE TAX               | 57.85      |
| udps                           | UNION DUES - 1619 S      | 37.73     | garnfe                         | GARNISHMENT FEE                | 2.50       |
|                                |                          |           | Totals:                        |                                | 212,665.82 |

| Benefit Code and Description |                 | Amount    | Benefit Code and Description |                   | Amount    |
|------------------------------|-----------------|-----------|------------------------------|-------------------|-----------|
| socsec                       | SOCIAL SECURITY | 44,056.85 | pers2                        | PERS 2 RETIREMENT | 43,373.39 |

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Check Date: 07/25/2024

Labor Distribution Totals By Fund  
CLALLAM COUNTY  
07/01/2024 to 07/15/2024-2 Cycle sc

Page: 2

Fund Worked : 00100  
# Emps : 225

| Benefit Code and Description          | Amount    |
|---------------------------------------|-----------|
| l&i L&I - SELF INSURED                | 15,695.58 |
| medtx MEDICARE TAX                    | 10,303.71 |
| vebahr HRA VEBa                       | 8,314.78  |
| pers3 PERS 3 RETIREMENT               | 4,664.88  |
| fm1atx WA Paid Family & Medical Leave | 1,503.55  |
| pers1 PERS 1 RETIREMENT               | 322.22    |
| perscu PERS RETIREMENT CATCH UP       | 0.05      |

| Benefit Code and Description    | Amount    |
|---------------------------------|-----------|
| 401a 401A DEFERRED COMPENSATION | 13,547.31 |
| psers PSERS RETIREMENT          | 8,692.70  |
| medpre HEALTH INSURANCE PRE TAX | 5,290.60  |
| leoff2 LEOFF 2 RETIREMENT       | 3,968.30  |
| unemp UNEMPLOYMENT              | 1,359.57  |
| genpre SUN LIFE PRE TAX         | 10.00     |

Totals: 161,103.49

Gross Earnings by Fund: 715,850.52 20,132.86

Total Fund Deductions: 212,665.82

Fund Net: 503,184.70

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Check Date: 07/25/2024

Labor Distribution Totals By Fund  
CLALLAM COUNTY  
07/01/2024 to 07/15/2024-2 Cycle sc

Page: 3

Fund Worked : 11004  
# Emps : 2

| Earnings Code & Description    |                                |  | Amount   | Hours | Earnings Code & Description    |                     |  | Amount   | Hours |
|--------------------------------|--------------------------------|--|----------|-------|--------------------------------|---------------------|--|----------|-------|
| o15s                           | OVERTIME X 1.5 - SHERIFF DEPT  |  | 2,403.42 | 40.75 |                                |                     |  |          |       |
|                                |                                |  |          |       | Totals:                        |                     |  | 2,403.42 | 40.75 |
| Deduction Code and Description |                                |  | Amount   |       | Deduction Code and Description |                     |  | Amount   |       |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 211.10   |       | leoff2                         | LEOFF 2 RETIREMENT  |  | 205.01   |       |
| socsec                         | SOCIAL SECURITY                |  | 149.01   |       | medtx                          | MEDICARE TAX        |  | 34.85    |       |
| icm457                         | ICMA DEFERRED COMP             |  | 26.35    |       | wacare                         | WA Long-Term Care   |  | 13.94    |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 12.71    |       | udpd                           | UNION DUES - 1619 D |  | 7.81     |       |
| l&i                            | L&I - SELF INSURED             |  | 3.10     |       |                                |                     |  |          |       |
|                                |                                |  |          |       | Totals:                        |                     |  | 663.88   |       |
| Benefit Code and Description   |                                |  | Amount   |       | Benefit Code and Description   |                     |  | Amount   |       |
| socsec                         | SOCIAL SECURITY                |  | 149.01   |       | leoff2                         | LEOFF 2 RETIREMENT  |  | 127.86   |       |
| l&i                            | L&I - SELF INSURED             |  | 110.03   |       | medtx                          | MEDICARE TAX        |  | 34.85    |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 5.08     |       | unemp                          | UNEMPLOYMENT        |  | 4.81     |       |
|                                |                                |  |          |       | Totals:                        |                     |  | 431.64   |       |
|                                |                                |  |          |       | Gross Earnings by Fund:        |                     |  | 2,403.42 | 40.75 |
|                                |                                |  |          |       | Total Fund Deductions:         |                     |  | 663.88   |       |
|                                |                                |  |          |       | Fund Net:                      |                     |  | 1,739.54 |       |

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Fund Worked : 11301  
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| Earnings Code & Description    |                            |  | Amount    | Hours                          | Earnings Code & Description    |                            |           | Amount    | Hours  |
|--------------------------------|----------------------------|--|-----------|--------------------------------|--------------------------------|----------------------------|-----------|-----------|--------|
| r                              | REGULAR                    |  | 21,779.01 | 739.60                         | h                              | HOLIDAY                    |           | 2,335.43  | 80.00  |
| v                              | VACATION                   |  | 889.11    | 32.90                          | sc15                           | HHS SCANNING PROJ OT X 1.5 |           | 487.15    | 10.25  |
| fh                             | FLOATING HOLIDAY           |  | 358.76    | 16.00                          | s                              | SICK                       |           | 353.07    | 12.00  |
| cu                             | COMP USED                  |  | 13.00     | 0.50                           |                                |                            |           |           |        |
|                                |                            |  |           |                                | Totals:                        |                            |           | 26,215.53 | 891.25 |
| Deduction Code and Description |                            |  | Amount    | Deduction Code and Description |                                |                            | Amount    |           |        |
| fedtx                          | FEDERAL WITHHOLDING TAX    |  | 1,745.35  | pers2                          | PERS 2 RETIREMENT              |                            | 1,667.30  |           |        |
| socsec                         | SOCIAL SECURITY            |  | 1,625.37  | 401a                           | 401A DEFERRED COMPENSATION     |                            | 719.31    |           |        |
| medtx                          | MEDICARE TAX               |  | 380.13    | udteam                         | UNION DUES - TEAMSTERS         |                            | 334.28    |           |        |
| wacare                         | WA Long-Term Care          |  | 152.06    | fmlatx                         | WA Paid Family & Medical Leave |                            | 138.58    |           |        |
| l&i                            | L&I - SELF INSURED         |  | 64.00     | h457                           | MASSMUTUAL 457                 |                            | 22.31     |           |        |
|                                |                            |  |           | Totals:                        |                                |                            | 6,848.69  |           |        |
| Benefit Code and Description   |                            |  | Amount    | Benefit Code and Description   |                                |                            | Amount    |           |        |
| pers2                          | PERS 2 RETIREMENT          |  | 2,367.27  | socsec                         | SOCIAL SECURITY                |                            | 1,625.37  |           |        |
| 401a                           | 401A DEFERRED COMPENSATION |  | 445.84    | medtx                          | MEDICARE TAX                   |                            | 380.13    |           |        |
| l&i                            | L&I - SELF INSURED         |  | 377.70    | fmlatx                         | WA Paid Family & Medical Leave |                            | 55.42     |           |        |
| unemp                          | UNEMPLOYMENT               |  | 52.44     |                                |                                |                            |           |           |        |
|                                |                            |  |           | Totals:                        |                                |                            | 5,304.17  |           |        |
|                                |                            |  |           | Gross Earnings by Fund:        |                                |                            | 26,215.53 | 891.25    |        |
|                                |                            |  |           | Total Fund Deductions:         |                                |                            | 6,848.69  |           |        |
|                                |                            |  |           | Fund Net:                      |                                |                            | 19,366.84 |           |        |

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Fund Worked : 11701  
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| Earnings Code & Description    |                                |  | Amount   | Hours                          | Earnings Code & Description    |         |          | Amount   | Hours  |
|--------------------------------|--------------------------------|--|----------|--------------------------------|--------------------------------|---------|----------|----------|--------|
| r                              | REGULAR                        |  | 4,497.70 | 153.25                         | h                              | HOLIDAY |          | 470.89   | 16.00  |
| v                              | VACATION                       |  | 241.26   | 8.00                           | s                              | SICK    |          | 241.26   | 8.00   |
| oth                            | OVERTIME X 1.5 - HOURLY        |  | 135.67   | 9.25                           |                                |         |          |          |        |
|                                |                                |  |          |                                | Totals:                        |         |          | 5,586.78 | 194.50 |
| Deduction Code and Description |                                |  | Amount   | Deduction Code and Description |                                |         | Amount   |          |        |
| pers2                          | PERS 2 RETIREMENT              |  | 355.32   | socsec                         | SOCIAL SECURITY                |         | 346.38   |          |        |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 255.82   | medtx                          | MEDICARE TAX                   |         | 81.01    |          |        |
| udteam                         | UNION DUES - TEAMSTERS         |  | 66.50    | fmlatx                         | WA Paid Family & Medical Leave |         | 29.53    |          |        |
| wacare                         | WA Long-Term Care              |  | 16.44    | l&i                            | L&I - SELF INSURED             |         | 12.91    |          |        |
|                                |                                |  |          | Totals:                        |                                |         | 1,163.91 |          |        |
| Benefit Code and Description   |                                |  | Amount   | Benefit Code and Description   |                                |         | Amount   |          |        |
| pers2                          | PERS 2 RETIREMENT              |  | 504.48   | socsec                         | SOCIAL SECURITY                |         | 346.38   |          |        |
| l&i                            | L&I - SELF INSURED             |  | 111.41   | medtx                          | MEDICARE TAX                   |         | 81.01    |          |        |
| fmlatx                         | WA Paid Family & Medical Leave |  | 11.81    | unemp                          | UNEMPLOYMENT                   |         | 11.17    |          |        |
|                                |                                |  |          | Totals:                        |                                |         | 1,066.26 |          |        |
|                                |                                |  |          | Gross Earnings by Fund:        |                                |         | 5,586.78 | 194.50   |        |
|                                |                                |  |          | Total Fund Deductions:         |                                |         | 1,163.91 |          |        |
|                                |                                |  |          | Fund Net:                      |                                |         | 4,422.87 |          |        |

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Fund Worked : 12201  
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| Earnings Code & Description    |                                |  | Amount | Hours | Earnings Code & Description    |                            |  | Amount | Hours |
|--------------------------------|--------------------------------|--|--------|-------|--------------------------------|----------------------------|--|--------|-------|
| h                              | HOLIDAY                        |  | 115.91 | 4.80  | v                              | VACATION                   |  | 105.62 | 4.37  |
| s                              | SICK                           |  | 105.62 | 4.37  |                                |                            |  |        |       |
|                                |                                |  |        |       | Totals:                        |                            |  | 327.15 | 13.54 |
| Deduction Code and Description |                                |  | Amount |       | Deduction Code and Description |                            |  | Amount |       |
| pers2                          | PERS 2 RETIREMENT              |  | 20.81  |       | socsec                         | SOCIAL SECURITY            |  | 20.29  |       |
| udteam                         | UNION DUES - TEAMSTERS         |  | 16.20  |       | 401a                           | 401A DEFERRED COMPENSATION |  | 9.82   |       |
| medtx                          | MEDICARE TAX                   |  | 4.74   |       | wacare                         | WA Long-Term Care          |  | 1.89   |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 1.73   |       |                                |                            |  |        |       |
|                                |                                |  |        |       | Totals:                        |                            |  | 75.48  |       |
| Benefit Code and Description   |                                |  | Amount |       | Benefit Code and Description   |                            |  | Amount |       |
| pers2                          | PERS 2 RETIREMENT              |  | 29.55  |       | socsec                         | SOCIAL SECURITY            |  | 20.29  |       |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 6.54   |       | medtx                          | MEDICARE TAX               |  | 4.74   |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 0.69   |       | unemp                          | UNEMPLOYMENT               |  | 0.65   |       |
|                                |                                |  |        |       | Totals:                        |                            |  | 62.46  |       |
|                                |                                |  |        |       | Gross Earnings by Fund:        |                            |  | 327.15 | 13.54 |
|                                |                                |  |        |       | Total Fund Deductions:         |                            |  | 75.48  |       |
|                                |                                |  |        |       | Fund Net:                      |                            |  | 251.67 |       |

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Fund Worked : 12401  
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| Earnings Code & Description    |                                |  | Amount | Hours                          | Earnings Code & Description    |           |          | Amount   | Hours |
|--------------------------------|--------------------------------|--|--------|--------------------------------|--------------------------------|-----------|----------|----------|-------|
| r                              | REGULAR                        |  | 894.67 | 34.32                          | s                              | SICK      |          | 262.54   | 12.00 |
| h                              | HOLIDAY                        |  | 193.10 | 8.00                           | v                              | VACATION  |          | 123.65   | 4.00  |
| cp                             | COMP TIME PAID - COUNTY        |  | 29.54  | 1.35                           | cu                             | COMP USED |          | 1.93     | 0.06  |
|                                |                                |  |        |                                | Totals:                        |           |          | 1,505.43 | 59.73 |
| Deduction Code and Description |                                |  | Amount | Deduction Code and Description |                                |           | Amount   |          |       |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 95.46  | socsec                         | SOCIAL SECURITY                |           | 93.33    |          |       |
| pers2                          | PERS 2 RETIREMENT              |  | 81.44  | udteam                         | UNION DUES - TEAMSTERS         |           | 35.47    |          |       |
| icm457                         | ICMA DEFERRED COMP             |  | 25.00  | medtx                          | MEDICARE TAX                   |           | 21.82    |          |       |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 17.36  | wacare                         | WA Long-Term Care              |           | 8.74     |          |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 7.97   | l&i                            | L&I - SELF INSURED             |           | 2.61     |          |       |
|                                |                                |  |        |                                | Totals:                        |           | 389.20   |          |       |
| Benefit Code and Description   |                                |  | Amount | Benefit Code and Description   |                                |           | Amount   |          |       |
| pers2                          | PERS 2 RETIREMENT              |  | 135.94 | socsec                         | SOCIAL SECURITY                |           | 93.33    |          |       |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 29.51  | medtx                          | MEDICARE TAX                   |           | 21.82    |          |       |
| l&i                            | L&I - SELF INSURED             |  | 6.18   | fmlatx                         | WA Paid Family & Medical Leave |           | 3.18     |          |       |
| unemp                          | UNEMPLOYMENT                   |  | 2.99   | perscu                         | PERS RETIREMENT CATCH UP       |           | 0.15     |          |       |
|                                |                                |  |        |                                | Totals:                        |           | 293.10   |          |       |
|                                |                                |  |        |                                | Gross Earnings by Fund:        |           | 1,505.43 | 59.73    |       |
|                                |                                |  |        |                                | Total Fund Deductions:         |           | 389.20   |          |       |
|                                |                                |  |        |                                | Fund Net:                      |           | 1,116.23 |          |       |

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Fund Worked : 13001  
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| Earnings Code & Description    |                                |  | Amount   | Hours                          | Earnings Code & Description    |         |          | Amount   | Hours  |
|--------------------------------|--------------------------------|--|----------|--------------------------------|--------------------------------|---------|----------|----------|--------|
| r                              | REGULAR                        |  | 5,805.43 | 232.00                         | h                              | HOLIDAY |          | 525.62   | 20.00  |
| s                              | SICK                           |  | 253.71   | 10.00                          |                                |         |          |          |        |
|                                |                                |  |          |                                | Totals:                        |         |          | 6,584.76 | 262.00 |
| Deduction Code and Description |                                |  | Amount   | Deduction Code and Description |                                |         | Amount   |          |        |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 487.68   | socsec                         | SOCIAL SECURITY                |         | 408.25   |          |        |
| pers2                          | PERS 2 RETIREMENT              |  | 338.93   | 401a                           | 401A DEFERRED COMPENSATION     |         | 220.79   |          |        |
| medtx                          | MEDICARE TAX                   |  | 95.48    | wacare                         | WA Long-Term Care              |         | 38.19    |          |        |
| fmlatx                         | WA Paid Family & Medical Leave |  | 34.81    | udmp                           | UNION DUES - 1619 MP           |         | 31.98    |          |        |
| udteam                         | UNION DUES - TEAMSTERS         |  | 28.50    | l&i                            | L&I - SELF INSURED             |         | 17.68    |          |        |
|                                |                                |  |          | Totals:                        |                                |         | 1,702.29 |          |        |
| Benefit Code and Description   |                                |  | Amount   | Benefit Code and Description   |                                |         | Amount   |          |        |
| pers2                          | PERS 2 RETIREMENT              |  | 481.22   | socsec                         | SOCIAL SECURITY                |         | 408.25   |          |        |
| l&i                            | L&I - SELF INSURED             |  | 286.00   | 401a                           | 401A DEFERRED COMPENSATION     |         | 106.58   |          |        |
| medtx                          | MEDICARE TAX                   |  | 95.48    | fmlatx                         | WA Paid Family & Medical Leave |         | 13.93    |          |        |
| unemp                          | UNEMPLOYMENT                   |  | 13.17    |                                |                                |         |          |          |        |
|                                |                                |  |          | Totals:                        |                                |         | 1,404.63 |          |        |
|                                |                                |  |          | Gross Earnings by Fund:        |                                |         | 6,584.76 |          | 262.00 |
|                                |                                |  |          | Total Fund Deductions:         |                                |         | 1,702.29 |          |        |
|                                |                                |  |          | Fund Net:                      |                                |         | 4,882.47 |          |        |

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Fund Worked : 19914  
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| Earnings Code & Description    |                            |  | Amount   | Hours                          | Earnings Code & Description    |      |          | Amount   | Hours  |
|--------------------------------|----------------------------|--|----------|--------------------------------|--------------------------------|------|----------|----------|--------|
| r                              | REGULAR                    |  | 3,824.88 | 129.60                         | s                              | SICK |          | 491.38   | 14.40  |
| h                              | HOLIDAY                    |  | 431.63   | 14.40                          |                                |      |          |          |        |
|                                |                            |  |          |                                | Totals:                        |      |          | 4,747.89 | 158.40 |
| Deduction Code and Description |                            |  | Amount   | Deduction Code and Description |                                |      | Amount   |          |        |
| pers2                          | PERS 2 RETIREMENT          |  | 301.96   | socsec                         | SOCIAL SECURITY                |      | 294.37   |          |        |
| fedtx                          | FEDERAL WITHHOLDING TAX    |  | 280.40   | 401a                           | 401A DEFERRED COMPENSATION     |      | 190.48   |          |        |
| medtx                          | MEDICARE TAX               |  | 68.84    | udteam                         | UNION DUES - TEAMSTERS         |      | 68.50    |          |        |
| wacare                         | WA Long-Term Care          |  | 27.54    | fmlatx                         | WA Paid Family & Medical Leave |      | 25.10    |          |        |
| l&i                            | L&I - SELF INSURED         |  | 10.92    |                                |                                |      |          |          |        |
|                                |                            |  |          | Totals:                        |                                |      | 1,268.11 |          |        |
| Benefit Code and Description   |                            |  | Amount   | Benefit Code and Description   |                                |      | Amount   |          |        |
| pers2                          | PERS 2 RETIREMENT          |  | 428.73   | socsec                         | SOCIAL SECURITY                |      | 294.37   |          |        |
| 401a                           | 401A DEFERRED COMPENSATION |  | 94.96    | medtx                          | MEDICARE TAX                   |      | 68.84    |          |        |
| l&i                            | L&I - SELF INSURED         |  | 22.03    | fmlatx                         | WA Paid Family & Medical Leave |      | 10.04    |          |        |
| unemp                          | UNEMPLOYMENT               |  | 9.50     |                                |                                |      |          |          |        |
|                                |                            |  |          | Totals:                        |                                |      | 928.47   |          |        |
|                                |                            |  |          | Gross Earnings by Fund:        |                                |      | 4,747.89 |          | 158.40 |
|                                |                            |  |          | Total Fund Deductions:         |                                |      | 1,268.11 |          |        |
|                                |                            |  |          | Fund Net:                      |                                |      | 3,479.78 |          |        |

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Fund Worked : 19951  
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| Earnings Code & Description    |                                |  | Amount   | Hours                          | Earnings Code & Description    |                  |          | Amount   | Hours |
|--------------------------------|--------------------------------|--|----------|--------------------------------|--------------------------------|------------------|----------|----------|-------|
| r                              | REGULAR                        |  | 3,288.24 | 64.00                          | fh                             | FLOATING HOLIDAY |          | 411.06   | 8.00  |
| v                              | VACATION                       |  | 411.03   | 8.00                           | h                              | HOLIDAY          |          | 411.03   | 8.00  |
| auto                           | AUTO ALLOWANCE CONTRACTUAL     |  | 170.00   |                                |                                |                  |          |          |       |
|                                |                                |  |          |                                | Totals:                        |                  |          | 4,691.36 | 88.00 |
| Deduction Code and Description |                                |  | Amount   | Deduction Code and Description |                                |                  | Amount   |          |       |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 629.14   | socsec                         | SOCIAL SECURITY                |                  | 290.86   |          |       |
| pers2                          | PERS 2 RETIREMENT              |  | 287.56   | 401a                           | 401A DEFERRED COMPENSATION     |                  | 226.07   |          |       |
| medtx                          | MEDICARE TAX                   |  | 68.03    | wacare                         | WA Long-Term Care              |                  | 27.21    |          |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 24.80    | l&i                            | L&I - SELF INSURED             |                  | 6.74     |          |       |
|                                |                                |  |          | Totals:                        |                                |                  | 1,560.41 |          |       |
| Benefit Code and Description   |                                |  | Amount   | Benefit Code and Description   |                                |                  | Amount   |          |       |
| pers2                          | PERS 2 RETIREMENT              |  | 408.28   | socsec                         | SOCIAL SECURITY                |                  | 290.86   |          |       |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 90.43    | medtx                          | MEDICARE TAX                   |                  | 68.03    |          |       |
| l&i                            | L&I - SELF INSURED             |  | 13.60    | fmlatx                         | WA Paid Family & Medical Leave |                  | 9.92     |          |       |
| unemp                          | UNEMPLOYMENT                   |  | 9.04     |                                |                                |                  |          |          |       |
|                                |                                |  |          | Totals:                        |                                |                  | 890.16   |          |       |
|                                |                                |  |          | Gross Earnings by Fund:        |                                |                  | 4,691.36 | 88.00    |       |
|                                |                                |  |          | Total Fund Deductions:         |                                |                  | 1,560.41 |          |       |
|                                |                                |  |          | Fund Net:                      |                                |                  | 3,130.95 |          |       |

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Fund Worked : 50401  
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| Earnings Code & Description    |                                |  | Amount   | Hours                          | Earnings Code & Description    |                            |           | Amount    | Hours  |
|--------------------------------|--------------------------------|--|----------|--------------------------------|--------------------------------|----------------------------|-----------|-----------|--------|
| r                              | REGULAR                        |  | 7,746.44 | 158.19                         | v                              | VACATION                   |           | 1,686.30  | 22.00  |
| h                              | HOLIDAY                        |  | 960.94   | 18.00                          | s                              | SICK                       |           | 689.85    | 9.00   |
| fh                             | FLOATING HOLIDAY               |  | 270.90   | 8.00                           | auto                           | AUTO ALLOWANCE CONTRACTUAL |           | 170.00    |        |
|                                |                                |  |          |                                | Totals:                        |                            |           | 11,524.43 | 215.19 |
| Deduction Code and Description |                                |  | Amount   | Deduction Code and Description |                                |                            | Amount    |           |        |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 1,642.07 | socsec                         | SOCIAL SECURITY                |                            | 757.21    |           |        |
| h457                           | MASSMUTUAL 457                 |  | 621.26   | pers2                          | PERS 2 RETIREMENT              |                            | 273.65    |           |        |
| medtx                          | MEDICARE TAX                   |  | 177.10   | icm457                         | ICMA DEFERRED COMP             |                            | 86.06     |           |        |
| wacare                         | WA Long-Term Care              |  | 66.85    | fmlatx                         | WA Paid Family & Medical Leave |                            | 60.91     |           |        |
| l&i                            | L&I - SELF INSURED             |  | 15.17    | Totals:                        |                                |                            | 3,700.28  |           |        |
| Benefit Code and Description   |                                |  | Amount   | Benefit Code and Description   |                                |                            | Amount    |           |        |
| socsec                         | SOCIAL SECURITY                |  | 757.21   | h457                           | MASSMUTUAL 457                 |                            | 672.03    |           |        |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 438.65   | pers2                          | PERS 2 RETIREMENT              |                            | 388.53    |           |        |
| medtx                          | MEDICARE TAX                   |  | 177.10   | l&i                            | L&I - SELF INSURED             |                            | 30.60     |           |        |
| fmlatx                         | WA Paid Family & Medical Leave |  | 24.37    | unemp                          | UNEMPLOYMENT                   |                            | 22.70     |           |        |
|                                |                                |  |          | Totals:                        |                                |                            | 2,511.19  |           |        |
|                                |                                |  |          | Gross Earnings by Fund:        |                                |                            | 11,524.43 | 215.19    |        |
|                                |                                |  |          | Total Fund Deductions:         |                                |                            | 3,700.28  |           |        |
|                                |                                |  |          | Fund Net:                      |                                |                            | 7,824.15  |           |        |

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Labor Distribution Totals By Fund  
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Fund Worked : 50501  
# Emps : 1

| Earnings Code & Description    |                                |  | Amount   | Hours | Earnings Code & Description    |                                |  | Amount   | Hours |
|--------------------------------|--------------------------------|--|----------|-------|--------------------------------|--------------------------------|--|----------|-------|
| r                              | REGULAR                        |  | 1,025.89 | 26.69 | h                              | HOLIDAY                        |  | 76.88    | 2.00  |
|                                |                                |  |          |       | Totals:                        |                                |  | 1,102.77 | 28.69 |
| Deduction Code and Description |                                |  | Amount   |       | Deduction Code and Description |                                |  | Amount   |       |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 157.03   |       | pers2                          | PERS 2 RETIREMENT              |  | 70.13    |       |
| socsec                         | SOCIAL SECURITY                |  | 68.37    |       | icm457                         | ICMA DEFERRED COMP             |  | 22.04    |       |
| medtx                          | MEDICARE TAX                   |  | 15.98    |       | wacare                         | WA Long-Term Care              |  | 6.39     |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 5.83     |       | l&i                            | L&I - SELF INSURED             |  | 1.67     |       |
|                                |                                |  |          |       | Totals:                        |                                |  | 347.44   |       |
| Benefit Code and Description   |                                |  | Amount   |       | Benefit Code and Description   |                                |  | Amount   |       |
| pers2                          | PERS 2 RETIREMENT              |  | 99.58    |       | socsec                         | SOCIAL SECURITY                |  | 68.37    |       |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 22.04    |       | medtx                          | MEDICARE TAX                   |  | 15.98    |       |
| l&i                            | L&I - SELF INSURED             |  | 3.40     |       | fmlatx                         | WA Paid Family & Medical Leave |  | 2.33     |       |
| unemp                          | UNEMPLOYMENT                   |  | 2.21     |       | Totals:                        |                                |  | 213.91   |       |
|                                |                                |  |          |       | Gross Earnings by Fund:        |                                |  | 1,102.77 | 28.69 |
|                                |                                |  |          |       | Total Fund Deductions:         |                                |  | 347.44   |       |
|                                |                                |  |          |       | Fund Net:                      |                                |  | 755.33   |       |

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Labor Distribution Totals By Fund  
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Fund Worked : - Totals -  
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| Earnings Code & Description |                                | Amount     | Hours     | Earnings Code & Description |                                | Amount     | Hours     |
|-----------------------------|--------------------------------|------------|-----------|-----------------------------|--------------------------------|------------|-----------|
| r                           | REGULAR                        | 568,332.62 | 16,561.15 | v                           | VACATION                       | 62,102.86  | 1,651.39  |
| h                           | HOLIDAY                        | 55,966.75  | 1,581.37  | fh                          | FLOATING HOLIDAY               | 23,793.95  | 601.25    |
| s                           | SICK                           | 23,478.84  | 693.70    | o25v                        | OT X 2.5 - CORR VOLUNTEER/SHRF | 16,811.42  | 206.50    |
| o15s                        | OVERTIME X 1.5 - SHERIFF DEPT  | 10,120.82  | 178.25    | cu                          | COMP USED                      | 6,426.72   | 206.67    |
| ohjd                        | OT HOLIDAY - JUV DETENTION     | 2,311.67   | 60.00     | oth                         | OVERTIME X 1.5 - HOURLY        | 1,869.42   | 135.25    |
| vp                          | VACATION PAYOFF                | 1,623.97   | 48.24     | accred                      | ACCREDITATION PAY              | 1,411.97   |           |
| auto                        | AUTO ALLOWANCE CONTRACTUAL     | 1,190.00   |           | ldpa                        | DPA LONGEVITY PAY              | 925.00     |           |
| stby                        | STANDBY PAY                    | 687.35     | 19.00     | aute                        | AUTO ALLOWANCE ELECTED         | 680.00     |           |
| o15j                        | OVERTIME x 1.5 - JUV DETENTION | 614.62     | 16.00     | bsba                        | BS/BA EDUCATION INCENTIVE      | 581.54     |           |
| sc15                        | HHS SCANNING PROJ OT X 1.5     | 487.15     | 10.25     | detpay                      | DETECTIVE PAY                  | 403.14     |           |
| aaas                        | AA/AS EDUCATION INCENTIVE      | 220.32     |           | phsm                        | PHONE STIPEND SMART PHONE      | 180.00     |           |
| uapr                        | URINE ANALYSIS PREMIUM         | 80.00      |           | aspi                        | ACTING SUPERVISOR PAY JUVENILE | 78.00      | 60.00     |
| asp                         | SHERIFF ACTING SUPERVISOR PAY  | 75.61      | 47.00     | cp                          | COMP TIME PAID - COUNTY        | 39.39      | 1.80      |
| biling                      | BILINGUAL INCENTIVE            | 31.40      |           | spt                         | SICK PAYOFF - TERMINATION 10%  | 15.51      | 7.09      |
|                             |                                |            |           | Totals:                     |                                | 780,540.04 | 22,084.91 |

| Deduction Code and Description |                          | Amount    | Deduction Code and Description |                                | Amount     |
|--------------------------------|--------------------------|-----------|--------------------------------|--------------------------------|------------|
| fedtx                          | FEDERAL WITHHOLDING TAX  | 66,387.59 | socsec                         | SOCIAL SECURITY                | 48,110.29  |
| pers2                          | PERS 2 RETIREMENT        | 34,478.53 | 401a                           | 401A DEFERRED COMPENSATION     | 17,213.96  |
| medtx                          | MEDICARE TAX             | 11,251.69 | icm457                         | ICMA DEFERRED COMP             | 10,126.98  |
| leoff2                         | LEOFF 2 RETIREMENT       | 6,567.69  | psers                          | PSERS RETIREMENT               | 6,223.61   |
| udteam                         | UNION DUES - TEAMSTERS   | 4,198.00  | fmlatx                         | WA Paid Family & Medical Leave | 4,100.78   |
| wacare                         | WA Long-Term Care        | 4,062.73  | rth457                         | ROTH-ICMA DEFERRED COMP        | 3,819.23   |
| pers3                          | PERS 3 RETIREMENT        | 3,461.12  | h457                           | MASSMUTUAL 457                 | 1,879.32   |
| l&i                            | L&I - SELF INSURED       | 1,486.94  | n457                           | NATIONWIDE 457                 | 1,337.50   |
| dshs                           | DSHS CHILD SUPPORT       | 1,287.47  | dshsca                         | DSHS CHILD SUPPORT CALIFORNIA  | 750.00     |
| medpre                         | HEALTH INSURANCE PRE TAX | 701.00    | udpd                           | UNION DUES - 1619 D            | 649.91     |
| udcd                           | UNION DUES - 1619 CD C   | 588.94    | udmp                           | UNION DUES - 1619 MP           | 441.56     |
| udlc                           | UNION DUES - 1619 LC     | 382.41    | usdtr                          | US DEPARTMENT OF TREASURY      | 302.12     |
| pers1                          | PERS 1 RETIREMENT        | 214.10    | udtint                         | TEAMSTERS INIT FEE or ADJ      | 200.00     |
| udcs                           | UNION DUES - 1619 CS     | 63.96     | genpre                         | SUN LIFE PRE TAX               | 57.85      |
| udps                           | UNION DUES - 1619 S      | 37.73     | garnfe                         | GARNISHMENT FEE                | 2.50       |
|                                |                          |           | Totals:                        |                                | 230,385.51 |

| Benefit Code and Description |                   | Amount    | Benefit Code and Description |                 | Amount    |
|------------------------------|-------------------|-----------|------------------------------|-----------------|-----------|
| pers2                        | PERS 2 RETIREMENT | 48,216.97 | socsec                       | SOCIAL SECURITY | 48,110.29 |

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| Benefit Code and Description |                                | Amount    | Benefit Code and Description |                            | Amount     |
|------------------------------|--------------------------------|-----------|------------------------------|----------------------------|------------|
| I&i                          | L&I - SELF INSURED             | 16,656.53 | 401a                         | 401A DEFERRED COMPENSATION | 14,781.86  |
| medtx                        | MEDICARE TAX                   | 11,251.69 | psers                        | PSERS RETIREMENT           | 8,692.70   |
| vebahr                       | HRA VEBA                       | 8,314.78  | medpre                       | HEALTH INSURANCE PRE TAX   | 5,290.60   |
| pers3                        | PERS 3 RETIREMENT              | 4,664.88  | leoff2                       | LEOFF 2 RETIREMENT         | 4,096.16   |
| fmlatx                       | WA Paid Family & Medical Leave | 1,640.32  | unemp                        | UNEMPLOYMENT               | 1,488.25   |
| h457                         | MASSMUTUAL 457                 | 672.03    | pers1                        | PERS 1 RETIREMENT          | 322.22     |
| genpre                       | SUN LIFE PRE TAX               | 10.00     | perscu                       | PERS RETIREMENT CATCH UP   | 0.20       |
|                              |                                |           | Totals:                      |                            | 174,209.48 |
|                              |                                |           | Grand Total Gross Earnings:  | 780,540.04                 | 22,084.91  |
|                              |                                |           | Grand Total Deductions:      | 230,385.51                 |            |
|                              |                                |           | Grand Total Net:             | 550,154.53                 |            |

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Fund Worked : 10101  
# Emps : 59

| Earnings Code & Description |                             |  | Amount     | Hours    | Earnings Code & Description |                            |  | Amount     | Hours    |
|-----------------------------|-----------------------------|--|------------|----------|-----------------------------|----------------------------|--|------------|----------|
| r                           | REGULAR                     |  | 111,476.17 | 3,356.35 | v                           | VACATION                   |  | 18,056.76  | 553.57   |
| h                           | HOLIDAY                     |  | 17,072.94  | 526.40   | s                           | SICK                       |  | 6,913.23   | 239.15   |
| fh                          | FLOATING HOLIDAY            |  | 5,905.36   | 171.00   | cu                          | COMP USED                  |  | 2,600.88   | 82.00    |
| o15r                        | OVERTIME X 1.5 - ROADS DEPT |  | 1,253.17   | 26.00    | auto                        | AUTO ALLOWANCE CONTRACTUAL |  | 340.00     |          |
| c15r                        | COMP EARNED X 1.5 ROADS     |  | -414.70    | -8.00    |                             |                            |  |            |          |
|                             |                             |  |            |          | Totals:                     |                            |  | 163,203.81 | 4,946.47 |

| Deduction Code and Description |                            |  | Amount    | Deduction Code and Description |                                |  | Amount    |
|--------------------------------|----------------------------|--|-----------|--------------------------------|--------------------------------|--|-----------|
| fedtx                          | FEDERAL WITHHOLDING TAX    |  | 12,822.45 | socsec                         | SOCIAL SECURITY                |  | 10,107.91 |
| pers2                          | PERS 2 RETIREMENT          |  | 9,843.53  | icm457                         | ICMA DEFERRED COMP             |  | 4,235.81  |
| 401a                           | 401A DEFERRED COMPENSATION |  | 2,677.21  | medtx                          | MEDICARE TAX                   |  | 2,363.93  |
| udteam                         | UNION DUES - TEAMSTERS     |  | 1,685.40  | fmlatx                         | WA Paid Family & Medical Leave |  | 862.67    |
| wacare                         | WA Long-Term Care          |  | 826.55    | h457                           | MASSMUTUAL 457                 |  | 641.62    |
| pers3                          | PERS 3 RETIREMENT          |  | 407.22    | l&i                            | L&I - SELF INSURED             |  | 296.04    |
| medpre                         | HEALTH INSURANCE PRE TAX   |  | 246.40    | dshs                           | DSHS CHILD SUPPORT             |  | 221.00    |
| udmp                           | UNION DUES - 1619 MP       |  | 174.70    | udtint                         | TEAMSTERS INIT FEE or ADJ      |  | 50.00     |
| garnfe                         | GARNISHMENT FEE            |  | 0.50      |                                |                                |  |           |
|                                |                            |  |           | Totals:                        |                                |  | 47,462.94 |

| Benefit Code and Description |                    |  | Amount    | Benefit Code and Description |                                |  | Amount    |
|------------------------------|--------------------|--|-----------|------------------------------|--------------------------------|--|-----------|
| pers2                        | PERS 2 RETIREMENT  |  | 13,975.99 | socsec                       | SOCIAL SECURITY                |  | 10,107.91 |
| l&i                          | L&I - SELF INSURED |  | 5,326.58  | 401a                         | 401A DEFERRED COMPENSATION     |  | 3,120.20  |
| medtx                        | MEDICARE TAX       |  | 2,363.93  | medpre                       | HEALTH INSURANCE PRE TAX       |  | 1,310.00  |
| pers3                        | PERS 3 RETIREMENT  |  | 730.67    | fmlatx                       | WA Paid Family & Medical Leave |  | 345.09    |
| unemp                        | UNEMPLOYMENT       |  | 325.88    |                              |                                |  |           |
|                              |                    |  |           | Totals:                      |                                |  | 37,606.25 |

|                         |            |          |
|-------------------------|------------|----------|
| Gross Earnings by Fund: | 163,203.81 | 4,946.47 |
| Total Fund Deductions:  | 47,462.94  |          |
| Fund Net:               | 115,740.87 |          |

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Fund Worked : 10135  
# Emps : 3

| Earnings Code & Description    |                                |  | Amount   | Hours | Earnings Code & Description    |                            |  | Amount   | Hours  |
|--------------------------------|--------------------------------|--|----------|-------|--------------------------------|----------------------------|--|----------|--------|
| r                              | REGULAR                        |  | 3,776.61 | 94.25 | h                              | HOLIDAY                    |  | 305.62   | 8.00   |
|                                |                                |  |          |       | Totals:                        |                            |  | 4,082.23 | 102.25 |
| Deduction Code and Description |                                |  | Amount   |       | Deduction Code and Description |                            |  | Amount   |        |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 341.22   |       | 401a                           | 401A DEFERRED COMPENSATION |  | 336.19   |        |
| socsec                         | SOCIAL SECURITY                |  | 253.21   |       | pers2                          | PERS 2 RETIREMENT          |  | 220.50   |        |
| medtx                          | MEDICARE TAX                   |  | 59.22    |       | udmp                           | UNION DUES - 1619 MP       |  | 32.98    |        |
| pers3                          | PERS 3 RETIREMENT              |  | 29.80    |       | wacare                         | WA Long-Term Care          |  | 23.68    |        |
| fmlatx                         | WA Paid Family & Medical Leave |  | 21.58    |       | icm457                         | ICMA DEFERRED COMP         |  | 19.98    |        |
| l&i                            | L&I - SELF INSURED             |  | 7.72     |       | Totals:                        |                            |  | 1,346.08 |        |
| Benefit Code and Description   |                                |  | Amount   |       | Benefit Code and Description   |                            |  | Amount   |        |
| pers2                          | PERS 2 RETIREMENT              |  | 313.07   |       | socsec                         | SOCIAL SECURITY            |  | 253.21   |        |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 87.80    |       | medtx                          | MEDICARE TAX               |  | 59.22    |        |
| pers3                          | PERS 3 RETIREMENT              |  | 55.56    |       | l&i                            | L&I - SELF INSURED         |  | 27.21    |        |
| fmlatx                         | WA Paid Family & Medical Leave |  | 8.63     |       | unemp                          | UNEMPLOYMENT               |  | 8.16     |        |
|                                |                                |  |          |       | Totals:                        |                            |  | 812.86   |        |
|                                |                                |  |          |       | Gross Earnings by Fund:        |                            |  | 4,082.23 | 102.25 |
|                                |                                |  |          |       | Total Fund Deductions:         |                            |  | 1,346.08 |        |
|                                |                                |  |          |       | Fund Net:                      |                            |  | 2,736.15 |        |

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Fund Worked : 30805  
# Emps : 1

| Earnings Code & Description    |                                | Amount | Hours                          | Earnings Code & Description    |        | Amount | Hours |
|--------------------------------|--------------------------------|--------|--------------------------------|--------------------------------|--------|--------|-------|
| r                              | REGULAR                        | 267.52 | 5.00                           |                                |        |        |       |
|                                |                                |        |                                | Totals:                        |        | 267.52 | 5.00  |
| Deduction Code and Description |                                | Amount | Deduction Code and Description |                                | Amount |        |       |
| fedtx                          | FEDERAL WITHHOLDING TAX        | 21.55  | socsec                         | SOCIAL SECURITY                | 16.64  |        |       |
| pers3                          | PERS 3 RETIREMENT              | 12.95  | icm457                         | ICMA DEFERRED COMP             | 7.77   |        |       |
| medtx                          | MEDICARE TAX                   | 3.89   | wacare                         | WA Long-Term Care              | 1.55   |        |       |
| fmlatx                         | WA Paid Family & Medical Leave | 1.42   | l&i                            | L&I - SELF INSURED             | 0.33   |        |       |
|                                |                                |        | Totals:                        |                                | 66.10  |        |       |
| Benefit Code and Description   |                                | Amount | Benefit Code and Description   |                                | Amount |        |       |
| pers3                          | PERS 3 RETIREMENT              | 24.15  | socsec                         | SOCIAL SECURITY                | 16.64  |        |       |
| 401a                           | 401A DEFERRED COMPENSATION     | 8.03   | l&i                            | L&I - SELF INSURED             | 5.72   |        |       |
| medtx                          | MEDICARE TAX                   | 3.89   | fmlatx                         | WA Paid Family & Medical Leave | 0.57   |        |       |
| unemp                          | UNEMPLOYMENT                   | 0.53   |                                |                                |        |        |       |
|                                |                                |        | Totals:                        |                                | 59.53  |        |       |
|                                |                                |        | Gross Earnings by Fund:        |                                | 267.52 |        | 5.00  |
|                                |                                |        | Total Fund Deductions:         |                                | 66.10  |        |       |
|                                |                                |        | Fund Net:                      |                                | 201.42 |        |       |

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Fund Worked : 40201  
# Emps : 3

| Earnings Code & Description    |                                |  | Amount   | Hours                          | Earnings Code & Description    |  |          | Amount   | Hours |
|--------------------------------|--------------------------------|--|----------|--------------------------------|--------------------------------|--|----------|----------|-------|
| r                              | REGULAR                        |  | 1,022.21 | 23.00                          |                                |  |          |          |       |
|                                |                                |  |          |                                | Totals:                        |  |          | 1,022.21 | 23.00 |
| Deduction Code and Description |                                |  | Amount   | Deduction Code and Description |                                |  | Amount   |          |       |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 94.37    | socsec                         | SOCIAL SECURITY                |  | 63.40    |          |       |
| pers2                          | PERS 2 RETIREMENT              |  | 59.90    | 401a                           | 401A DEFERRED COMPENSATION     |  | 24.24    |          |       |
| medtx                          | MEDICARE TAX                   |  | 14.83    | udmp                           | UNION DUES - 1619 MP           |  | 7.73     |          |       |
| wacare                         | WA Long-Term Care              |  | 5.93     | fmlatx                         | WA Paid Family & Medical Leave |  | 5.41     |          |       |
| icm457                         | ICMA DEFERRED COMP             |  | 5.00     | pers3                          | PERS 3 RETIREMENT              |  | 3.89     |          |       |
| l&i                            | L&I - SELF INSURED             |  | 1.73     |                                |                                |  |          |          |       |
|                                |                                |  |          | Totals:                        |                                |  | 286.43   |          |       |
| Benefit Code and Description   |                                |  | Amount   | Benefit Code and Description   |                                |  | Amount   |          |       |
| pers2                          | PERS 2 RETIREMENT              |  | 85.05    | socsec                         | SOCIAL SECURITY                |  | 63.40    |          |       |
| l&i                            | L&I - SELF INSURED             |  | 25.41    | 401a                           | 401A DEFERRED COMPENSATION     |  | 21.24    |          |       |
| medtx                          | MEDICARE TAX                   |  | 14.83    | pers3                          | PERS 3 RETIREMENT              |  | 7.25     |          |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 2.17     | unemp                          | UNEMPLOYMENT                   |  | 2.05     |          |       |
|                                |                                |  |          | Totals:                        |                                |  | 221.40   |          |       |
|                                |                                |  |          | Gross Earnings by Fund:        |                                |  | 1,022.21 | 23.00    |       |
|                                |                                |  |          | Total Fund Deductions:         |                                |  | 286.43   |          |       |
|                                |                                |  |          | Fund Net:                      |                                |  | 735.78   |          |       |

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Fund Worked : 41401  
# Emps : 9

| Earnings Code & Description    |                                |  | Amount    | Hours                          | Earnings Code & Description    |                  |          | Amount    | Hours  |
|--------------------------------|--------------------------------|--|-----------|--------------------------------|--------------------------------|------------------|----------|-----------|--------|
| r                              | REGULAR                        |  | 11,714.40 | 330.20                         | h                              | HOLIDAY          |          | 1,124.81  | 32.00  |
| o15r                           | OVERTIME X 1.5 - ROADS DEPT    |  | 878.03    | 15.75                          | fh                             | FLOATING HOLIDAY |          | 359.21    | 8.00   |
| v                              | VACATION                       |  | 235.83    | 7.50                           | s                              | SICK             |          | 96.99     | 4.00   |
|                                |                                |  |           |                                | Totals:                        |                  |          | 14,409.27 | 397.45 |
| Deduction Code and Description |                                |  | Amount    | Deduction Code and Description |                                |                  | Amount   |           |        |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 925.51    | socsec                         | SOCIAL SECURITY                |                  | 893.50   |           |        |
| pers2                          | PERS 2 RETIREMENT              |  | 753.94    | 401a                           | 401A DEFERRED COMPENSATION     |                  | 212.71   |           |        |
| medtx                          | MEDICARE TAX                   |  | 208.96    | pers3                          | PERS 3 RETIREMENT              |                  | 165.58   |           |        |
| udteam                         | UNION DUES - TEAMSTERS         |  | 131.02    | icm457                         | ICMA DEFERRED COMP             |                  | 98.78    |           |        |
| wacare                         | WA Long-Term Care              |  | 83.59     | fmlatx                         | WA Paid Family & Medical Leave |                  | 76.15    |           |        |
| udtint                         | TEAMSTERS INIT FEE or ADJ      |  | 50.00     | l&i                            | L&I - SELF INSURED             |                  | 29.26    |           |        |
| udmp                           | UNION DUES - 1619 MP           |  | 23.96     | Totals:                        |                                |                  | 3,652.96 |           |        |
| Benefit Code and Description   |                                |  | Amount    | Benefit Code and Description   |                                |                  | Amount   |           |        |
| pers2                          | PERS 2 RETIREMENT              |  | 1,070.43  | socsec                         | SOCIAL SECURITY                |                  | 893.50   |           |        |
| l&i                            | L&I - SELF INSURED             |  | 542.88    | pers3                          | PERS 3 RETIREMENT              |                  | 230.72   |           |        |
| 401a                           | 401A DEFERRED COMPENSATION     |  | 220.86    | medtx                          | MEDICARE TAX                   |                  | 208.96   |           |        |
| fmlatx                         | WA Paid Family & Medical Leave |  | 30.46     | unemp                          | UNEMPLOYMENT                   |                  | 28.81    |           |        |
|                                |                                |  |           |                                | Totals:                        |                  |          | 3,226.62  |        |
|                                |                                |  |           |                                | Gross Earnings by Fund:        |                  |          | 14,409.27 | 397.45 |
|                                |                                |  |           |                                | Total Fund Deductions:         |                  |          | 3,652.96  |        |
|                                |                                |  |           |                                | Fund Net:                      |                  |          | 10,756.31 |        |

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Labor Distribution Totals By Fund  
CLALLAM COUNTY  
07/01/2024 to 07/15/2024-2 Cycle s

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Fund Worked : 42401  
# Emps : 5

| Earnings Code & Description    |                                |  | Amount   | Hours | Earnings Code & Description    |                                |  | Amount   | Hours |
|--------------------------------|--------------------------------|--|----------|-------|--------------------------------|--------------------------------|--|----------|-------|
| r                              | REGULAR                        |  | 1,348.48 | 32.70 |                                |                                |  |          |       |
|                                |                                |  |          |       | Totals:                        |                                |  | 1,348.48 | 32.70 |
| Deduction Code and Description |                                |  | Amount   |       | Deduction Code and Description |                                |  | Amount   |       |
| fedtx                          | FEDERAL WITHHOLDING TAX        |  | 121.26   |       | socsec                         | SOCIAL SECURITY                |  | 83.63    |       |
| pers2                          | PERS 2 RETIREMENT              |  | 78.97    |       | 401a                           | 401A DEFERRED COMPENSATION     |  | 32.37    |       |
| medtx                          | MEDICARE TAX                   |  | 19.55    |       | udmp                           | UNION DUES - 1619 MP           |  | 8.38     |       |
| wacare                         | WA Long-Term Care              |  | 7.82     |       | fmlatx                         | WA Paid Family & Medical Leave |  | 7.13     |       |
| icm457                         | ICMA DEFERRED COMP             |  | 6.36     |       | pers3                          | PERS 3 RETIREMENT              |  | 5.18     |       |
| udteam                         | UNION DUES - TEAMSTERS         |  | 2.90     |       | l&i                            | L&I - SELF INSURED             |  | 2.38     |       |
|                                |                                |  |          |       | Totals:                        |                                |  | 375.93   |       |
| Benefit Code and Description   |                                |  | Amount   |       | Benefit Code and Description   |                                |  | Amount   |       |
| pers2                          | PERS 2 RETIREMENT              |  | 112.10   |       | socsec                         | SOCIAL SECURITY                |  | 83.63    |       |
| l&i                            | L&I - SELF INSURED             |  | 28.67    |       | 401a                           | 401A DEFERRED COMPENSATION     |  | 28.04    |       |
| medtx                          | MEDICARE TAX                   |  | 19.55    |       | pers3                          | PERS 3 RETIREMENT              |  | 9.66     |       |
| fmlatx                         | WA Paid Family & Medical Leave |  | 2.85     |       | unemp                          | UNEMPLOYMENT                   |  | 2.70     |       |
|                                |                                |  |          |       | Totals:                        |                                |  | 287.20   |       |
|                                |                                |  |          |       | Gross Earnings by Fund:        |                                |  | 1,348.48 | 32.70 |
|                                |                                |  |          |       | Total Fund Deductions:         |                                |  | 375.93   |       |
|                                |                                |  |          |       | Fund Net:                      |                                |  | 972.55   |       |

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Labor Distribution Totals By Fund  
CLALLAM COUNTY  
07/01/2024 to 07/15/2024-2 Cycle s

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Fund Worked : 50301  
# Emps : 11

| Earnings Code & Description |                             |  | Amount    | Hours  | Earnings Code & Description |                  |  | Amount   | Hours |
|-----------------------------|-----------------------------|--|-----------|--------|-----------------------------|------------------|--|----------|-------|
| r                           | REGULAR                     |  | 18,144.80 | 567.50 | v                           | VACATION         |  | 2,172.88 | 61.00 |
| h                           | HOLIDAY                     |  | 2,172.09  | 68.00  | fh                          | FLOATING HOLIDAY |  | 339.66   | 10.00 |
| o15r                        | OVERTIME X 1.5 - ROADS DEPT |  | 247.58    | 5.00   |                             |                  |  |          |       |

Totals: 23,077.01 711.50

| Deduction Code and Description |                                | Amount   |
|--------------------------------|--------------------------------|----------|
| fedtx                          | FEDERAL WITHHOLDING TAX        | 1,472.38 |
| socsec                         | SOCIAL SECURITY                | 1,430.77 |
| 401a                           | 401A DEFERRED COMPENSATION     | 309.39   |
| icm457                         | ICMA DEFERRED COMP             | 233.10   |
| fmlatx                         | WA Paid Family & Medical Leave | 121.98   |
| l&i                            | L&I - SELF INSURED             | 48.94    |
| h457                           | MASSMUTUAL 457                 | 13.04    |

| Deduction Code and Description |                        | Amount   |
|--------------------------------|------------------------|----------|
| pers2                          | PERS 2 RETIREMENT      | 1,467.71 |
| medtx                          | MEDICARE TAX           | 334.63   |
| udteam                         | UNION DUES - TEAMSTERS | 233.18   |
| wacare                         | WA Long-Term Care      | 133.86   |
| dshs                           | DSHS CHILD SUPPORT     | 102.00   |
| udmp                           | UNION DUES - 1619 MP   | 40.07    |
| garnfe                         | GARNISHMENT FEE        | 0.50     |

Totals: 5,941.55

| Benefit Code and Description |                    | Amount   |
|------------------------------|--------------------|----------|
| pers2                        | PERS 2 RETIREMENT  | 2,083.87 |
| l&i                          | L&I - SELF INSURED | 717.07   |
| medtx                        | MEDICARE TAX       | 334.63   |
| unemp                        | UNEMPLOYMENT       | 46.16    |

| Benefit Code and Description |                                | Amount   |
|------------------------------|--------------------------------|----------|
| socsec                       | SOCIAL SECURITY                | 1,430.77 |
| 401a                         | 401A DEFERRED COMPENSATION     | 406.20   |
| fmlatx                       | WA Paid Family & Medical Leave | 48.81    |

Totals: 5,067.51

Gross Earnings by Fund: 23,077.01 711.50

Total Fund Deductions: 5,941.55

Fund Net: 17,135.46

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Check Date: 07/25/2024

Labor Distribution Totals By Fund  
CLALLAM COUNTY  
07/01/2024 to 07/15/2024-2 Cycle s

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Fund Worked : - Totals -  
# Emps : 70

| Earnings Code & Description    |                             |  | Amount     | Hours                          | Earnings Code & Description    |                            |            | Amount     | Hours    |
|--------------------------------|-----------------------------|--|------------|--------------------------------|--------------------------------|----------------------------|------------|------------|----------|
| r                              | REGULAR                     |  | 147,750.19 | 4,409.00                       | h                              | HOLIDAY                    |            | 20,675.46  | 634.40   |
| v                              | VACATION                    |  | 20,465.47  | 622.07                         | s                              | SICK                       |            | 7,010.22   | 243.15   |
| fh                             | FLOATING HOLIDAY            |  | 6,604.23   | 189.00                         | cu                             | COMP USED                  |            | 2,600.88   | 82.00    |
| o15r                           | OVERTIME X 1.5 - ROADS DEPT |  | 2,378.78   | 46.75                          | auto                           | AUTO ALLOWANCE CONTRACTUAL |            | 340.00     |          |
| c15r                           | COMP EARNED X 1.5 ROADS     |  | -414.70    | -8.00                          |                                |                            |            |            |          |
|                                |                             |  |            |                                | Totals:                        |                            |            | 207,410.53 | 6,218.37 |
| Deduction Code and Description |                             |  | Amount     | Deduction Code and Description |                                |                            | Amount     |            |          |
| fedtx                          | FEDERAL WITHHOLDING TAX     |  | 15,798.74  | socsec                         | SOCIAL SECURITY                |                            | 12,849.06  |            |          |
| pers2                          | PERS 2 RETIREMENT           |  | 12,424.55  | icm457                         | ICMA DEFERRED COMP             |                            | 4,606.80   |            |          |
| 401a                           | 401A DEFERRED COMPENSATION  |  | 3,592.11   | medtx                          | MEDICARE TAX                   |                            | 3,005.01   |            |          |
| udteam                         | UNION DUES - TEAMSTERS      |  | 2,052.50   | fmlatx                         | WA Paid Family & Medical Leave |                            | 1,096.34   |            |          |
| wacare                         | WA Long-Term Care           |  | 1,082.98   | h457                           | MASSMUTUAL 457                 |                            | 654.66     |            |          |
| pers3                          | PERS 3 RETIREMENT           |  | 624.62     | l&i                            | L&I - SELF INSURED             |                            | 386.40     |            |          |
| dshs                           | DSHS CHILD SUPPORT          |  | 323.00     | udmp                           | UNION DUES - 1619 MP           |                            | 287.82     |            |          |
| medpre                         | HEALTH INSURANCE PRE TAX    |  | 246.40     | udtint                         | TEAMSTERS INIT FEE or ADJ      |                            | 100.00     |            |          |
| garnfe                         | GARNISHMENT FEE             |  | 1.00       |                                |                                |                            |            |            |          |
|                                |                             |  |            |                                | Totals:                        |                            | 59,131.99  |            |          |
| Benefit Code and Description   |                             |  | Amount     | Benefit Code and Description   |                                |                            | Amount     |            |          |
| pers2                          | PERS 2 RETIREMENT           |  | 17,640.51  | socsec                         | SOCIAL SECURITY                |                            | 12,849.06  |            |          |
| l&i                            | L&I - SELF INSURED          |  | 6,673.54   | 401a                           | 401A DEFERRED COMPENSATION     |                            | 3,892.37   |            |          |
| medtx                          | MEDICARE TAX                |  | 3,005.01   | medpre                         | HEALTH INSURANCE PRE TAX       |                            | 1,310.00   |            |          |
| pers3                          | PERS 3 RETIREMENT           |  | 1,058.01   | fmlatx                         | WA Paid Family & Medical Leave |                            | 438.58     |            |          |
| unemp                          | UNEMPLOYMENT                |  | 414.29     |                                |                                |                            |            |            |          |
|                                |                             |  |            |                                | Totals:                        |                            | 47,281.37  |            |          |
|                                |                             |  |            |                                | Grand Total Gross Earnings:    |                            | 207,410.53 | 6,218.37   |          |
|                                |                             |  |            |                                | Grand Total Deductions:        |                            | 59,131.99  |            |          |
|                                |                             |  |            |                                | Grand Total Net:               |                            | 148,278.54 |            |          |

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JUL 30 2024

## BOARD of CLALLAM COUNTY COMMISSIONERS

### MINUTES for the week of July 22–26 , 2024

#### WORK SESSION – 9 a.m.

The work session convened at 9 a.m., Monday, July 22, 2024. Present were Commissioners French, Ozias and Johnson and Administrator Mielke.

Items of discussion per the agenda published July 18 were:

- Calendar/Correspondence
- Resolution appointing Christine Paulsen to the Fair Advisory Board
- Call for hearing to be held on Tuesday, August 13, 2024 at 10:30 a.m. regarding an Ordinance amending chapter 27.03, Lake Sutherland Management District 2
- Agreement with Washington State Health Care Authority for Reentry Demonstration Initiative Project (Sheriff's Office)
- Agreement with Washington State Health Care Authority for Reentry Demonstration Initiative Project (Juvenile Services)
- Land purchase agreement with Zacharia and Willow Peppers for Bear Creek Road Fish Passage
- Land purchase agreement with Dorothy McCoy for Bear Creek Road Fish Passage
- Animal rescue crisis discussion
- Letter of approval of application and fee waiver fee \$150 for Clallam Bay / Sekiu Fun Days assembly permit applications

Meeting concluded at 11:26 a.m.

#### REGULAR MEETING OF THE BOARD OF CLALLAM COUNTY COMMISSIONERS

Chair French called the meeting to order at 10 a.m., Tuesday, July 23, 2024. Also present were Commissioners Ozias and Johnson and Administrator Mielke.

#### REQUEST FOR MODIFICATIONS/APPROVAL OF AGENDA

Postponed:

2m Agreement amendment 1 with Clallam County Economic Development Council for Recompete

**ACTION TAKEN: CMOM to adopt the agenda as modified, CRJs, mc**

#### CONSENT AGENDA

- 1a Approval of vouchers for the week of July 15
- 1b Approval of payroll for the period ending June 30
- 1c Approval of minutes for the week of July 15
- 1d Resolution Authorizing Project Safer participation, no cost access to the Clallam County Fair
- 1e Resolution formally adopting Coroner's Office Insignia

**ACTION TAKEN: CRJm to adopt the consent agenda, CMOs, mc**

#### REPORTS AND PRESENTATIONS

- CRJ commented on job fair, workforce training, Farm Forestry Association
- CMO commented on Veteran Mural Dedication Ceremony, Lavender Festival
- CMF commented on Olympic Community Action Program Executive Director, department staff meetings, State Auditor meeting, Public Defender office tours, Clallam Bay Sekiu Community Advisory Committee, Clallam Bay Fire District,

#### CONTRACTS AND AGREEMENTS

- 2a Contract with Washington State Military Department and State 911 Funds for emergency dispatch center

**ACTION TAKEN: CRJm to approve, CMOs, mc**

**BOARD of CLALLAM COUNTY COMMISSIONERS  
MINUTES for the week of July 22-26, 2024**

**Page 2**

- 2b Contract amendment 2 with Washington State Military Department and US Department of Homeland Security for Operation Stonegarden Grant

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2c Agreement with Washington State Department of Commerce for Multi-jurisdictional Task Forces OPNET

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2d Agreement amendment 1 with Washington Association of Sheriffs and Police Chiefs for field response services

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2e Agreement amendment 19 with Department of Health for consolidated contract to add/amend the statement of work

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2f Agreement with Washington State Department of Commerce to address homelessness

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2g Agreement with Serenity House of Clallam County to address homelessness

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2h Agreement with San Juan County for detention holds and services

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2i Agreement with Washington State Criminal Justice Training Commission to establishing an Officer Wellness Program

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2j Agreement and project prospectus form with Washington State Department of Transportation for Old Olympic Highway Resurfacing Project

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2k Land purchase agreement with Zacharia and Willow Peppers for Bear Creek Road Fish Passage

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2l Land purchase agreement with Dorothy McCoy for Bear Creek Road Fish Passage

**ACTION TAKEN: CRJm to approve, CMOs, mc**

- 2m Agreement amendment 1 with Clallam County Economic Development Council for Recompete

**ACTION TAKEN: Postponed**

**BIDS AND AWARDS**

- 3a Request for proposals opening – Hearing Examiner Services 2024

**Contractor**

Bennu Law, LLC

**ACTION TAKEN: CRJm to forward the request for proposals to the County Administrator for review and recommendation to the BOCC, CMOs, mc**

**ADMINISTRATION**

- 4a Call for request for proposals to be received no later than Monday, August 19, 2024 at 3 p.m. for Clallam County Coordinating Low-income Housing Planning Consultant

**ACTION TAKEN: CRJm to issue notice, CMOs, mc**

**BOARD of CLALLAM COUNTY COMMISSIONERS**  
**MINUTES for the week of July 22-26, 2024**  
**Page 3**

- 4b Approve the settlement and authorize the Chair of the Board to sign the settlement agreement related to the Kroger Opioid Settlement

**ACTION TAKEN: CRJm to approve and authorize the chair to sign, CMOs, mc**

**COMMUNITY DEVELOPMENT**

- 5a Verbal approval for a land division extension of LDV2019-00016 Ernst Short Plat

**ACTION TAKEN: CRJm to approve, CMOs, mc**

**PUBLIC WORKS**

- 6a Notice to call for bids to be received no later than Tuesday, August 13, 2024 at 10 a.m. for S. Airport Road Resurfacing Project C1262

**ACTION TAKEN: CRJm to issue notice, CMOs, mc**

**HEARING(S) – Beginning at 10:30 a.m.**

- H1 2024 Mid-Year Budget Status Review

- Mark Lane, Finance Department, provided a staff report
- The Board and Lane held discussion regarding the 2024 Mid-year Budget Review

**ACTION TAKEN: CRJm to open the public hearing, CMOs, mc**

- The following commented:
  - Eric Fehrmann, Sequim
  - John Worthington, Sequim
  - Denise Lapio, Sequim

**ACTION TAKEN: CRJm to close the public hearing, CMOs, mc**

**ACTION TAKEN: No action taken**

**PUBLIC COMMENT**

- Greg Madsen, Sequim, commented on animal crisis, mill closure
- John Worthington, Sequim, commented on overuse of nonprofits
- Virginia Shogren, Sequim, commented on CrowdStrike outage, elections (see attached)
- Karin Cummins, Sequim, commented on City of Port Angeles Ordinance, holding citizens accountable
- Jeff Tozzer, Sequim, commented on meeting structure, Old Olympic Highway and Cays Road Intersection
- Eric Fehrmann, Sequim, commented on answering questions at meetings

Meeting concluded at 11:48 a.m. and continued to 9 a.m., Monday, July 29.

The Board of Commissioners attended WSAC Virtual Update, William Shore Memorial Pool District Meeting, Coffee with Colleen, CRAB Board Annual Meeting during the week of July 22.

PASSED AND ADOPTED this 30<sup>th</sup> day of July 2024.

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mike French, Chair

ATTEST:

\_\_\_\_\_  
Randy Johnson

\_\_\_\_\_  
Loni Gores, MMC, Clerk of the Board

\_\_\_\_\_  
Mark Ozias

**KEY TO ABBREVIATIONS:**

ATM Administrator Todd Mielke  
CMO Commissioner Mark Ozias  
CRJ Commissioner Randy Johnson  
CMF Commissioner Mike French

m moved  
mc motion carried  
s seconded

Public Comment – Clallam County Board of Commissioners, July 23, 2024

Public Comment  
7/23/24  
Virginia Shogren

Global IT systems are still recovering after a CrowdStrike update caused a massive worldwide outage of Windows computers on July 19th.

Countless businesses and organizations were shut down.

As a result of a public records request, I have here a Purchase Order dated August 2, 2023 from Clallam County to CDW-G out of Chicago for CrowdStrike and Falcon Network computing endpoint monitoring and mitigation security. The cost is \$35,371.66, and that was only for August through December of 2023.

To my knowledge, the County renewed the contract with CrowdStrike and Falcon for 2024.

Given what happened last Friday, the County should immediately delete CrowdStrike and Falcon from all of its systems and review its contract terms to see if the County is entitled to reimbursement for the damage caused.

As you may recall, CrowdStrike was the cybersecurity company hired by the Democratic National Committee to investigate Russia's alleged hack into the DNC's computer network. The DNC turned its servers over to CrowdStrike instead of the FBI.

This was the same breach that led to the release of the Podesta emails that exposed strangely worded emails that included highly suspicious code words and phrases like "wet works".

It is widely believed that the source of the Podesta emails was not Russia, but rather a DNC staffer by the name of Seth Rich, who was injured and then murdered on July 10, 2016.

The global Microsoft-based computer outage crippled the electronic systems in Arizona's two largest counties engaged in early voting. The "update" shut down the devices that Maricopa and Pima counties use at voting locations to check voters in, verify voter eligibility and print ballots.

If a vendor that supposedly protects us from cyber threats can shut down our computers, Clallam County elections are at risk. I have also supplied this Board with whistleblower evidence establishing that there are election operations being run by our own government domestically and overseas that rely on the trap-door access to software. It would appear that CrowdStrike's "update" had similar access to the Windows operating system.

Clallam County must remove CrowdStrike and Falcon systems immediately. This Board should then issue a resolution returning Clallam County to in person, hand-counted ballot elections. Clallam County deserves safe, accurate, and reliable elections.

Virginia P. Shogren  
961 W. Oak Court  
Sequim, WA 98382



**CLALLAM COUNTY**  
**Information Technology Department**  
223 East Fourth Street, Suite 13 Port Angeles, WA 98362-3015 360.417.2346  
Mark Doten

08/02/2023

CDW-G (0000289)

120 South Riverside  
Chicago, IL 60606  
Attn: Tyler Leedy Tyler.Leedy@cdwg.com  
Phn: 312-705-0227  
Fax:

P.O.#..... IT20230802  
Budget#.... 00100.411.51888.48.0154  
SFE#..... N/A  
Dept..... Information Technology (IT)  
For..... CrowdStrike, Network/End-point  
Security Platform

CrowdStrike and Falcon - security monitoring and mitigating application suite. Partial year coverage.

Dear Tyler:

Please place on-order for Clallam County the following:

| Mfg Part# | Description                                                                                                                                                                               | Price     | Qty | Extension |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|-----------|
| N/A       | CrowdStrike and Falcon Network and Computing Endpoint Monitoring and Mitigation Security Suite. Per Quote NL2X366, dated 7/25/23. Lines 1-18. Term: August 1, 2023 thru December 31, 2023 | 32,510.72 | 1   | 32,510.72 |

Subtotal: 32,510.72  
8.8% Tax: 2,860.94  
Shipping: 0.00  
Total: 35,371.66

Please apply any additional bid discounts and confirm the availability. Please bill and ship to the Information Technology Department. Do not ship partial. Please ship complete unless otherwise notified.

Thank you.

Sincerely,

Mark Doten  
Mark Doten (Aug 2, 2023 13:03 PDT)

Mark Doten  
Information Technology Director

Rich Sill  
Rich Sill (Aug 2, 2023 13:35 PDT)

Rich Sill  
Clallam County Administrator

Xc: Mark Doten

[Return to search \(/podesta-emails/\)](/podesta-emails/)

[View email](#)

[View source](#)

This email has also been verified by  
Microsoft DKIM  
(<https://www.wikileaks.org/DKIM-Verification.html>) 1024-bit RSA key

RE: Thanks

---

From: elmendorf@teamsubjectmatter.com

To: john.podesta@gmail.com

Date: 2016-02-09 20:56

Subject: RE: Thanks

---

I am all in

Sounds like it will be a bad nite , we all need to buckle up and double down

From: John Podesta [mailto:[john.podesta@gmail.com](mailto:john.podesta@gmail.com)]

Sent: Tuesday, February 09, 2016 4:36 PM

To: Steve Elmendorf <[elmendorf@teamsubjectmatter.com](mailto:elmendorf@teamsubjectmatter.com)>

Subject: Thanks

Didn't think wet works meant pool parties at the Vineyard.

Top



COURAGE >

bitcoin

WL Research  
Community - user  
contributed  
research based on  
documents  
published by  
WikiLeaks.

(<https://our.wikileaks.org>)

Tor is an encrypted  
anonymising  
network that  
makes it harder to  
intercept internet  
communications,  
or see where  
communications  
are coming from or  
going to.

(<https://www.torproject.org/>)

Tails is a live  
operating system,  
that you can start  
on almost any  
computer from a  
DVD, USB stick, or  
SD card. It aims at  
preserving your  
privacy and  
anonymity.

(<https://tails.boum.org/>)

The Courage  
Foundation is an  
international  
organisation that  
supports those  
who risk life or  
liberty to make  
significant  
contributions to the  
historical record.

(<https://www.couragefoundation.org/>)

Bitcoin uses peer-  
to-peer technology  
to operate with no  
central authority or  
banks; managing  
transactions and  
the issuing of  
bitcoins is carried  
out collectively by  
the network.

(<https://www.bitcoin.org/>)

# **BOCC Mail Correspondences Received from other Jurisdictions**

JUL 15 2024



PORT ANGELES  
WASHINGTON, U.S.

DEPARTMENT OF

COMMUNITY & ECONOMIC DEVELOPMENT

1...2...3...A...

# PUBLIC NOTICE

## - Administrative Process for a Wetland Permit Application (WET 24-54) -

**WHO:** General public are provided notice onsite or as close as available of the proposed action with this posting. Stakeholders and all community members are provided notice indirectly in the Peninsula Daily News, the City's website, at the proposal's location, and at City Hall (321 East 5<sup>th</sup> Street).

**WHAT:** The City of Port Angeles received a development application, see application details below. This application follows an administrative process with an internal decision by the Director of Community and Economic Development. There will be no public hearing held for this decision. Application information may be requested from the Department of Community & Economic Development (DCED) by emailing [ced@cityofpa.us](mailto:ced@cityofpa.us).

| APPLICATION DETAILS: No. WET 24-54                                                                                                |                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>APPLICATION TYPE:</b> Wetland + SEPA                                                                                           | <b>DESCRIPTION:</b> Applicant is restoring a previously filled wetland by removing fill. Applicant is also proposing building a noise attenuation berm |
| <b>APPLICANT:</b> Dan Morrison<br><b>LOCATION:</b> 2917 W Edgewood Dr<br><b>ZONE:</b> Industrial Heavy (IH)/Industrial Light (IL) | <b>SEPA COMMENT PERIOD CLOSE:</b> 7/30/2024<br><b>WETLAND COMMENT PERIOD CLOSE:</b> 8/16/2024                                                          |

**HOW TO COMMENT:** Interested parties are encouraged to comment on the proposal and may request a copy of the decision once it's been made and any appeal rights. Any interested parties may submit written comment during the 14-day public comment period. Written comments must be submitted prior to the close of the public comment period care of the Department of Community & Economic Development (DCED) [ced@cityofpa.us](mailto:ced@cityofpa.us) or 321 E 5<sup>th</sup> Street, Port Angeles WA 98362 c/o DCED.

**STATE ENVIRONMENTAL POLICY ACT:** It is expected that a Determination of Non-Significance (DNS) or a Mitigated Determination of Non-Significance (MDNS) will be issued for the project per the WAC 197-11-355 optional DNS process. This may be the only opportunity to comment on the environmental impacts of the proposal. The proposal may include mitigation measures under applicable codes, and the project review process may incorporate or require mitigation measures regardless of whether an EIS is prepared. A copy of the subsequent threshold determination for the specific proposal may be obtained upon request.

Interested parties are encouraged to comment on the SEPA Checklist and may request a copy of the determination once it's been made. Any interested parties may submit written comment during the 14-day public comment period care of the Department of Community & Economic Development (DCED) via email [ced@cityofpa.us](mailto:ced@cityofpa.us), or addressed to 321 E 5<sup>th</sup> St., Port Angeles, WA 98362 no later than the SEPA comment period closing date of 7/30/2024.

**DECISION AND APPEAL INFORMATION:** The Director's decision will be made based on the Staff Report, record, and written public comment within 120 days of the date of completeness determination. Any appeal of this decision shall be filed within 14 days after the date of decision.

**LINK TO PROJECT INFORMATION:** <https://www.cityofpa.us/145/Current-Projects-and-Plans>

**FOR ADDITIONAL INFORMATION PLEASE CONTACT:** William Habel, CED Environmental Planner at (360) 417-4750 or [ced@cityofpa.us](mailto:ced@cityofpa.us).

LOWER ELWA ROAD

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
WEST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
WEST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
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AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
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AND WIDENED TO 12'0" ON  
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AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

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AND WIDENED TO 12'0" ON  
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RETRACTED CURB, EXISTING  
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AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
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EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
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AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

RETRACTED CURB, EXISTING  
AND NEW, TO BE RELOCATED  
AND WIDENED TO 12'0" ON  
EAST SIDE OF ROAD.

MZE

MZ-D

MZ-C

MZ-A

MZ-B



**SITE PLAN**  
Scale: 1" = 50'

**SWPPP - SITE PLAN 1 OF 2**

MORRISON EXCAVATING  
PO BOX 3051  
PORT ANGELES, WA 98102

| REVISIONS |      |      |
|-----------|------|------|
| DATE      | MARK | NOTE |
|           |      |      |
|           |      |      |
|           |      |      |
|           |      |      |
|           |      |      |

**ZENOVIC & ASSOCIATES**  
INCORPORATED  
201 E 6TH STREET, SUITE 1  
PORT ANGELES, WA 98102  
PHONE (206) 417-2501  
FAX (206) 417-4511  
EMAIL: ZENOVIC@ZENOVIC-CA.NET

**1**

|            |                          |
|------------|--------------------------|
| TITLE      | SWPPP - SITE PLAN 1 OF 2 |
| DATE       | April 18, 2004           |
| BY         | PERMIT                   |
| CHECKED BY | 2308451                  |
| SCALE      | 1" = 50'                 |
| SHEET      | 1                        |



|                                                                             |                                                                  |      |          |         |
|-----------------------------------------------------------------------------|------------------------------------------------------------------|------|----------|---------|
| <div style="text-align: center; font-size: 2em; font-weight: bold;">2</div> | <div style="text-align: center; font-weight: bold;">PENALT</div> | DATE | APPROVED | REMARKS |
|                                                                             |                                                                  | DATE | APPROVED | REMARKS |



OPHS Canine Campus: 1743 Old Olympic Highway Port Angeles, WA 98362  
OPHS Kitty City Campus: 91 S. Boyce Rd. Sequim, WA 98382  
Mailing Address: P.O. Box 3124 Port Angeles, WA 98362  
Phone: 360-457-8208 Tax ID#: 91-6001724

July 17, 2024

Amy Bundy  
Chief Criminal Deputy  
Clallam County Sheriff's Office  
223 E. 4th St., Suite 12  
Port Angeles, WA 98382

Dear Amy,

I am writing to respectfully inform you that as of July 17th, 2024, Olympic Peninsula Humane Society must, unfortunately, terminate our contract with the County.

Sincerely,

Marti Oldham  
President  
Olympic Peninsula Humane Society  
1743 Old Olympic Hwy.  
Port Angeles, WA 98362



## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

JUL 30 2024

Department: BOCC

WORK SESSION ☒ Meeting Date: 7/22/24

REGULAR AGENDA ☒ Meeting Date: 7/30/24

### Item summary:

- |                                                |                                                              |                                      |
|------------------------------------------------|--------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Call for Hearing      | <input type="checkbox"/> Contract/Agreement/MOU - Contract # |                                      |
| <input checked="" type="checkbox"/> Resolution | <input type="checkbox"/> Proclamation                        | <input type="checkbox"/> Budget Item |
| <input type="checkbox"/> Draft Ordinance       | <input type="checkbox"/> Final Ordinance                     | <input type="checkbox"/> Other       |

Documents exempt from public disclosure attached: ☐

### Executive summary:

A vacancy exists on the Clallam County Fair Advisory Board due to a resignation.

A press release was issued during the month of April 2024 soliciting applications from interested citizens.

The Fair Advisory Board recommends the appointment of Christine Paulsen.

The Director of Parks, Fair and Facilities supports the appointment of Christine Paulsen to the Fair Advisory Board.

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐

None

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)  
Approve and sign a resolution to appoint.

**County Official signature & print name:** Loni Gores Loni Gores, Clerk

**Name of Employee/Stakeholder attending meeting:** Board of Commissioners, Parks, Fair & Facilities

**Relevant Departments:** Board of Commissioners, Parks, Fair & Facilities

\* Work Session Meeting - Submit 1 single sided/not stapled copy  
\*\* Regular Meeting - Submit 1 single sided/not stapled copy and originals (1 or 3 copies)



RESOLUTION \_\_\_\_\_, 2024

APPOINTING A MEMBER TO THE FAIR ADVISORY BOARD

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

1. A vacancy exists on the Clallam County Fair Advisory Board due to a resignation.
2. A press release was issued during the month of April 2024 soliciting applications from interested citizens.
3. The Fair Advisory Board recommends the appointment of Christine Paulsen.
4. The Director of Parks, Fair and Facilities supports the appointment of Christine Paulsen to the Fair Advisory Board.

NOW, THEREFORE, BE IT RESOLVED by the Board of Clallam County Commissioners, in consideration of the above findings of fact:

1. **Christine Paulsen** is appointed as the Communities of Sequim and Dungeness representative for a term ending January 1, 2027.

PASSED AND ADOPTED this 30th day of July 2024

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mike French, Chair

ATTEST:

\_\_\_\_\_  
Randy Johnson

\_\_\_\_\_  
Loni Gores, CMC, Clerk of the Board

\_\_\_\_\_  
Mark Ozias

c: A22.159  
Parks, Fair, and Facilities  
Appointee(s)



12  
JUL 30 2024

## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

Department: Noxious Weeds

WORK SESSION ☒ Meeting Date: July 22, 2024

REGULAR AGENDA ☒ Meeting Date: July 30, 2024

Required originals approved and attached? ☒  
Will be provided on:

**Item summary:**

- |                                                      |                                                              |                                      |
|------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Call for Hearing | <input type="checkbox"/> Contract/Agreement/MOU - Contract # |                                      |
| <input type="checkbox"/> Resolution                  | <input type="checkbox"/> Proclamation                        | <input type="checkbox"/> Budget Item |
| <input checked="" type="checkbox"/> Draft Ordinance  | <input type="checkbox"/> Final Ordinance                     | <input type="checkbox"/> Other       |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

The vote on renewing the Lake Sutherland Management District #2 has recently concluded, with ballots due back no later than 4:30pm on July 9<sup>th</sup>. The vote count was held on July 10<sup>th</sup> and the Lake Management District was voted to be renewed for 10 more years with 96.7% support. The assessment rate was voted to be raised to \$100 per parcel, per year. RCW 36.61.100 now directs the Board of Commissioners to re-create a Lake Management District by ordinance. Clallam County NWCB is requesting the Board of County Commissioners to call a public hearing about the LMD ordinance. The ordinance has been reviewed and approved by the Prosecuting Attorney's office.

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐

If adopted, the assessment collected would increase from \$18,814 to \$37,210. Budget impact will be included in the 2025 budget.

**Recommended action:** The Noxious Weed Control Board recommends the Board of County Commissioners call for a public hearing on the proposed ordinance for August 13, 2024.

**County Official signature & print name:** Christina St John Christina St John, coordinator

**Name of Employee/Stakeholder attending meeting:** Christina St John

**Relevant Departments:** Board of Commissioners, Treasurer Office, Assessor's Office, Finance Department

**Date submitted:** 7/12/2024

\* Work Session Meeting - Submit 1 single sided/not stapled copy  
\*\* Regular Meeting - Submit 1 single sided/not stapled copy and originals (1 or 3 copies)

Agenda Item Summary\_LMD renewal ordinance change  
Revised: 3-04-2019

## **PUBLIC HEARING**

An ordinance amending Clallam County Code 27.03,  
Lake Sutherland Management District 2

**NOTICE:** The Clallam County Board of Commissioners will conduct a public hearing on Tuesday, August 13, 2024 at 10:30 a.m., or as soon thereafter. The public hearing is to consider the Ordinance listed above. The proposed Ordinance is available on the County website:

<https://www.clallamcountywa.gov/228/Comment-on-Proposed-Ordinances-Policies>

Public comments are encouraged. Submit written comments to the address below before the hearing or present comments in person at the public hearing.

In compliance with the Americans with Disabilities Act, reasonable accommodations are available upon request. The facility is considered "barrier free" and accessible to those with physical disabilities.

**PROPONENT:** Clallam County Board of Commissioners  
223 East 4<sup>th</sup> Street, Suite 4,  
Port Angeles, WA 98362-3015  
Telephone: 360.417.2256

**FORMAL IDENTIFICATION:** An ordinance amending Clallam County Code 27.03, Lake Sutherland Management District 2

### **SECTION-BY-SECTION SUMMARY OF PROPOSED CHANGES:**

An ordinance amending Chapter 27.03, of the Clallam County Code, titled Lake Sutherland Management District 2

A full copy of the proposed changes can be found on the County website:

<https://www.clallamcountywa.gov/228/Comment-on-Proposed-Ordinances-Policies>

Publish: August 2, 2024

Bill: Clallam County Noxious Weed Control

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Loni Gores, MMC, Clerk of the Board

Ordinance \_\_\_\_\_

Amending Clallam County Code 27.03, Lake Sutherland Management District 2

BE IT ORDAINED BY THE BOARD OF CLALLAM COUNTY COMMISSIONERS:

**Section 27.03.030, Duration, is amended to read as follows:**

The duration of the District is 10 years and shall expire on December 31, 2024~~34~~.

**Section 27.03.040, Improvement and maintenance activities, is amended to read as follows:**

The following activities for lake improvement and maintenance to prevent adverse impacts on fish and wildlife and provide for measures to protect and enhance fish and wildlife are authorized:

(1) Manage Eurasian watermilfoil and other non-native, invasive plants in Lake Sutherland to meet recreational and aesthetic needs, fishery and wildlife habitat requirements, and ecosystem and ground-water concerns.

(2) Employ best practices in control of Eurasian watermilfoil based on environmental safety and efficacy.

(3) Monitor the level of Eurasian watermilfoil and other non-native, invasive plants and recommend and implement action to control and eradicate it within Lake Sutherland and recommend and implement actions to control and eradicate it.

**Section 27.03.080, Effective date, is amended to read as follows:**

This amendment is effective January 1, 2025~~25~~.

ADOPTED this \_\_\_\_\_ day \_\_\_\_\_, 2024

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Clerk

ATTEST

\_\_\_\_\_  
Randy Johnson

\_\_\_\_\_  
Loni Gordon, MMC, Clerk of Board

\_\_\_\_\_  
Mike French, Chair



17  
JUL 30 2024

## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

**Department:** BOCC

**WORK SESSION**     ☒ **Meeting Date: 7-22-24**

**REGULAR AGENDA**   ☒ **Meeting Date: 7-30-24**

**Required originals approved and attached?** ☐  
**Will be provided on:**

**Item summary:**

- |                                           |                                                                                                                    |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Call for Hearing | <input type="checkbox"/> Contract/Agreement/MOU - Contract #                                                       |
| <input type="checkbox"/> Resolution       | <input type="checkbox"/> Proclamation <input type="checkbox"/> Budget Item                                         |
| <input type="checkbox"/> Draft Ordinance  | <input type="checkbox"/> Final Ordinance <input checked="" type="checkbox"/> Other – Review and approval requested |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

Clallam Bay / Sekiu Fun Days Representative Diana Leiza has submitted a written application for Assembly Permit, a required under CCC 15.02, for the 2024 Clallam Bay / Sekiu Fun Days, to be held July 12-14, 2024.

The Clallam Bay / Sekiu Fun Days Committee is also requesting the application fee be waived in the amount of \$150 due to limited funds.

Review Assembly Permit Application and approve the letter of approval for event.

Review request for waiver of Assembly Permit Application fee of \$150.

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐

None

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)

Review request for waiver of Assembly Permit Application fee of \$150.

**County Official signature & print name:** Loni Gores Loni Gores, Clerk

**Name of Employee/Stakeholder attending meeting:** Board of Commissioners

**Relevant Departments:** Board of Commissioners

**Date submitted:** 7-17-24

\* Work Session Meeting - Submit 1 single sided/not stapled copy

\*\* Regular Meeting – Submit 1 single sided/not stapled copy and originals (1 or 3 copies)

Clallam Bay Sekiu Fun Days Assembly Permit 7-30-24

Revised: 3-04-2019



**MARK OZIAS, District 1**  
**RANDY JOHNSON, District 2**  
**MIKE FRENCH, District 3, Chair**

## Board of Clallam County Commissioners

223 East 4<sup>th</sup> Street, Suite 4  
Port Angeles, WA 98362-3015  
360.417.2233 Fax: 360.417.2493  
Email: [commissioners@clallamcountywa.gov](mailto:commissioners@clallamcountywa.gov)

**TODD MIELKE County Administrator**

File: A52.42  
A72

July 30, 2024

Clallam Bay/Sekiu Fun Days Committee  
Attn: Diana Leiza  
P.O. Box 225  
Clallam Bay, WA 98362

RE: Clallam Bay/Sekiu Fun Days 2024

Dear Ms. Leiza:

Your assembly permit application/checklist has been vetted by the Board of Commissioners, Health and Human Service/Environmental Health Department, Fire District, Emergency Management and the Sheriff's Office and it was approved.

We are happy to tell you that the Board approved your permit and fee waiver for the Clallam Bay / Sekiu Fun Days 2024.

If we may be of any further assistance, please don't hesitate to contact us.

Sincerely,

BOARD OF CLALLAM COUNTY COMMISSIONERS

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Mark Ozias, Chair

---

Randy Johnson

---

Mike French

Updated Application attached



Date Submitted: 6/28/24 - no insurance proof provided  
 Date approved by Board of Commissioners: \_\_\_\_\_  
 Fee Received ☐

7/1/24 - App Rec. complete  
 proof of ins. rec.  
 App not complete

**ASSEMBLY PERMIT APPLICATION/CHECKLIST**  
 (Clallam County Code 15.02, Assembly)

Applicant: Clallam Bay/Sekiwa Fun Days  
 Address: PO Box 561 Clallam Bay, wa 98326  
 Telephone: 360 640 0171 e-mail: leizadiana@gmail.com  
 Type of Event: Community Celebration  
 Location of Event: Clallam Bay & Sekiwa, Washington  
 Date(s)/Time(s) of Event: July 12 beg at 5:00 pm - Sunday, July 14  
 Entry Fee: for most activities Proceeds to: CB/Sekiwa Fun Days  
 Number of Attendees: \_\_\_\_\_ Minors Present? yes or no Alcohol Service? yes or no  
 Food Service? yes or no circle one Provided by: \_\_\_\_\_ circle one

| BOARD OF COMMISSIONERS                                      | Approved  | Conditional* | Denied |
|-------------------------------------------------------------|-----------|--------------|--------|
| Detailed description of event and activities submitted      | <u>✓</u>  |              |        |
| Liability insurance with County named as additional insured | <u>✓</u>  |              |        |
| Surety bond                                                 | <u>—</u>  |              |        |
| Permission to enter property received                       | <u>✓</u>  |              |        |
| Other                                                       |           |              |        |
| <b>HEALTH AND HUMAN SERVICES/ENVIRONMENTAL HEALTH</b>       |           |              |        |
| Sufficient written documentation/plan submitted             |           |              |        |
| Water supply                                                |           |              |        |
| Toilets and washing facilities                              |           |              |        |
| Food preparation and food service facilities                |           |              |        |
| Other                                                       |           |              |        |
| <b>FIRE DISTRICT</b>                                        |           |              |        |
| Sufficient written documentation/plan submitted             |           |              |        |
| Approved fire protection devices and equipment available    |           |              |        |
| Fire prevention standards per State law                     |           |              |        |
| Other                                                       |           |              |        |
| <b>EMERGENCY MANAGEMENT</b>                                 |           |              |        |
| Sufficient Written documentation/plan submitted             | <u>BK</u> |              |        |
| Approved fire protection devices and equipment available    | <u>BK</u> |              |        |
| Fire prevention standards per State law                     | <u>BK</u> |              |        |
| Other                                                       |           |              |        |

| SHERIFF                                         |  | Approved            | Conditional* | Denied |
|-------------------------------------------------|--|---------------------|--------------|--------|
| Sufficient written documentation/plan submitted |  | BY<br>BEL<br>B King |              |        |
| Traffic/crowd control                           |  |                     |              |        |
| Parking facilities (drawing required)           |  |                     |              |        |
| Other                                           |  |                     |              |        |

\*Comments or Conditions: \_\_\_\_\_

Clallam Co Sheriff Sgt Ed Anderson  
~~may~~ is in charge of crowd control & Traffic.  
 CCFD #5 on site all 3 days.  
 CCFD #5 will have 1<sup>st</sup> Aid station set  
 up entire event.

Other permits and/or licenses may be required for this event.

This permit does not include permission to serve or allow consumption of alcoholic beverages or required permits for food handlers.

Updated Application attached



Date Submitted: 7/1/24 - App Rec. complete proof of ins. rec.  
Date approved by Board of Commissioners: 6/28/24 - no insurance proof provided APP not complete  
Fee Received ☐

**ASSEMBLY PERMIT APPLICATION/CHECKLIST**  
(Clallam County Code 15.02, Assembly)

Applicant: Clallam Bay/Sekiwa Fun Days  
Address: PO Box 561 Clallam Bay, Wa 98326  
Telephone: 360 640 0171 e-mail: leizadiana@gmail.com  
Type of Event: Community Celebration  
Location of Event: Clallam Bay & Sekiwa, Washington  
Date(s)/Time(s) of Event: July 12 beg at 5:00 pm - Sunday, July 14  
Entry Fee: for most activities Proceeds to: CB/Sekiwa Fun Days  
Number of Attendees: \_\_\_\_\_ Minors Present? yes or no Alcohol Service? yes or no  
circle one circle one circle one  
Food Service? yes or no Provided by: \_\_\_\_\_  
circle one

| BOARD OF COMMISSIONERS                                      | Approved      | Conditional* | Denied |
|-------------------------------------------------------------|---------------|--------------|--------|
| Detailed description of event and activities submitted      |               |              |        |
| Liability insurance with County named as additional insured |               |              |        |
| Surety bond                                                 |               |              |        |
| Permission to enter property received                       |               |              |        |
| Other                                                       |               |              |        |
| <b>HEALTH AND HUMAN SERVICES/ENVIRONMENTAL HEALTH</b>       |               |              |        |
| Sufficient written documentation/plan submitted             | <u>Pankov</u> |              |        |
| Water supply                                                | <u>Pankov</u> |              |        |
| Toilets and washing facilities                              | <u>Shine</u>  |              |        |
| Food preparation and food service facilities                | <u>Pankov</u> |              |        |
| Other                                                       |               |              |        |
| <b>FIRE DISTRICT</b>                                        |               |              |        |
| Sufficient written documentation/plan submitted             |               |              |        |
| Approved fire protection devices and equipment available    |               |              |        |
| Fire prevention standards per State law                     |               |              |        |
| Other                                                       |               |              |        |
| <b>EMERGENCY MANAGEMENT</b>                                 |               |              |        |
| Sufficient Written documentation/plan submitted             |               |              |        |
| Approved fire protection devices and equipment available    |               |              |        |
| Fire prevention standards per State law                     |               |              |        |
| Other                                                       |               |              |        |

Jammi H. Reed  
J:\public\S68 Forms\Assembly\assembly permit.doc

7/17/24

Revised: 04/26/12



Date Submitted: \_\_\_\_\_

Date approved by Board of Commissioners: \_\_\_\_\_

Fee Received ☐**ASSEMBLY PERMIT APPLICATION/CHECKLIST**  
(Clallam County Code 15.02, Assembly)

Applicant: Clallam Bay/Sekiin Fun Days  
Address: PO Box 225 Clallam Bay, WA 98326  
Telephone: 360-640-0171 e-mail: leizadiana@gmail.com  
Type of Event: Community Celebration  
Location of Event: Clallam Bay and Sekiin  
Date(s)/Time(s) of Event: July 12, 13, 14, 2024  
Entry Fee: N/A Proceeds to: Clallam Bay/Sekiin Fun Days  
Number of Attendees: ≤ 1,000 Minors Present? yes or no circle one  
Food Service? yes or no circle one Alcohol Service? yes or no circle one  
Provided by: \_\_\_\_\_

| BOARD OF COMMISSIONERS                                      |          |              |        |
|-------------------------------------------------------------|----------|--------------|--------|
|                                                             | Approved | Conditional* | Denied |
| Detailed description of event and activities submitted      |          |              |        |
| Liability insurance with County named as additional insured |          |              |        |
| Surety bond                                                 |          |              |        |
| Permission to enter property received                       |          |              |        |
| Other                                                       |          |              |        |
| HEALTH AND HUMAN SERVICES/ENVIRONMENTAL HEALTH              |          |              |        |
| Sufficient written documentation/plan submitted             |          |              |        |
| Water supply                                                |          |              |        |
| Toilets and washing facilities                              |          |              |        |
| Food preparation and food service facilities                |          |              |        |
| Other                                                       |          |              |        |
| FIRE DISTRICT                                               |          |              |        |
| Sufficient written documentation/plan submitted             | ✓        |              |        |
| Approved fire protection devices and equipment available    | ✓        |              |        |
| Fire prevention standards per State law                     | ✓        |              |        |
| Other                                                       | ✓        |              |        |
| EMERGENCY MANAGEMENT                                        |          |              |        |
| Sufficient Written documentation/plan submitted             |          |              |        |
| Approved fire protection devices and equipment available    |          |              |        |
| Fire prevention standards per State law                     |          |              |        |
| Other                                                       |          |              |        |

Updated Application attached



Date Submitted: 7/1/24 - APP Rec compl  
Date approved by Board of Commissioners: 6/28/24 - no insurance  
proof provided  
APP not comp  
Fee Received ☐

**ASSEMBLY PERMIT APPLICATION/CHECKLIST**  
(Clallam County Code 15.02, Assembly)

Applicant: Clallam Bay/Sekiwa Fun Days  
Address: PO Box 561 Clallam Bay, WA 98326  
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Number of Attendees: \_\_\_\_\_ Minors Present? yes or no Alcohol Service? yes or no  
circle one circle one circle one  
Food Service? yes or no Provided by: \_\_\_\_\_  
circle one

| BOARD OF COMMISSIONERS                                      | Approved | Conditional* | Denied |
|-------------------------------------------------------------|----------|--------------|--------|
| Detailed description of event and activities submitted      |          |              |        |
| Liability insurance with County named as additional insured |          |              |        |
| Surety bond                                                 |          |              |        |
| Permission to enter property received                       |          |              |        |
| Other                                                       |          |              |        |
| HEALTH AND HUMAN SERVICES/ENVIRONMENTAL HEALTH              |          |              |        |
| Sufficient written documentation/plan submitted             |          |              |        |
| Water supply                                                |          |              |        |
| Toilets and washing facilities                              |          |              |        |
| Food preparation and food service facilities                |          |              |        |
| Other                                                       |          |              |        |
| FIRE DISTRICT                                               |          |              |        |
| Sufficient written documentation/plan submitted             |          |              |        |

|                                                          |                                     |  |  |
|----------------------------------------------------------|-------------------------------------|--|--|
| Approved fire protection devices and equipment available | <input checked="" type="checkbox"/> |  |  |
| Fire prevention standards per State law                  | <input checked="" type="checkbox"/> |  |  |
| Other                                                    |                                     |  |  |
| <b>EMERGENCY MANAGEMENT</b>                              |                                     |  |  |
| Sufficient Written documentation/plan submitted          |                                     |  |  |
| Approved fire protection devices and equipment available |                                     |  |  |
| Fire prevention standards per State law                  |                                     |  |  |
| Other                                                    |                                     |  |  |

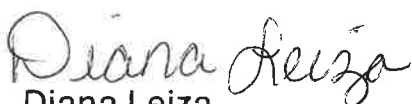
June 20, 2024

Commissioners French, Johnson and Ozias:

The Clallam Bay/Sekiu Fun Days Committee, comprised of five (5) community members (Leiza, Burrow, Kelly, Hamilton, and Signor) are requesting a waiver of the assembly application fee. As you know, we are a non-profit (have a 501-C3) and survive solely on registration fees (vendor, Fun Run, and a fantastic auction) and donations. Each year, since COVID, we have increased participation from community and tourists.

I have attached a copy of our schedule of event – beginning with our community Pot Luck and street fair; continuing Saturday with a parade, Foam fun for kids, street fair and a fantastic Fire Works display courtesy of Masons Resort in Sekiu and Unique Junk. Sunday we have an all-age 5K Fun Run and Cribbage Tournament. Most of the activities are free.

Thank you for continuing to support our community celebration. If you have any further questions, my cell is 360-640-0171.

  
Diana Leiza

Chairperson, CB/Sekiu Fun DaysS

Diana Leiza  
360-640-0171  
leizadiana@gmail.com

Insurance  
will be sent  
over today.  
Scott E.? Insurance

June 20, 2024

Commissioners French, Johnson, Ozias

I am writing this letter on behalf of the Clallam Bay/Sekiu Fun Days community event. Fun Days has been held annually for 40 plus years (exception being during COVID) during the second year of July.

We have many fun and family oriented activities planned. This year we are operating with a board of five (5) community members and many volunteers coordinating many child-adult activities.

The three day event will take place Friday, July 12, thru Sunday, July 14. Our kick-off event will be on Friday with a community potluck held at the CB school bus garage. We have a special guest harpist, Violette. She will perform during the potluck.

Saturday our events begin with a parade with the Coast Guard (Neah Bay Station) providing an Honor Guard. Following the parade will be our auction, street fair and numerous other activities. We are pleased to offer a fun, foam experience for the entire family – we are not charging for this event. Also schedule for Saturday are four bands, Rot Gut Riot, Randall Wolf Band, Pot Bellied Sneeches and Rot Ditch Groove (Pot Bellied Sneeches and Rot Ditch

Groove are lead by two Clallam Bay School Graduates). We will also host a group of musicians from Clallam Bay School. One band and the HS musicians will play in Sekiu.

The Messy Palettes Art League will be hosting the annual arts show. Community Quilters will host a quilt/sewing demonstration.

Our annual auction is supported by local businesses, donations from businesses from the West End (a special thanks to Forks Outfitters) and community donations. The auction helps support our fantastic FireWorks (sponsored by Mason's Resort, Unique Junk (and the auction).

The main area of events will be downtown Clallam Bay at the school bus garage. Also many events have been scheduled in Sekiu.

Vendor areas will be assigned as necessary for both food and retail sellers. We appreciate our community programs by waiving vendor fees and helping them set up areas. This includes Lions Club, Friends of the Library, CB School, Outreach Programs, Booster Club, and others.

A copy of our insurance policy which names Clallam County as additional insured and insured at the appropriate minimum insurance requirements in the amount of \$100,000 property damage is included.

Clallam County Fire District #5 Fire/EMS departments and volunteers will help with crowd control along with Clallam

County Sheriff's Department and volunteers of CB/Sekiu Fun Days Committee.

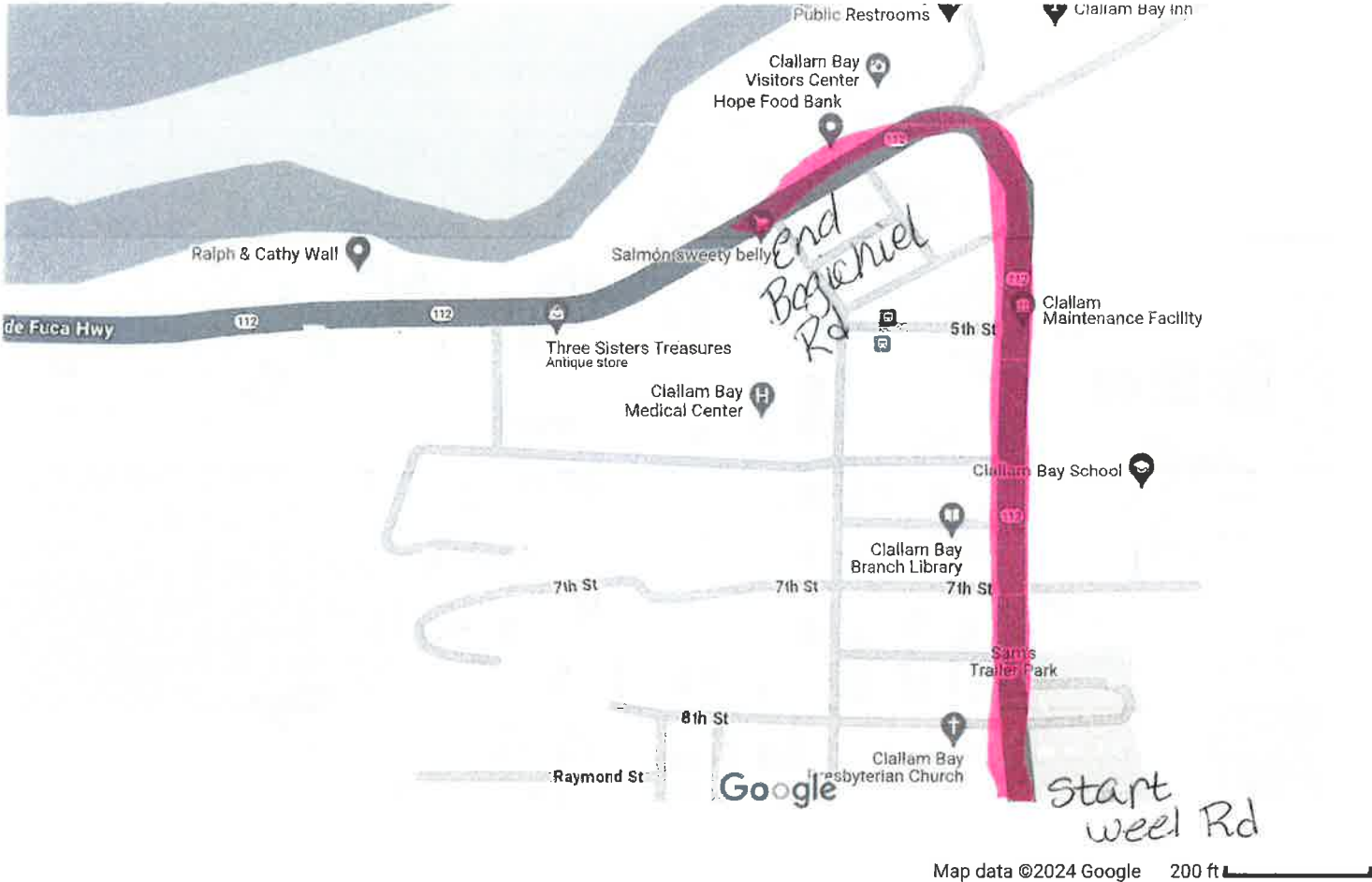
I am sorry for the lateness of this application. We have had several glitches but have all settled.

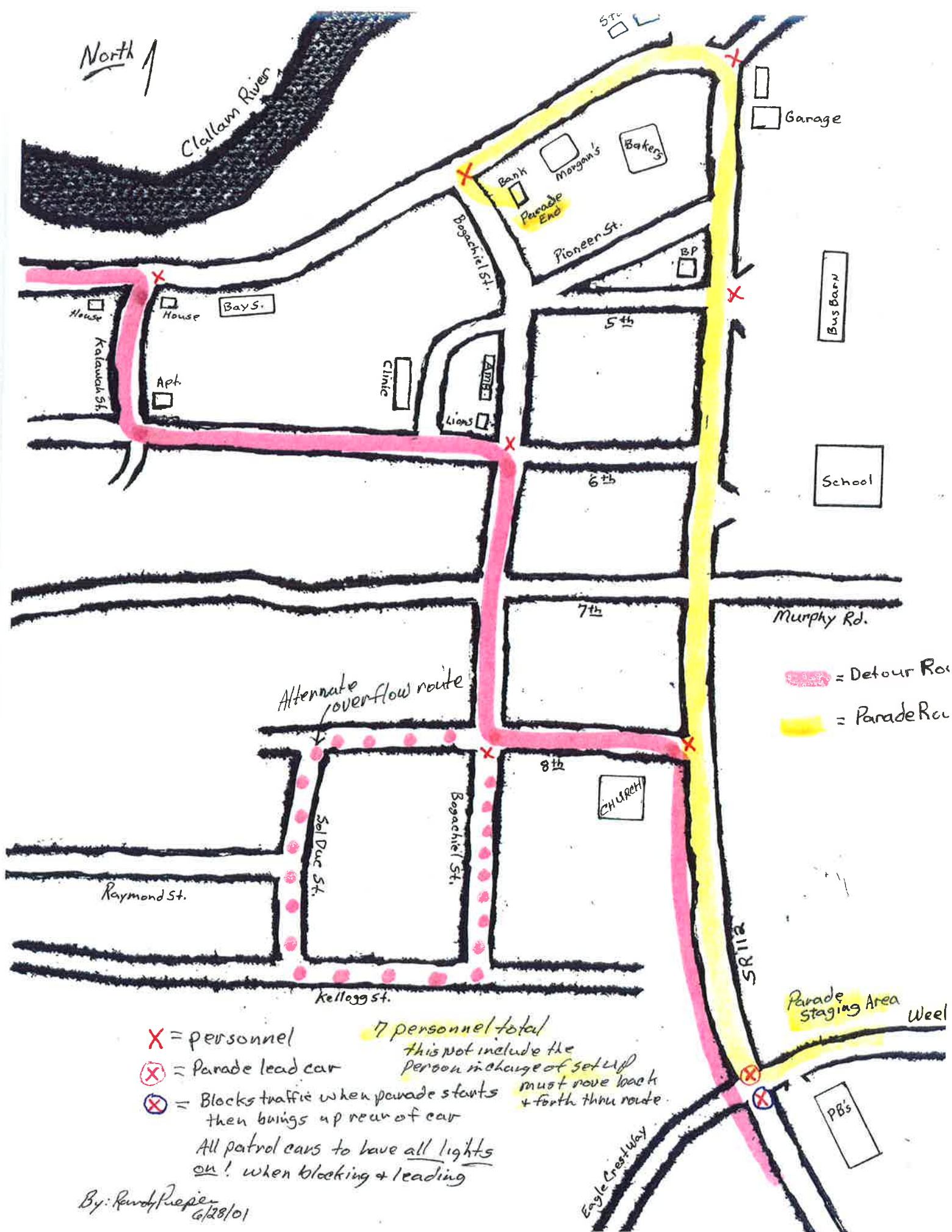
Respectfully submitted,

Diana Leiza

Chair (360 640 0171)

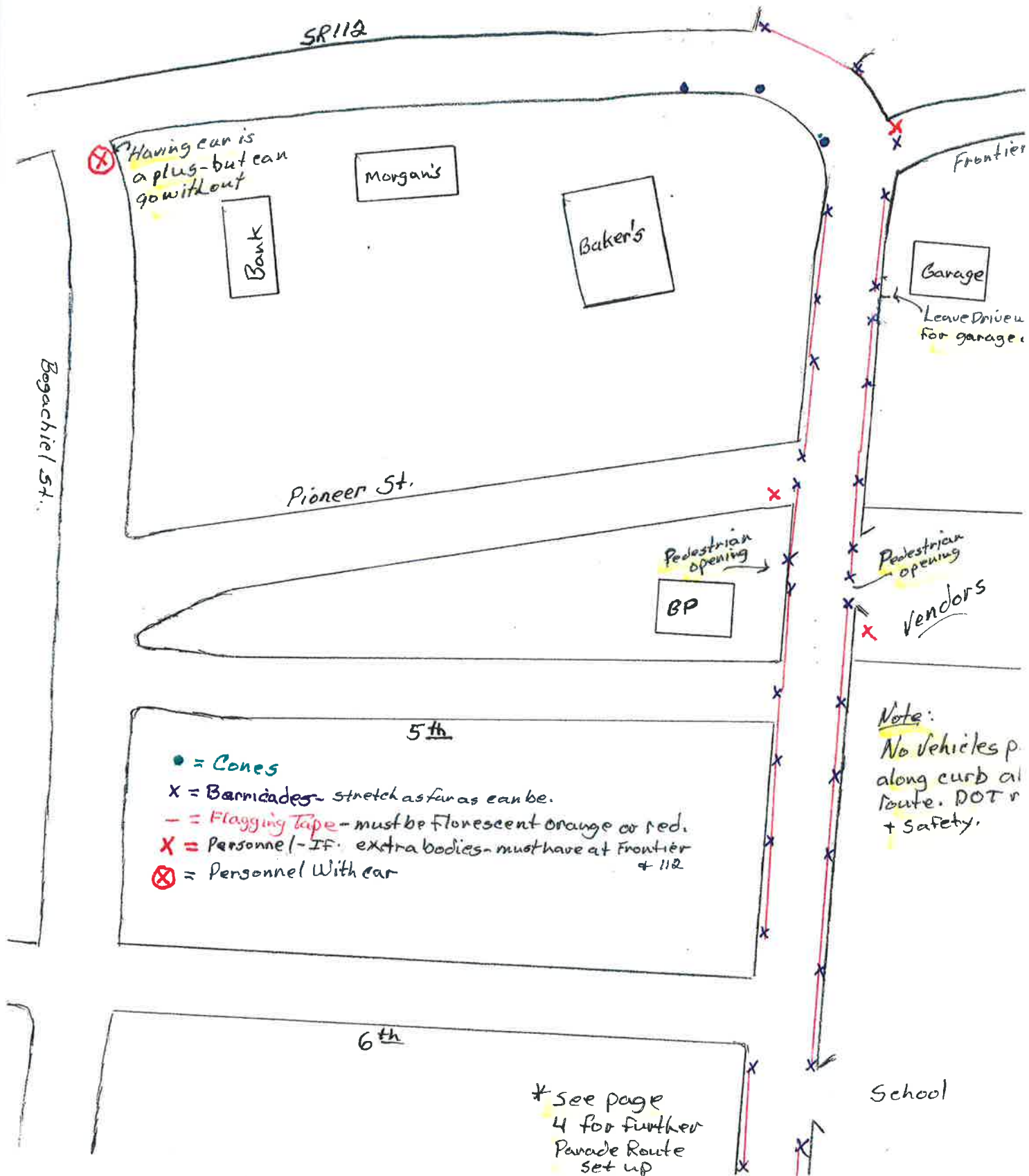
leizadiana@gmail.com





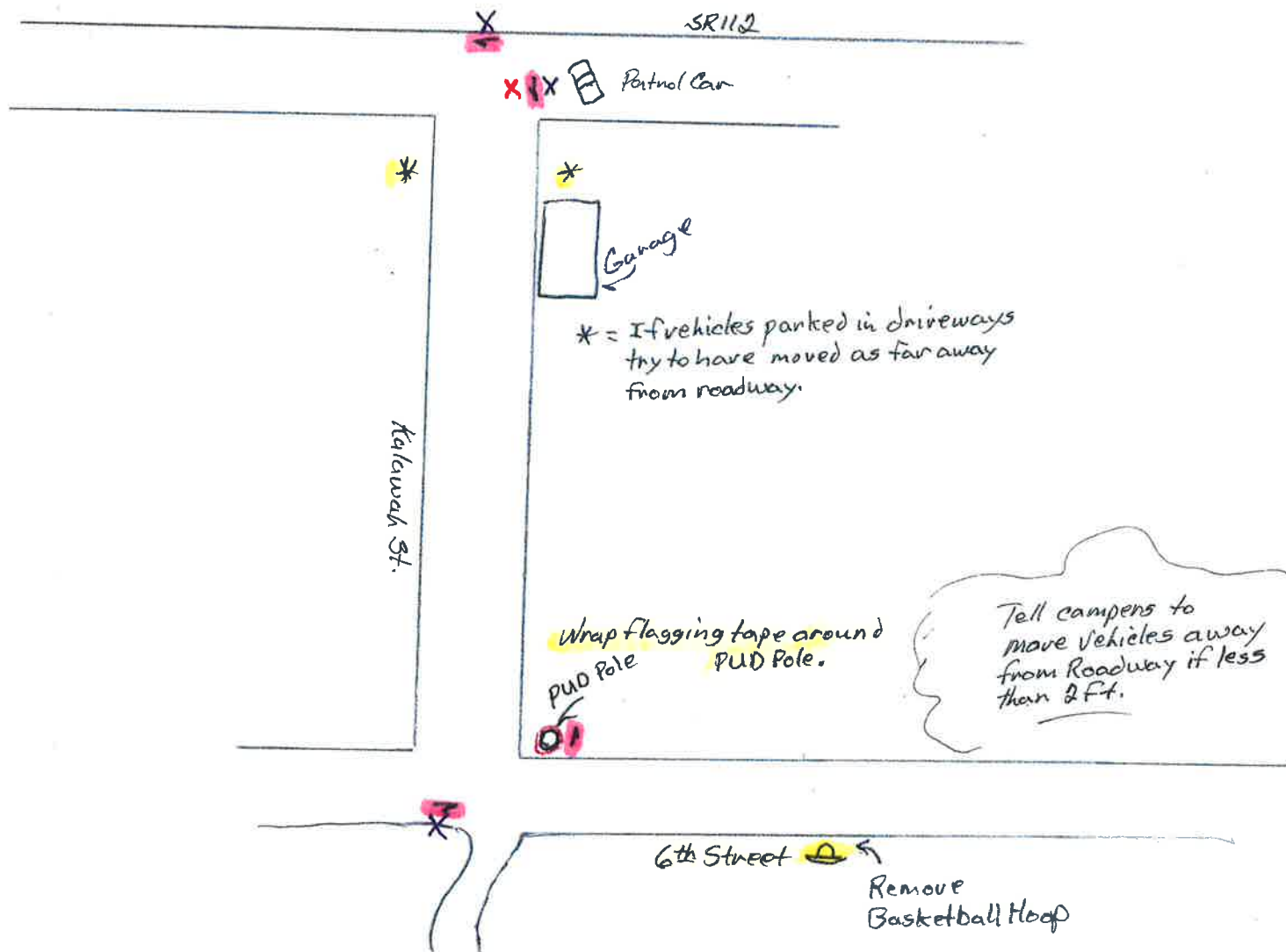
## Parade Route Setup

Page 1



# Detour Route

Page 2



X = Barricades

→ = Detour sign with direction arrow  
Must be on or against Barricade or PUD Po

X = Personnel

July 13,14 and 15

Health and Human Services/Environmental Health:

- We have water station situated at main event.

- We have three sani-cans located at main event. One sani-can situated near children activity (Straight-Up Foam). We have permission to use restrooms at Hess Mart, the local library and county park. A hand washing unit will be available at main event. All public restrooms have sinks for washing.

We have necessary food handler permits for community potluck. We are requesting vendors to have appropriate permits.

10811-1  
10811-2  
10811-3

Amesbury

Handwritten note: Scott (Arizona)

Marny  
ice cream

Samir Samir  
Tariq Tariq

Library  
of  
Friends

25

John Verdic  
History

Red  
Heeler

Burke

Trail, Count Big The

Friday July 12th

Art Show 10am-4pm

Street Fair 2-7pm

Friends of the Library Book Sale 10am-5pm

Scavenger Hunt 4pm

Community Potluck 5:30pm-7pm

Trivia Night 1:00 pm

Street Dance 7pm-10pm



[2024 Schedule](#)   [Merchandise](#)  
[Event Applications](#)   [Photo Albums](#)  
[Committee info](#)

Agate and Seaglass Hunt 9am-3pm



Friends of the Library Books Sale 10:30am-3:30pm



Grand Parade 11am



Borderline Dance Team Performance 12pm



Live Auction after parade



Bee Keeping Workshop Clallam Bay Library 1pm



3 on 3 basketball tournament 12pm start



Art Show 12pm-4pm



Tween Video Game Making Clallam Bay Library 3:30pm



Clallam Bay Light House Tour 4-6pm



Live Music 1pm-10pm



[2024 Schedule](#)   [Merchandise](#)

[Event Applications](#)   [Photo Albums](#)

[Committee info](#)

Sunday July 14th

Art Show 10am-4pm

Fun Run 8am sign up 9am run

Cribbage Tournament 4pm

Cornhole Tournament 10am start



[2024 Schedule](#)   [Merchandise](#)  
[Event Applications](#)   [Photo Albums](#)  
[Committee info](#)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                      |  |                                                                                                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Scott W Erlwein Ins Agcy Inc<br>1601 E Front St<br>Ste C<br>Port Angeles WA 98362 |  | <b>CONTACT NAME:</b> Kelsey<br><b>PHONE (A/C, No, Ext):</b> 360.417.2663<br><b>E-MAIL ADDRESS:</b> kelsey.se.agency@gmail.com<br><b>FAX (A/C, No):</b> 360.209.8105                                   |  |
| <b>INSURED</b><br>CLALLAM BAY SEKIU FUN DAYS<br>DIANA LEIZA<br>PO BOX 225<br>CLALLAM BAY WA 98326    |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> KNIGHT SEPCLALTY INSURANCE COMPANY<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                                      |  | <b>NAIC #</b><br>15366                                                                                                                                                                                |  |

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                                                                                                                                        | TYPE OF INSURANCE                                                                                                                                                                                                                            | ADDL INSR | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------|-------------------------|-------------------------|-------------------------------------------------------------------------------|
| A                                                                                                                                               | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                               | Y         |          | KSFLD0001132-00 | 07/12/2024              | 07/15/2024              | EACH OCCURRENCE \$ 1,000,000                                                  |
|                                                                                                                                                 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                                                                                                                                                                                         |           |          |                 |                         |                         |                                                                               |
|                                                                                                                                                 | MED EXP (Any one person) \$ 5,000                                                                                                                                                                                                            |           |          |                 |                         |                         |                                                                               |
|                                                                                                                                                 | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                           |           |          |                 |                         |                         |                                                                               |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                                |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000                                           |
|                                                                                                                                                 | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                        |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | BODILY INJURY (Per person) \$                                                 |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | BODILY INJURY (Per accident) \$                                               |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$                                             |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | \$                                                                            |
|                                                                                                                                                 | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                           |           |          |                 |                         |                         | EACH OCCURRENCE \$                                                            |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | AGGREGATE \$                                                                  |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | \$                                                                            |
|                                                                                                                                                 | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                |           |          |                 |                         |                         | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | E.L. EACH ACCIDENT \$                                                         |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                                 |
|                                                                                                                                                 |                                                                                                                                                                                                                                              |           |          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                                |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Festival, Parade, Vendor Booths - NO Rides  
Clallam Bay and Sekiu, WA - <1000 attendees

If further information is needed, please email me directly at:  
kelsey.se.agency@gmail.com  
or call, 360.417.2663 Kelsey

## CERTIFICATE HOLDER

## CANCELLATION

CLALLAM COUNTY PARKS, REC. & FACILITIES  
CLALLAM BAY PARK  
223 EAST FOURTH STREET  
PORT ANGELES WA 98362

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Kelsey Turley*



19

## AGENDA ITEM SUMMARY

JUL 30 2024

(Must be submitted NLT 3PM Wednesday for next week agenda)

**Department:** BOCC

**WORK SESSION** ☒ **Meeting Date: 7-29-24**

**REGULAR AGENDA** ☒ **Meeting Date: 7-30-24**

**Required originals approved and attached?** ☐  
**Will be provided on:**

**Item summary:**

- |                                                |                                                              |                                      |
|------------------------------------------------|--------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Call for Hearing      | <input type="checkbox"/> Contract/Agreement/MOU - Contract # |                                      |
| <input checked="" type="checkbox"/> Resolution | <input type="checkbox"/> Proclamation                        | <input type="checkbox"/> Budget Item |
| <input type="checkbox"/> Draft Ordinance       | <input type="checkbox"/> Final Ordinance                     | <input type="checkbox"/> Other       |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

Animal Solutions Advisory Committee Next Steps:

The Commissioners and the Sheriff wish to re-establish the former Animal Issues Advisory Committee, rename it the Animal Solutions Advisory Committee and begin recruitment as soon as possible. Today the group will review draft Resolution language to re-establish this formal Committee with the goal being to finalize the Committee's makeup and to set a recruitment and initial meeting schedule.

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐  
N/A

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)  
Animal Solutions Advisory Committee next steps

**County Official signature & print name:** Loni Gores Loni Gores, Clerk

**Name of Departments/Employee/Stakeholder attending meeting:** Board of Commissioners, Sheriff's Office

**Date submitted:** 7-24-24

\* Work Session Meeting - Submit 1 single sided/not stapled copy

\*\* Regular Meeting - Submit 1 single sided/not stapled copy and originals (1 or 3 copies)



RESOLUTION \_\_\_\_\_, 2024

RE-ESTABLISH THE ANIMAL ISSUES ADVISORY COMMITTEE AND  
RENAMING IT THE ANIMAL SOLUTIONS ADVISORY COMMITTEE

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

1. Resolution 34, 1996 adopted by the Board of Commissioners on March 12, 1996, created the Animal Shelter Advisory Committee and established the purpose of the Committee. Since that time, a variety of related Resolutions have been adopted that modified the name and purpose for this Committee.
2. Resolution 67, 2019 adopted by the Board of Commissioners on July 23, 2019 formally dissolved the Animal Issues Advisory Committee at the request of the Sheriff's Department after two years had passed with no meetings.
3. The Olympic Peninsula Humane Society is no longer able to accommodate canine surrenders and has therefore terminated their contract for animal control support with Clallam County.
4. At present there is no organization or facility that can accommodate the flow of canine surrenders from Clallam County residents
5. The Board of Commissioners wish to re-establish the Animal Issues Advisory Committee and rename it the Animal Solutions Advisory Committee to provide guidance and coordination to ensure that the needs of the community, and the needs of companion animals, are being met.

NOW, THEREFORE, BE IT RESOLVED by the Board of Clallam County Commissioners, in consideration of the above findings of fact:

1. The Animal Issues Advisory Committee is hereby re-established and renamed the Animal Solutions Advisory Committee.
2. The purpose of the Animal Solutions Advisory Committee shall be to advise the Board of County Commissioners and to provide advice and support to the Sheriff's Office regarding animal control management in Clallam County.
3. The further purpose of the Animal Solutions Advisory Committee will be to provide a regular forum for exchanging information, sharing resources, highlighting emergent concerns and recommending key community strategies to better support county residents and their companion animals.
4. The Clallam County Sheriff's Office will be appointed to serve as the administrative support for the Animal Solutions Advisory Committee.
5. The Animal Solutions Advisory Committee shall meet at least quarterly, and more often as needed.
6. At the first meeting, and then at the first meeting of each calendar year thereafter, the Committee shall elect a Chair and Vice-Chair from their membership.
7. The Committee shall consist of the following representation:
  - One member from the Clallam County Sheriff's Office
  - One member each from the Cities of Sequim, Port Angeles and Forks
  - Clallam County Animal Control Officer
  - City of Port Angeles Animal Control Officer
  - City of Sequim Animal Control Officer

- One member representing the Jamestown S’Klallam Tribe
- One member representing the Lower Elwha Klallam Tribe
- One member representing the Makah Tribe
- One member representing the Quileute Tribe
- One Veterinarian
- One member from the Olympic Peninsula Humane Society
- One member from the Welfare for Animals Guild
- One member from Friends of Forks Animals
- One member from Peninsula Friends of Animals
- One member representing an equine rescue organization in Clallam County
- One member representing an animal rescue organization that accommodates animals other than dogs, cats and horses
- One member at-large

8. Members appointed by the Committee will serve a term of three years, except when terms must be modified to allow for staggered expiration. Vacancies occurring on the Committee other than through the expiration of a term shall be filled for the unexpired term.

PASSED AND ADOPTED this \_\_\_\_ day of \_\_\_\_\_ 2024

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mike French, Chair

ATTEST:

\_\_\_\_\_  
Randy Johnson

\_\_\_\_\_  
Loni Gores, MMC, Clerk of the Board

\_\_\_\_\_  
Mark Ozias



RESOLUTION \_\_\_\_\_, 2024

RE-ESTABLISH THE ANIMAL ISSUES ADVISORY COMMITTEE AND  
RENAMING IT THE ANIMAL SOLUTIONS ADVISORY COMMITTEE

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

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  - Clallam County Animal Control Officer
  - City of Port Angeles Animal Control Officer
  - City of Sequim Animal Control Officer

- One member representing the Jamestown S’Klallam Tribe
- One member representing the Lower Elwha Klallam Tribe
- One member representing the Makah Tribe
- One member representing the Quileute Tribe
- One Veterinarian
- One member from the Olympic Peninsula Humane Society
- One member from the Welfare for Animals Guild
- One member from Friends of Forks Animals
- One member from Peninsula Friends of Animals
- One member representing an equine rescue organization in Clallam County
- One member representing an animal rescue organization that accommodates animals other than dogs, cats and horses
- Two members of At-large
- Clallam County Commissioner (ex-officio member)

8. Members appointed by the Committee will serve a term of three years, except when terms must be modified to allow for staggered expiration. Vacancies occurring on the Committee other than through the expiration of a term shall be filled for the unexpired term.

PASSED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_ 2024

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mike French, Chair

\_\_\_\_\_  
Randy Johnson

ATTEST:

\_\_\_\_\_  
Loni Gores, MMC, Clerk of the Board

\_\_\_\_\_  
Mark Ozias

JUL 30 2024



## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

**Department:** Sheriff

**WORK SESSION** ☒ **Meeting Date:** 7/22/24

**REGULAR AGENDA** ☒ **Meeting Date:** 7/30/24

**Required originals approved and attached?** ☒  
**Will be provided on:**

**Item summary:**

- |                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Call for Hearing | <input checked="" type="checkbox"/> Contract/Agreement/MOU - Contract # 815-24-05 |
| <input type="checkbox"/> Resolution       | <input type="checkbox"/> Proclamation <input type="checkbox"/> Budget Item        |
| <input type="checkbox"/> Draft Ordinance  | <input type="checkbox"/> Final Ordinance <input type="checkbox"/> Other           |

Documents exempt from public disclosure attached: ☐

**Executive summary:** Washington State has been granted a federal waiver allowing Medicaid funding to cover incarcerated patients, which was previously not allowed. Since the process, staff, and equipment needed for the required accounting and billing have not previously been needed by jail's in our state, the Health Care Authority of Washington State is awarding funding to accomplish this transition. Clallam County Correctional Facility has been awarded up to \$2,250,000 for eligible costs needed to establish appropriate billing capacity, for a period of 7/1/24 through 7/31/2028. The first expense will be for a project coordinator to assist with establishing program needs, milestones, and reporting for the duration of this transition.

**Budgetary impact:** BOCC approval

**Recommended action:** to be added via supplemental or budget planning

**County Official signature & print name:** Brian King, Sheriff

**Name of Employee/Stakeholder attending meeting:** Beth Waknitz

**Relevant Departments:** Sheriff

**Date submitted:** 7/2/24

\* Work Session Meeting - Submit 1 single sided/not stapled copy  
\*\* Regular Meeting - Submit 1 single sided/not stapled copy and originals (1 or 3 copies)

|                                                                                  |                                                                                           |                                                           |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|
|  | <b>INTERAGENCY AGREEMENT</b><br><b>for</b><br>Reentry Demonstration<br>Initiative Project | HCA Contract Number: K7850<br>Contractor Contract Number: |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|

**THIS AGREEMENT** is made by and between Washington State Health Care Authority (HCA) and Clallam County Correctional Facility (Contractor), pursuant to the authority granted by Chapter 39.34 RCW.

|                                                              |                                        |                                                            |                   |
|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|-------------------|
| CONTRACTOR NAME<br>Clallam County Correctional Facility      |                                        | CONTRACTOR DOING BUSINESS AS (DBA)                         |                   |
| CONTRACTOR ADDRESS   Street<br>223 E. 4 <sup>th</sup> Street | City<br>Port Angeles                   | State<br>WA                                                | Zip Code<br>98362 |
| CONTRACTOR CONTRACT MANAGER<br>Don Wenzl                     | CONTRACTOR TELEPHONE<br>(360) 417-2356 | CONTRACTOR E-MAIL ADDRESS<br>don.wenzl@clallamcountywa.gov |                   |

|                                                                                                 |                                                                                                 |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| HCA PROGRAM<br>Medicaid Reentry Demonstration Initiative Project                                | HCA DIVISION/SECTION<br>1070/OMT                                                                |
| HCA CONTRACT MANAGER NAME AND TITLE<br>Emma Oppenheim, Medicaid Transformation Project Director | HCA CONTRACT MANAGER ADDRESS<br>Health Care Authority<br>626 8th Avenue SE<br>Olympia, WA 98504 |
| HCA CONTRACT MANAGER TELEPHONE<br>(360) 725-0868                                                | HCA CONTRACT MANAGER E-MAIL ADDRESS<br>emma.oppenheim@hca.wa.gov                                |

|                                     |                                    |                                                 |
|-------------------------------------|------------------------------------|-------------------------------------------------|
| CONTRACT START DATE<br>July 1, 2024 | CONTRACT END DATE<br>July 31, 2028 | TOTAL MAXIMUM CONTRACT AMOUNT<br>\$2,250,000.00 |
|-------------------------------------|------------------------------------|-------------------------------------------------|

**PURPOSE OF CONTRACT:**

To provide essential services for individuals while in or leaving a carceral facility (i.e., state prison, county/city jail, or youth correctional facility).

The parties signing below warrant that they have read and understand this Contract, have authority to execute this Contract. This Contract will only be binding upon signature by both parties. The parties may execute this contract in multiple counterparts, each of which is deemed an original and all of which constitute only one agreement. E-mail (electronic mail) transmission of a signed copy of this contract shall be the same as delivery of an original.

|                      |                        |      |
|----------------------|------------------------|------|
| CONTRACTOR SIGNATURE | PRINTED NAME AND TITLE | DATE |
| HCA SIGNATURE        | PRINTED NAME AND TITLE | DATE |

Approved as to form only by



Bert Dee Boughton  
 Civil Deputy Prosecuting Attorney  
 Clallam County

## 1. DEFINITIONS

**"Accountable Community of Health" or "ACH"** means a regional coalition consisting of leaders from a variety of different sectors working together to build capacity to work collaboratively, develop regional health improvement plans, jointly implement or advance local health projects, and advise state agencies on how best to address health needs within its region.

**"Authorized Representative"** means a person to whom signature authority has been delegated in writing acting within the limits of the person's authority.

**"Capacity Building Application"** means a formal application for specific capacity building funds and specifications of how these funds will be spent by facilities on IT and non-IT needs. It also includes a detailed plan of how the work will be implemented.

**"Centers for Medicare and Medicaid Services" or "CMS"** means the federal office under the Secretary of the United States Department of Health and Human Services, responsible for the Medicare and Medicaid programs.

**"Confidential Information"** means information that may be exempt from disclosure to the public or other unauthorized persons under chapter 42.56 RCW or chapter 70.02 RCW or other state or federal statutes or regulations. Confidential Information includes, but is not limited to, any information identifiable to an individual that relates to a natural person's health, finances, education, business, use or receipt of governmental services, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and any other identifying numbers, law enforcement records, HCA source code or object code, or HCA or State security information.

**"Contract" or "Agreement"** means the entire written agreement between HCA and the contractor, including any exhibits, documents, or materials incorporated by reference. Contract and Agreement may be used interchangeably.

**"Contractor"** means Clallam County Correctional Facility, its employees and agents. Contractor includes any firm, provider, organization, individual or other entity performing services under this Agreement. It also includes any Subcontractor retained by Contractor as permitted under the terms of this Agreement.

**"Data"** means information disclosed, exchanged or used by Contractor in meeting requirements under this Agreement. Data may also include Confidential Information as defined in this Contract.

**"Financial Executor Portal" or "FE Portal"** means the payment portal where incentive funds flow from federal Center for Medicare and Medicaid Services through the Delivery System Reform Incentive Payment program.

**"Health Care Authority" or "HCA"** means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA, or any of the officers or other officials lawfully representing HCA.

**“Health-Related Social Needs” or “HRSN”** means the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. These include needs such as employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities.

**“Implementation Plan”** means how the Contractor describes how the facility will support pre-release services, as outlined in the Statement of Work Attachment 1; #3.

**“Interim and Final Progress Report”** means a report that includes information on both the initial progress and the outcomes of the Reentry Demonstration Initiative Opportunity (Initiative).

**“Information and Communication Technology” or “ICT”** means information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic data and information, as well as any associated content. Examples include computers and peripheral equipment; information kiosks and transaction machines; telecommunications equipment; customer premises equipment; multifunction office machines; software; applications; websites; videos; and electronic documents.

**“Letter of Intent”** means a document that provides specific facility information and is a commitment to participate in the Initiative.

**“Readiness Assessment”** means a framework for assessing a Contractor's ability to go-live or fully participate in the Initiative and will include an attestation that the facility has met all of the requirements.

**“Reentry”** means a broadly defined demonstration population that includes otherwise eligible, soon-to-be former incarcerated individuals as defined by the Reentry Section 1115 Demonstration Initiative Opportunity. It can include both pre-release and post-release services.

**“Services”** means all work performed or provided by Contractor pursuant to this Contract.

**“Statement of Work” or “SOW”** means a detailed description of the work activities the Contractor is required to perform under the terms and conditions of this Contract, including the deliverables and timeline, and is included as Attachment 1.

**“Subcontractor”** means a person or entity that is not in the employment of the Contractor, who is performing all or part of the business activities under this Agreement under a separate contract with Contractor. The term “Subcontractor” means subcontractor(s) of any tier.

**“Subrecipient”** shall have the meaning given in 45 C.F.R. 75.2, or any successor or replacement to such definition, for any federal award from HHS; or 2 C.F.R. 200.93, or any successor or replacement to such definition, for any other federal award.

**“Third Party Administrator” or “TPA”** is an entity that may provide implementation and administrative support to carceral facilities in support of reentry.

## **2. STATEMENT OF WORK**

Contractor will furnish the necessary personnel, equipment, material and/or service(s) and otherwise do all things necessary for or incidental to the performance of work set forth in Attachment 1.

## **3. PERIOD OF PERFORMANCE**

Subject to its other provisions, the period of performance of this Contract will commence on date of last signature, and continue through July 31, 2028, unless terminated sooner or extended upon written agreement between the parties.

## **4. PAYMENT**

Compensation for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34.130. Compensation for services will be based in accordance with the following terms set forth in the Statement of Work, Attachment 1.

## **5. PAYMENT PROCESS**

- 5.1. HCA will pay the Contractor for the targeted milestones set forth in Attachment 1: Statement of Work.
- 5.2. The milestone deliverables must be submitted per the instructions set forth in the Attachment 1: Statement of Work and must describe and document to HCA's satisfaction the required information. All milestone deliverable submissions will be reviewed and must be approved by the HCA Contract Manager or designee prior to payment.
- 5.3. Once Contractor's submission of milestone deliverables have been accepted and approved by HCA, payments will distributed by HCA through the Financial Executor (FE) Portal at <https://wafinancialexecutor.com/>.
- 5.4. FE Portal customer service telephone number is (844) 300-5040 or accessible by email at [WA\\_FE\\_FinancialServices@pcgus.com](mailto:WA_FE_FinancialServices@pcgus.com).
- 5.5. Payment will be considered timely if made within thirty (30) calendar days of receipt of properly completed invoices.
- 5.6. Upon expiration or termination any claims for payment for costs due and payable under this Agreement that are incurred prior to the expiration date must be submitted by Contractor within sixty (60) calendar days after the expiration date. There will be no obligation to pay any claims that are submitted sixty-one (61) or more calendar days after the expiration date ("Belated Claims"). Belated Claims will be paid at HCA's sole discretion, and any such potential payment is contingent upon the availability of funds.

## **6. ACCESSIBILITY**

- 6.1. **REQUIREMENTS AND STANDARDS.** Each information and communication technology (ICT) product or service furnished under this Contract shall be accessible to and usable by individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and other applicable Federal and State laws and policies, including OCIO Policy 188, et seq. For purposes of this clause, Contractor shall be considered in compliance with the ADA and other applicable Federal and State laws if it satisfies the requirements (including exceptions) specified in the regulations implementing Section 508 of the Rehabilitation Act, including the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA Success Criteria and Conformance Requirements (2008), which are incorporated by reference, and the functional performance criteria.
- 6.2. **DOCUMENTATION.** Contractor shall maintain and retain, subject to review by HCA, full documentation of the measures taken to ensure compliance with the applicable requirements and functional performance criteria, including records of any testing or simulations conducted.
- 6.3. **REMEDiation.** If the Contractor claims that its products or services satisfy the applicable requirements and standards specified in this Section and it is later determined by HCA that any furnished product or service is not in compliance with such requirements and standards, HCA will promptly inform Contractor in writing of noncompliance. Contractor shall, at no additional cost to HCA, repair or replace the non-compliant products or services within the period specified by HCA. If the repair or replacement is not completed within the specified time, HCA may cancel the contract, delivery, task order, or work order, or purchase line item without termination liabilities or have any necessary changes made or repairs performed by employees of HCA or by another contractor, and Contractor shall reimburse HCA for any expenses incurred thereby.
- 6.4. **INDEMNIFICATION.** Contractor agrees to indemnify and hold harmless HCA from any claim arising out of failure to comply with the aforesaid requirements.

## **7. AGREEMENT CHANGES, MODIFICATIONS AND AMENDMENTS**

This Agreement may be amended by mutual agreement of the parties. Such amendments are not binding unless they are in writing and signed by an Authorized Representative of each party.

## **8. SUBCONTRACTING**

Neither the Contractor nor any Subcontractor shall enter into subcontracts for any of the work contemplated under this Agreement without obtaining HCA's prior written approval. HCA shall have no responsibility for any action of any such Subcontractors.

## **9. SUBRECIPIENT**

If the Contractor is a subrecipient (as defined in 45 C.F.R. 75.2 and 2 C.F.R. 200.93) of federal awards, then the Contractor shall:

- 9.1. Comply with 2 C.F.R. 200.501 and 45 C.F.R. 75.501; and

9.2. Overpayments: If it is determined by HCA, or during the course of a required audit, that Contractor has been paid unallowable costs under this or any program agreement, Contractor will refund the full amount to HCA. In the event that overpayments or erroneous payments have been made to the Contractor under this Contract, HCA will provide written notice to Contractor and Contractor will refund the full amount to HCA within thirty (30) calendar days of the notice. If the Contractor disagrees with HCA's actions under this section, then it may invoke the dispute resolution provisions of Section 13, Disputes.

## **10. ASSIGNMENT**

The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent will not be unreasonably withheld.

## **11. CONTRACT MANAGEMENT**

The Contract Manager for each of the parties, named on the face of this Contract, will be responsible for and will be the contact person for all communications and billings regarding the performance of this Agreement. Either party must notify the other party within thirty (30) days of change of Contract Management. Changes in Contract Management shall require an amendment.

## **12. DISALLOWED COSTS**

The Contractor is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its Subcontractors.

## **13. DISPUTES**

In the event that a dispute arises under this Agreement, it will be determined by a dispute board in the following manner: Each party to this Agreement will appoint one member to the dispute board. The members so appointed will jointly appoint an additional member to the dispute board. The dispute board will review the facts, Agreement terms and applicable statutes and rules and make a determination of the dispute. The dispute board will thereafter decide the dispute with the majority prevailing. The determination of the dispute board will be final and binding on the parties hereto. As an alternative to this process, either of the parties may request intervention by the Governor, as provided by RCW 43.17.330, in which event the Governor's process will control.

## **14. GOVERNANCE**

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement will be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency will be resolved by giving precedence in the following order:

- A. Applicable Federal and State of Washington statutes and regulations;
- B. Attachment 2: Federal Compliance Certifications and Assurances;
- C. Attachment 1: Statement of Work;
- D. Exhibit A: Centers of Medicare & Medicaid Services, Special Terms and Conditions; and
- E. Any other provisions of the agreement, including materials incorporated by reference.

## **15. INDEPENDENT CAPACITY**

The employees or agents of each party who are engaged in the performance of this Agreement will not be considered for any purpose to be employees or agents of the other party.

## **16. RECORDS MAINTENANCE**

- 16.1. The parties to this Agreement will each maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records will be subject to inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties will have full access and the right to examine any of these materials during this period.
- 16.2. Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

## **17. TREATMENT OF ASSETS**

### **17.1. Ownership**

HCA shall retain title to all property furnished by HCA to Contractor under this contract. Title to all property furnished by the Contractor, for the cost of which the Contractor is entitled to reimbursement as a direct item of cost under this contract, excluding intellectual property provided by the Contractor, shall pass to and vest in HCA upon delivery of such property by the Contractor. Title to other property, the cost of which is reimbursable to the Contractor under this Contract, shall pass to and vest in HCA upon (i) issuance for use of such property in the performance of this Contract, (ii) commencement of use of such property in the performance of this Contract, or (iii) reimbursement of the cost thereof by HCA, in whole or in part, whichever occurs first.

### **17.2. Use of Property**

Any property furnished to Contractor shall, unless otherwise provided herein, or approved in writing by the HCA Contract Manager, be used only for the performance of and subject to the terms of this Contract. Contractor's use of the equipment shall be subject to HCA's security, administrative and other requirements.

#### 17.3. Damage to Property

Contractor shall continuously protect and be responsible for any loss, destruction, or damage to property which results from or is caused by Contractor's acts or omissions. Contractor shall be liable to HCA for costs of repair or replacement for property or equipment that has been lost, destroyed or damaged by Contractor or Contractor's employees, agents or subcontractors. Cost of replacement shall be the current market value of the property and equipment on the date of the loss as determined by HCA.

#### 17.4. Notice of Damage

Upon the loss of, destruction of, or damage to any of the property, Contractor shall notify the HCA Contract Manager thereof within one (1) Business Day and shall take all reasonable steps to protect that property from further damage.

#### 17.5. Surrender of Property

Contractor will ensure that the property will be returned to HCA in like condition to that in which it was furnished to Contractor, reasonable wear and tear excepted. Contractor shall surrender to HCA all property upon the earlier of expiration or termination of this Contract.

### 18. **RIGHTS IN DATA**

Unless otherwise provided, data which originates from this Agreement will be "works for hire" as defined by the U.S. Copyright Act of 1976 and will be owned by HCA. Data will include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

### 19. **CONFIDENTIALITY**

Each party agrees not to divulge, publish or otherwise make known to unauthorized persons Confidential Information accessed under this Agreement. Contractor agrees that all materials containing Confidential Information received pursuant to this Agreement, including, but not limited to information derived from or containing patient records, claimant file and medical case management report information, relations with HCA's clients and its employees, and any other information which may be classified as confidential, shall not be disclosed to other persons without HCA's written consent except as may be required by law.

### 20. **SEVERABILITY**

If any provision of this Agreement or any provision of any document incorporated by reference will be held invalid, such invalidity will not affect the other provisions of this Agreement, which can be given

effect without the invalid provision if such remainder conforms to the requirements of applicable law and the fundamental purpose of this agreement, and to this end the provisions of this Agreement are declared to be severable.

## **21. FUNDING AVAILABILITY**

HCA's ability to make payments is contingent on funding availability. In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date and prior to completion or expiration date of this Agreement, HCA, at its sole discretion, may elect to terminate the Agreement, in whole or part, or to renegotiate the Agreement subject to new funding limitations and conditions. HCA may also elect to suspend performance of the Agreement until HCA determines the funding insufficiency is resolved. HCA may exercise any of these options with no notification restrictions.

## **22. TERMINATION**

Either party may terminate this Agreement upon 30-days' prior written notification to the other party. If this Agreement is so terminated, the parties will be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

## **23. TERMINATION FOR CAUSE**

If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 30 days. If failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

## **24. WAIVER**

A failure by either party to exercise its rights under this Agreement will not preclude that party from subsequent exercise of such rights and will not constitute a waiver of any other rights under this Agreement unless stated to be such in a writing signed by an Authorized Representative of the party and attached to the original Agreement.

## **25. ALL WRITINGS CONTAINED HEREIN**

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement will be deemed to exist or to bind any of the parties hereto.

## **26. SURVIVORSHIP**

The terms, conditions and warranties contained in this Agreement that by their sense and context are intended to survive the completion of the performance, expiration or termination of this Agreement

shall so survive. In addition, the terms of the sections titled Rights in Data, Confidentiality, Disputes and Records Maintenance shall survive the termination of this Agreement.

### **Attachments**

Attachment 1: Statement of Work

Attachment 2: Federal Compliance, Certifications and Assurances

Exhibit A: Centers of Medicare & Medicaid Services, special terms and conditions

## **ATTACHMENT 1: STATEMENT OF WORK**

The Contractor will provide the services and staff, and otherwise do all things necessary for, or incidental to, the performance of work, as described in this Schedule.

### **1. Background**

In June 2023, the Health Care Authority (HCA) received federal approval for a Medicaid waiver demonstration that includes the Initiative. This new Initiative under the Medicaid Transformation Project (MTP) renewal known as the MTP 2.0. was approved by the federal Centers for Medicare and Medicaid Services (CMS) to provide essential services for individuals leaving a state prison, county/city jail, or youth correctional facility. The Initiative will support the delivery of targeted pre-release services to Medicaid eligible adults and youth in state prisons, jails, and youth carceral facilities that will be reimbursed by the Medicaid program known as Apple Health in Washington State.

### **2. Purpose**

The purpose of this project is to prepare people for a successful transition and reentry into their community and help them live their healthiest life, improve health outcomes and reducing rates of recidivism (re-offense), emergency department visits, substance use and death. To stabilize and treat common conditions both prior and post release, so the opportunity for a successful reentry is increased.

### **3. Project Objectives**

Targeted Pre-Release Services. The first three services listed below will be mandatory for facilities to implement. The last four services are optional. Contractor must support the implementation of a targeted set of pre-release services, as described in the Special Terms and Conditions (STC) of MTP 2.0 and the Reentry Implementation Plan approved by CMS:

- a. Case management
- b. Medications for alcohol and opioid use disorder
- c. 30-day supply of medications and medical supplies at release
- d. Medications during the pre-release period
- e. Lab and radiology
- f. Services by community health workers with lived experience
- g. Physical and behavioral clinical consultations

As appropriate, a third-party administrator (TPA) as well as regional Accountable Communities of Health (ACH) may assist the Contractor in the planning and implementation of these services, including the delivery of appropriate Health Related Social Needs (HRSN), and the milestones in Section 4. Additionally, HCA will collaborate with facilities on solutions for electronic health record (EHR) systems and systems that bill for Medicaid services.

Activities for implementing reentry services must include:

- a. Communicating with HCA regarding Initiative implementation
- b. Meeting cohort milestones as described below.
- c. Ensuring that a client receives targeted pre-release services and when feasible, providing HRSN services for clients reentering a community.

- d. An ability to support communication with community providers and Medicaid billing.

#### 4. Milestones

The Contractor will develop and implement the following deliverables that execute the Project Objectives. The Contractor will provide services and deliverables to perform all activities necessary for or incidental to the performance of work as set forth under this SOW and described in the Waiver to achieve progress on the following milestones.

##### **Milestone 1 – Letter of Intent**

Following the receipt of a Letter of Intent documentation and approval by HCA, Contractor must meet the specifications outlined in the template provided to the Contractor as determined by HCA for each of the following four milestones in order to receive funding and participate in the next milestone.

##### **Milestone 2 - Complete a Capacity Building Application**

The Capacity Building Application includes an Implementation Plan and a detailed budget. The Implementation plan must describe how the facility will support pre-release services. The detailed budget will represent a facility's formal application for capacity building funds and will specify how capacity building funds will be spent by facilities on IT and non-IT needs. Facilities in Cohorts 1 and 2 that identify the need for additional time to complete a Capacity Building Application may implement after the go live date of that cohort or join a subsequent cohort and complete milestones in-line with the deadlines for these cohorts.

##### **Milestone 3 - Complete a Readiness Assessment**

The Readiness Assessment report must include a framework for assessing facility readiness to go-live as part of the Initiative and will include an attestation that the facility is ready to go-live. HCA will provide a template for the assessment and will review submitted assessments and determine facility readiness prior to the go-live date for each facility.

##### **Milestone 4 - Submit Interim Progress Report**

The Contractor will be required to submit an Interim Progress Report to HCA with information on the initial implementation of the Initiative. HCA will provide a template for the Interim Progress Report and will review and approve submitted progress reports.

##### **Milestone 5 – Submit Final Progress Report**

The Contractor will be required to submit a Final Progress Report to HCA with information on the overall implementation progress of the Initiative and outcomes for clients. HCA will provide a template for the Final Progress Report and will review and approve submitted progress reports.

Milestones deadlines will be based upon the cohort a Facility participates in. Milestone deadlines for Cohort 1 is as follows:

|          | 1) LOI       | 2) Implement. Plan | 3) Readiness Assessment | Go-live with pre-release services | 4) Interim Progress Report | 5) Final Progress Report |
|----------|--------------|--------------------|-------------------------|-----------------------------------|----------------------------|--------------------------|
| Cohort 1 | June 1, 2024 | Oct 1, 2024        | Mar 1, 2025             | July 1, 2025                      | May 1, 2026                | Oct 1, 2026              |

#### 5. HCA Responsibilities

HCA will provide IT infrastructure funding through the Capacity Building Program. If needed, HCA will collaborate with facilities on solutions for electronic health record (EHR) systems and systems that bill for Medicaid services.

HCA is soliciting for TPA to provide administrative support possibly starting as early as Q1 2025. The administrative support may include but may not be limited to assisting clients with Medicaid eligibility screening and application, supporting providers to become enrolled as a Medicaid provider, and serving as a claim clearinghouse that helps facilities and providers prepare and submit claims.

## 6. Capacity Building Program Funding

Contractors that complete Milestone 2 – Capacity Building Application, HCA will provide capacity building funding to facilities to support the planning for and implementation of the Demonstration. Eligible uses of the funding are available in Appendix A, and include the following activities:

- a. IT infrastructure funding to support systems changes for data exchange, access to virtual health services, and other IT needs.
- b. Reentry planning and implementation funding to support planning expenses, such as the development of process changes, protocols, and procedures for implementation and hiring and training of staff.

Maximum funding for reentry planning and implementation will vary by facility size, based on their average daily population for the period of time specified in the Contractor's Letter of Intent response. The table below delineates the maximum funding amounts for Tier 2 facilities. The maximum IT infrastructure funding will be \$1 million for each participating facility.

| Facility tier<br>(based on average daily population) | Total capacity building funding per facility | Total IT infrastructure funding per facility | Total funding per facility |
|------------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------|
| Tier 2 (50 – 249)                                    | \$1,250,000                                  | \$1,000,000                                  | \$2,250,000                |

## 7. Milestone Deliverables Compensation Table

HCA will assess Contractor's progress towards achieving the Initiative goals based on achievement of specific milestones and measured by these milestones. Distribution of Capacity Building funding to Contractor is based on a Contractor's tier as described below and is contingent upon their completion of the implementation milestones described below.

Milestones will be developed by the State in consultation with stakeholders and members of the public and approved by CMS. Generally, progress milestones will be organized into the following categories:

| Milestones                                                          | Funding                                                        | IT Funding | Timing for Cohort 1   |
|---------------------------------------------------------------------|----------------------------------------------------------------|------------|-----------------------|
| <b>Planning Milestones Before Go-Live with Pre-Release Services</b> |                                                                |            |                       |
| <b>1) Letter of Intent Submission</b>                               | 10% of total RPP funding upon submission:<br>Tier 2: \$125,000 | N/A        | Due Date June 1, 2024 |

|                                                                          |                                                                          |                                                           |                                                             |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <b>2) Capacity Building Application Submission</b>                       | Up to 40% of total RPP funding upon approval:<br>Tier 2: Up to \$500,000 | Up to \$500,000 upon approval of the Application          | Due Date: October 1, 2024<br>Funding Paid: December 1, 2024 |
| <b>3) Readiness Assessment Submission and Approval</b>                   | Up to 40% of total RPP funding upon approval:<br>Tier 2: Up to \$500,000 | Up to \$500,000 upon approval of the Readiness Assessment | Due Date: March 1, 2025<br>Funding Paid: July 1, 2025       |
| <b>Implementation Milestones After Go-Live with Pre-Release Services</b> |                                                                          |                                                           |                                                             |
| <b>4) Interim Progress Report Submission</b>                             | Up to 5% of total RPP funding upon submission:<br>Tier 2: Up to \$62,500 | N/A                                                       | Due Date: May 1, 2026<br>Funding Paid: July 1, 2026         |
| <b>5) Final Progress Report Submission</b>                               | Up to 5% of total RPP funding upon submission:<br>Tier 2: Up to \$62,500 | N/A                                                       | Due Date: November 1, 2026<br>Funding Paid: January 1, 2027 |

### Participating in the Evaluation

Contractor will support the Evaluation of the Initiative. HCA contracted with an independent evaluator to evaluate the Waiver. The evaluator will use claims data from pre-release services to assess the effectiveness of this Initiative. The evaluator stores and analyzes the data in a secure environment. Facilities that participate are consenting to the use of this claims data for evaluation. Facility staff may also be asked to participate in qualitative interviews performed by the independent evaluator regarding their experience participating in the Initiative, to inform the evaluation.

## **Appendix A: Eligible Uses of Capacity Building Funding**

### **Eligible uses of capacity building funds**

- Development of protocols and procedures.
  - Expenditures to support the preparation/execution of policies and procedures related to enrollment and suspension/unsuspension and pre- and post-release reentry navigation services.
- Additional activities to promote collaboration.
  - Expenditures for additional activities that will advance collaboration among stakeholders. This may include conferences and meetings convened with the agencies, organizations, and stakeholders involved in the initiative.
- Expenditures for planning to focus on developing processes and information sharing protocols to:
  - Identify uninsured individuals who are potentially eligible for Medicaid/Children's Health Insurance Program (CHIP).
    - Assist with the completion of an application.
    - Submit an application to the county social services department for coordinating suspension/unsuspension.
    - Screen for eligibility for pre-release services and reentry planning in a period for up to 90 days immediately prior to the expected date of release.
    - Deliver necessary services to eligible individuals in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.
    - Establish ongoing oversight and monitoring process upon implementation.
- Hiring of staff and training to:
  - Assist with the coordination of enrollment/suspension/unsuspension.
  - Provide reentry navigation services during the 90-day pre-release period, and to support reentry.
  - Provide overall guidance on how to work with justice-involved individuals effectively and appropriately.
  - Support an environment appropriate for provision of 90-day pre-release services.
  - Accommodations for private space, such as correctional facility-grade moveable screen walls, desks, and chairs to conduct assessments and interviews within carceral settings.

### **Eligible uses of IT infrastructure funding**

- Electronic interfaces for prisons, jails, and youth facilities to support enrollment/suspension.
- Enhancements to existing IT systems to create and improve data-exchange to support reentry navigation services in the 90-day pre-release and post-release period.

- Adoption of system upgrades to ensure compatibility with Epic's data sharing platform. Any additional expenses related to upgrades—including the billing module or new platforms—not covered by Health Care Management and Coordination System (HCMACS) which will likely not be available until mid-2025.
- Installation of audio-visual equipment or other technology to support provision of pre-release services delivered via telehealth in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.

## **ATTACHMENT 2: FEDERAL COMPLIANCE, CERTIFICATIONS AND ASSURANCES**

- I. **FEDERAL COMPLIANCE** - The use of federal funds requires additional compliance and control mechanisms to be in place. The following represents the majority of compliance elements that may apply to any federal funds provided under this contract. For clarification regarding any of these elements or details specific to the federal funds in this contract, contact: HCA DBHR Contract Manager.
- a. *Source of Funds:* This Contract is being funded through Washingtons State's five-year Medicaid Transformation Project 2.0 approved under section 1115(a) of the federal Social Security Act by the Center for Medicare and Medicaid Service (CMS) on June 30, 2023, No. 11-W-00304/0 and 21-W-00071/0.
  - b. *Period of Availability of Funds:* Funds will become available to Contractor or Subrecipient commencing on the date of final signature of the Contract to which is attached and continuing through June 30, 2028.
  - c. *Single Audit Act:* This section applies to subrecipients only. Subrecipient (including private, for-profit hospitals and non-profit institutions) shall adhere to the federal Office of Management and Budget (OMB) Super Circular 2 CFR 200.501 and 45 CFR 75.501. A Subrecipient who expends \$750,000 or more in federal awards during a given fiscal year shall have a single or program-specific audit for that year in accordance with the provisions of OMB Super Circular 2 CFR 200.501 and 45 CFR 75.501.
  - d. *Modifications:* This Contract may not be modified or amended, nor may any term or provision be waived or discharged, including this particular Paragraph, except in writing, signed upon by both parties.
    - 1) Examples of items requiring Health Care Authority prior written approval include, but are not limited to, the following:
      - i. Deviations from the budget and Project plan.
      - ii. Change in scope or objective of the Contract.
      - iii. Change in a key person specified in the Contract.
      - iv. The absence for more than one (1) months or a 25% reduction in time by the Project Manager/Director.
      - v. Need for additional funding.
      - vi. Inclusion of costs that require prior approvals as outlined in the appropriate cost principles.
      - vii. Any changes in budget line item(s) of greater than twenty percent (20%) of the total budget in this Contract.
    - 2) No changes are to be implemented by the Sub-awardee until a written notice of approval is received from the Health Care Authority.
  - e. *Sub-Contracting:* The Contractor or Subrecipient shall not enter into a sub-contract for any of the work performed under this Contract without obtaining the prior written approval of the Health Care Authority. If sub-contractors are approved by the Health Care Authority, the subcontract, shall contain, at a minimum, sections of the Contract pertaining to Debarred and Suspended Vendors, Lobbying certification, Audit requirements, and/or any other project Federal, state, and local requirements.
  - f. *Condition for Receipt of Health Care Authority Funds:* Funds provided by Health Care Authority to the Contractor or Subrecipient under this Contract may not be used by the

Contractor or Subrecipient as a match or cost-sharing provision to secure other federal monies without prior written approval by the Health Care Authority.

- g. *Unallowable Costs:* The Contractor or Subrecipient's expenditures shall be subject to reduction for amounts included in any invoice or prior payment made which determined by HCA not to constitute allowable costs on the basis of audits, reviews, or monitoring of this Contract.
- h. *Supplanting Compliance:* SABG: If SABG funds support this Contract, the Block Grant will not be used to supplant State funding of alcohol and other drug prevention and treatment programs. (45 CFR section 96.123(a)(10)).
- i. *Federal Compliance:* The Contractor or Subrecipient shall comply with all applicable State and Federal statutes, laws, rules, and regulations in the performance of this Contract, whether included specifically in this Contract or not.
- j. *Civil Rights and Non-Discrimination Obligations:* During the performance of this Contract, the Contractor or Subrecipient shall comply with all current and future federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (PL 88-352), Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681-1683 and 1685-1686), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101- 6107), the Drug Abuse Office and Treatment Act of 1972 (PL 92-255), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290dd-3 and 290ee-3), Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), and the Americans with Disability Act (42 U.S.C., Section 12101 et seq.) <http://www.hhs.gov/ocr/civilrights>.

HCA Federal Compliance Contact Information  
 Washington State Health Care Authority  
 Post Office Box 42710  
 Olympia, Washington 98504-2710

- II. **CIRCULARS 'COMPLIANCE MATRIX'** - The following compliance matrix identifies the OMB Circulars that contain the requirements which govern expenditure of federal funds. These requirements apply to the Washington State Health Care Authority (HCA), as the primary recipient of federal funds and then follow the funds to the sub-awardee, Clallam County Correctional Facility. The federal Circulars which provide the applicable administrative requirements, cost principles and audit requirements are identified by sub-awardee organization type.

|                                                                       | OMB CIRCULAR                                       |                 |                    |
|-----------------------------------------------------------------------|----------------------------------------------------|-----------------|--------------------|
| ENTITY TYPE                                                           | ADMINISTRATIVE REQUIREMENTS                        | COST PRINCIPLES | AUDIT REQUIREMENTS |
| State, Local and Indian Tribal Governments and Governmental Hospitals | OMB Super Circular 2 CFR 200.501 and 45 CFR 75.501 |                 |                    |
| Non-Profit Organizations and Non-Profit Hospitals                     |                                                    |                 |                    |
| Colleges or Universities and Affiliated Hospitals                     |                                                    |                 |                    |
| For-Profit Organizations                                              |                                                    |                 |                    |

III. **STANDARD FEDERAL CERTIFICATIONS AND ASSURANCES** - Following are the Assurances, Certifications, and Special Conditions that apply to all federally funded (in whole or in part) Contracts administered by the Washington State Health Care Authority.

- a. **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION** : The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals: are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in Section 2 of this certification; and have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the Contractor or Subrecipient not be able to provide this certification, an explanation as to why should be placed after the assurances page in the contract.

The contractor agrees by signing this contract that it will include, without modification, the clause above certification in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

- b. **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**: The undersigned (authorized official signing for the contracting organization) certifies that the contractor will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:
1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; Establishing an ongoing drug-free awareness program to inform employees about
    - i. The dangers of drug abuse in the workplace;
    - ii. The contractor's policy of maintaining a drug-free workplace;
    - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  2. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (1) above;
  3. Notifying the employee in the statement required by paragraph (1), above, that, as a condition of employment under the contract, the employee will—
    - i. Abide by the terms of the statement; and

- ii. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction;
4. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (III)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
5. Taking one of the following actions, within thirty (30) calendar days of receiving notice under paragraph (III) (b), with respect to any employee who is so convicted—
  - i. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
6. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (I) through (V).

For purposes of paragraph (V) regarding agency notification of criminal drug convictions, Authority has designated the following central point for receipt of such notices:

**Legal Services Manager**

WA State Health Care Authority  
 PO Box 42700  
 Olympia, WA 98504-2700

- c. **CERTIFICATION REGARDING LOBBYING:** Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative Contracts from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative Contract. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative Contract must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative Contracts EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative Contract, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative Contract.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative Contract, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans and cooperative Contracts) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- d. **CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA):** The undersigned (authorized official signing for the contracting organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the contracting organization will comply with the Public Health Service terms and conditions of award if a contract is awarded.
- e. **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:** Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the contracting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The contracting organization agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all sub-recipients shall certify accordingly.

**The Public Health Services strongly encourages all recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.**

**f. CERTIFICATION REGARDING OTHER RESPONSIBILITY MATTERS**

1. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
2. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
3. The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
5. The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by Authority.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
7. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, HCA may terminate this transaction for cause or default.

**CONTRACTOR SIGNATURE REQUIRED**

|                                                     |               |
|-----------------------------------------------------|---------------|
| <b>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL:</b> | <b>TITLE:</b> |
| <b>PLEASE ALSO PRINT OR TYPE NAME:</b>              |               |
| <b>ORGANIZATION NAME: (if applicable)</b>           | <b>DATE:</b>  |

## **EXHIBIT A: CENTERS OF MEDICARE & MEDICAID SERVICES, SPECIAL TERMS AND CONDITIONS**

The Special Terms and Conditions portion of the MTP 2.0 Waiver is an integral part of this Contract and is incorporated herein by this reference and is not attached but is available upon request from the HCA Contract Manager.



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JUL 30 2024

## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

Department: **Juvenile Services**

WORK SESSION ☒ Meeting Date: 07/22/2024

REGULAR AGENDA ☒ Meeting Date: 07/30/2024

Required originals approved and attached? ☒  
Will be provided on:

### Item summary:

- |                                           |                                                                       |                                                |
|-------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Call for Hearing | <input checked="" type="checkbox"/> Contract/Agreement/MOU 851.24.004 |                                                |
| <input type="checkbox"/> Resolution       | <input type="checkbox"/> Proclamation                                 | <input type="checkbox"/> Budget Item           |
| <input type="checkbox"/> Draft Ordinance  | <input type="checkbox"/> Final Ordinance                              | <input type="checkbox"/> Other Discussion only |

Documents exempt from public disclosure attached: ☐

### Executive summary:

Agreement between Washington State Health Care Authority (HCA) and Clallam County Juvenile & Family Services to provide services for youth while in or leaving youth correctional facilities. The purpose of the project is to prepare the youth for a successful transition and reentry into their community. 1 of 5 Milestones. Milestone 1 completed: Letter of Intent; Milestone 2: Present detailed implementation plan, to include IT and non-IT needs.

### \*DocuSign upon final review\*

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐

Budget change would be necessary, expenditures for services and goods

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)  
Review and approve

County Official signature & print name:

Jody Jacobsen Jody Jacobsen

Name of Employee/Stakeholder attending meeting: Jody Jacobsen, Jeff Gowdy, Cindy Hanson

Relevant Departments: IT, CCSD, finance

Date submitted: 07/10/2024

\* Work Session/Reg Meeting - Submit 2 single sided/not stapled copies + 2 AIS and 3 originals (stapled) + AIS  
\*\* Regular Meeting - Submit 1 single sided/not stapled copy and originals (1 or 3 copies)

|                                                                                  |                                                                                           |                                                           |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|
|  | <b>INTERAGENCY AGREEMENT</b><br><b>for</b><br>Reentry Demonstration<br>Initiative Project | HCA Contract Number: K7849<br>Contractor Contract Number: |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|

**THIS AGREEMENT** is made by and between Washington State Health Care Authority (HCA) and Clallam County Juvenile & Family Services (Contractor), pursuant to the authority granted by Chapter 39.34 RCW.

|                                                                           |                                               |                                                                                                                                                                                                                            |                          |
|---------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>CONTRACTOR NAME</b><br>Clallam County Juvenile & Family Services       |                                               | <b>CONTRACTOR DOING BUSINESS AS (DBA)</b>                                                                                                                                                                                  |                          |
| <b>CONTRACTOR ADDRESS   Street</b><br>1913 W 18 <sup>th</sup> Street      | <b>City</b><br>Port Angeles                   | <b>State</b><br>WA                                                                                                                                                                                                         | <b>Zip Code</b><br>98363 |
| <b>CONTRACTOR CONTRACT MANAGER</b><br>Jody Jacobsen<br>cc: Cynthia Hanson | <b>CONTRACTOR TELEPHONE</b><br>(360) 565-2639 | <b>CONTRACTOR E-MAIL ADDRESS</b><br><a href="mailto:jody.jacobsen@clallamcountywa.gov">jody.jacobsen@clallamcountywa.gov</a><br><a href="mailto:cynthia.hanson@clallamcountywa.gov">cynthia.hanson@clallamcountywa.gov</a> |                          |

|                                                                                                        |                                                                                                                        |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>HCA PROGRAM</b><br>Medicaid Reentry Demonstration Initiative Project                                | <b>HCA DIVISION/SECTION</b><br>1070/OMT                                                                                |
| <b>HCA CONTRACT MANAGER NAME AND TITLE</b><br>Emma Oppenheim, Medicaid Transformation Project Director | <b>HCA CONTRACT MANAGER ADDRESS</b><br>Health Care Authority<br>626 8th Avenue SE<br>Olympia, WA 98504                 |
| <b>HCA CONTRACT MANAGER TELEPHONE</b><br>(360) 725-0868                                                | <b>HCA CONTRACT MANAGER E-MAIL ADDRESS</b><br><a href="mailto:emma.oppenheim@hca.wa.gov">emma.oppenheim@hca.wa.gov</a> |

|                                            |                                           |                                                        |
|--------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>CONTRACT START DATE</b><br>July 1, 2024 | <b>CONTRACT END DATE</b><br>July 31, 2028 | <b>TOTAL MAXIMUM CONTRACT AMOUNT</b><br>\$2,000,000.00 |
|--------------------------------------------|-------------------------------------------|--------------------------------------------------------|

**PURPOSE OF CONTRACT:**

To provide essential services for individuals while in or leaving a carceral facility (i.e., state prison, county/city jail, or youth correctional facility).

The parties signing below warrant that they have read and understand this Contract, have authority to execute this Contract. This Contract will only be binding upon signature by both parties. The parties may execute this contract in multiple counterparts, each of which is deemed an original and all of which constitute only one agreement. E-mail (electronic mail) transmission of a signed copy of this contract shall be the same as delivery of an original.

|                             |                               |             |
|-----------------------------|-------------------------------|-------------|
| <b>CONTRACTOR SIGNATURE</b> | <b>PRINTED NAME AND TITLE</b> | <b>DATE</b> |
| <b>HCA SIGNATURE</b>        | <b>PRINTED NAME AND TITLE</b> | <b>DATE</b> |

  
 Approved as to Form  
 Washington State  
 Health Care Authority

## 1. DEFINITIONS

**"Accountable Community of Health" or "ACH"** means a regional coalition consisting of leaders from a variety of different sectors working together to build capacity to work collaboratively, develop regional health improvement plans, jointly implement or advance local health projects, and advise state agencies on how best to address health needs within its region.

**"Authorized Representative"** means a person to whom signature authority has been delegated in writing acting within the limits of the person's authority.

**"Capacity Building Application"** means a formal application for specific capacity building funds and specifications of how these funds will be spent by facilities on IT and non-IT needs. It also includes a detailed plan of how the work will be implemented.

**"Centers for Medicare and Medicaid Services" or "CMS"** means the federal office under the Secretary of the United States Department of Health and Human Services, responsible for the Medicare and Medicaid programs.

**"Confidential Information"** means information that may be exempt from disclosure to the public or other unauthorized persons under chapter 42.56 RCW or chapter 70.02 RCW or other state or federal statutes or regulations. Confidential Information includes, but is not limited to, any information identifiable to an individual that relates to a natural person's health, finances, education, business, use or receipt of governmental services, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and any other identifying numbers, law enforcement records, HCA source code or object code, or HCA or State security information.

**"Contract" or "Agreement"** means the entire written agreement between HCA and the contractor, including any exhibits, documents, or materials incorporated by reference. Contract and Agreement may be used interchangeably.

**"Contractor"** means Clallam County Juvenile & Family Services, its employees and agents. Contractor includes any firm, provider, organization, individual or other entity performing services under this Agreement. It also includes any Subcontractor retained by Contractor as permitted under the terms of this Agreement.

**"Data"** means information disclosed, exchanged or used by Contractor in meeting requirements under this Agreement. Data may also include Confidential Information as defined in this Contract.

**"Financial Executor Portal" or "FE Portal"** means the payment portal where incentive funds flow from federal Center for Medicare and Medicaid Services through the Delivery System Reform Incentive Payment program.

**"Health Care Authority" or "HCA"** means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA, or any of the officers or other officials lawfully representing HCA.

**"Health-Related Social Needs" or "HRSN"** means the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. These include needs such as employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities.

**"Implementation Plan"** means how the Contractor describes how the facility will support pre-release services, as outlined in the Statement of Work Attachment 1; #3.

**"Interim and Final Progress Report"** means a report that includes information on both the initial progress and the outcomes of the Reentry Demonstration Initiative Opportunity (Initiative).

**"Information and Communication Technology" or "ICT"** means information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic data and information, as well as any associated content. Examples include computers and peripheral equipment; information kiosks and transaction machines; telecommunications equipment; customer premises equipment; multifunction office machines; software; applications; websites; videos; and electronic documents.

**"Letter of Intent"** means a document that provides specific facility information and is a commitment to participate in the Initiative.

**"Readiness Assessment"** means a framework for assessing a Contractor's ability to go-live or fully participate in the Initiative and will include an attestation that the facility has met all of the requirements.

**"Reentry"** means a broadly defined demonstration population that includes otherwise eligible, soon-to-be former incarcerated individuals as defined by the Reentry Section 1115 Demonstration Initiative Opportunity. It can include both pre-release and post-release services.

**"Services"** means all work performed or provided by Contractor pursuant to this Contract.

**"Statement of Work" or "SOW"** means a detailed description of the work activities the Contractor is required to perform under the terms and conditions of this Contract, including the deliverables and timeline, and is included as Attachment 1.

**"Subcontractor"** means a person or entity that is not in the employment of the Contractor, who is performing all or part of the business activities under this Agreement under a separate contract with Contractor. The term "Subcontractor" means subcontractor(s) of any tier.

**"Subrecipient"** shall have the meaning given in 45 C.F.R. 75.2, or any successor or replacement to such definition, for any federal award from HHS; or 2 C.F.R. 200.93, or any successor or replacement to such definition, for any other federal award.

**"Third Party Administrator" or "TPA"** is an entity that may provide implementation and administrative support to carceral facilities in support of reentry.

## **2. STATEMENT OF WORK**

Contractor will furnish the necessary personnel, equipment, material and/or service(s) and otherwise do all things necessary for or incidental to the performance of work set forth in Attachment 1.

## **3. PERIOD OF PERFORMANCE**

Subject to its other provisions, the period of performance of this Contract will commence on date of last signature, and continue through July 31, 2028, unless terminated sooner or extended upon written agreement between the parties.

## **4. PAYMENT**

Compensation for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34.130. Compensation for services will be based in accordance with the following terms set forth in the Statement of Work, Attachment 1.

## **5. PAYMENT PROCESS**

- 5.1. HCA will pay the Contractor for the targeted milestones set forth in Attachment 1: Statement of Work.
- 5.2. The milestone deliverables must be submitted per the instructions set forth in the Attachment 1: Statement of Work and must describe and document to HCA's satisfaction the required information. All milestone deliverable submissions will be reviewed and must be approved by the HCA Contract Manager or designee prior to payment.
- 5.3. Once Contractor's submission of milestone deliverables have been accepted and approved by HCA, payments will be distributed by HCA through the Financial Executor (FE) Portal at <https://wafinancialexecutor.com/>.
- 5.4. FE Portal customer service telephone number is (844) 300-5040 or accessible by email at [WA\\_FE\\_FinancialServices@pcgus.com](mailto:WA_FE_FinancialServices@pcgus.com).
- 5.5. Payment will be considered timely if made within thirty (30) calendar days of receipt of properly completed invoices.
- 5.6. Upon expiration or termination any claims for payment for costs due and payable under this Agreement that are incurred prior to the expiration date must be submitted by Contractor within sixty (60) calendar days after the expiration date. There will be no obligation to pay any claims that are submitted sixty-one (61) or more calendar days after the expiration date ("Belated Claims"). Belated Claims will be paid at HCA's sole discretion, and any such potential payment is contingent upon the availability of funds.

## **6. ACCESSIBILITY**

- 6.1. **REQUIREMENTS AND STANDARDS.** Each information and communication technology (ICT) product or service furnished under this Contract shall be accessible to and usable by individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and other applicable Federal and State laws and policies, including OCIO Policy 188, et seq. For purposes of this clause, Contractor shall be considered in compliance with the ADA and other applicable Federal and State laws if it satisfies the requirements (including exceptions) specified in the regulations implementing Section 508 of the Rehabilitation Act, including the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA Success Criteria and Conformance Requirements (2008), which are incorporated by reference, and the functional performance criteria.
- 6.2. **DOCUMENTATION.** Contractor shall maintain and retain, subject to review by HCA, full documentation of the measures taken to ensure compliance with the applicable requirements and functional performance criteria, including records of any testing or simulations conducted.
- 6.3. **REMEDATION.** If the Contractor claims that its products or services satisfy the applicable requirements and standards specified in this Section and it is later determined by HCA that any furnished product or service is not in compliance with such requirements and standards, HCA will promptly inform Contractor in writing of noncompliance. Contractor shall, at no additional cost to HCA, repair or replace the non-compliant products or services within the period specified by HCA. If the repair or replacement is not completed within the specified time, HCA may cancel the contract, delivery, task order, or work order, or purchase line item without termination liabilities or have any necessary changes made or repairs performed by employees of HCA or by another contractor, and Contractor shall reimburse HCA for any expenses incurred thereby.
- 6.4. **INDEMNIFICATION.** Contractor agrees to indemnify and hold harmless HCA from any claim arising out of failure to comply with the aforesaid requirements.

## **7. AGREEMENT CHANGES, MODIFICATIONS AND AMENDMENTS**

This Agreement may be amended by mutual agreement of the parties. Such amendments are not binding unless they are in writing and signed by an Authorized Representative of each party.

## **8. SUBCONTRACTING**

Neither the Contractor nor any Subcontractor shall enter into subcontracts for any of the work contemplated under this Agreement without obtaining HCA's prior written approval. HCA shall have no responsibility for any action of any such Subcontractors.

## **9. SUBRECIPIENT**

If the Contractor is a subrecipient (as defined in 45 C.F.R. 75.2 and 2 C.F.R. 200.93) of federal awards, then the Contractor shall:

- 9.1. Comply with 2 C.F.R. 200.501 and 45 C.F.R. 75.501; and

9.2. Overpayments: If it is determined by HCA, or during the course of a required audit, that Contractor has been paid unallowable costs under this or any program agreement, Contractor will refund the full amount to HCA. In the event that overpayments or erroneous payments have been made to the Contractor under this Contract, HCA will provide written notice to Contractor and Contractor will refund the full amount to HCA within thirty (30) calendar days of the notice. If the Contractor disagrees with HCA's actions under this section, then it may invoke the dispute resolution provisions of Section 13, Disputes.

## **10. ASSIGNMENT**

The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent will not be unreasonably withheld.

## **11. CONTRACT MANAGEMENT**

The Contract Manager for each of the parties, named on the face of this Contract, will be responsible for and will be the contact person for all communications and billings regarding the performance of this Agreement. Either party must notify the other party within thirty (30) days of change of Contract Management. Changes in Contract Management shall require an amendment.

## **12. DISALLOWED COSTS**

The Contractor is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its Subcontractors.

## **13. DISPUTES**

In the event that a dispute arises under this Agreement, it will be determined by a dispute board in the following manner: Each party to this Agreement will appoint one member to the dispute board. The members so appointed will jointly appoint an additional member to the dispute board. The dispute board will review the facts, Agreement terms and applicable statutes and rules and make a determination of the dispute. The dispute board will thereafter decide the dispute with the majority prevailing. The determination of the dispute board will be final and binding on the parties hereto. As an alternative to this process, either of the parties may request intervention by the Governor, as provided by RCW 43.17.330, in which event the Governor's process will control.

## **14. GOVERNANCE**

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement will be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency will be resolved by giving precedence in the following order:

- A. Applicable Federal and State of Washington statutes and regulations;
- B. Attachment 2: Federal Compliance Certifications and Assurances;
- C. Attachment 1: Statement of Work;
- D. Exhibit A: Centers of Medicare & Medicaid Services, Special Terms and Conditions; and
- E. Any other provisions of the agreement, including materials incorporated by reference.

## **15. INDEPENDENT CAPACITY**

The employees or agents of each party who are engaged in the performance of this Agreement will not be considered for any purpose to be employees or agents of the other party.

## **16. RECORDS MAINTENANCE**

- 16.1. The parties to this Agreement will each maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records will be subject to inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties will have full access and the right to examine any of these materials during this period.
- 16.2. Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

## **17. TREATMENT OF ASSETS**

### **17.1. Ownership**

HCA shall retain title to all property furnished by HCA to Contractor under this contract. Title to all property furnished by the Contractor, for the cost of which the Contractor is entitled to reimbursement as a direct item of cost under this contract, excluding intellectual property provided by the Contractor, shall pass to and vest in HCA upon delivery of such property by the Contractor. Title to other property, the cost of which is reimbursable to the Contractor under this Contract, shall pass to and vest in HCA upon (i) issuance for use of such property in the performance of this Contract, (ii) commencement of use of such property in the performance of this Contract, or (iii) reimbursement of the cost thereof by HCA, in whole or in part, whichever occurs first.

### **17.2. Use of Property**

Any property furnished to Contractor shall, unless otherwise provided herein, or approved in writing by the HCA Contract Manager, be used only for the performance of and subject to the terms of this Contract. Contractor's use of the equipment shall be subject to HCA's security, administrative and other requirements.

#### 17.3. Damage to Property

Contractor shall continuously protect and be responsible for any loss, destruction, or damage to property which results from or is caused by Contractor's acts or omissions. Contractor shall be liable to HCA for costs of repair or replacement for property or equipment that has been lost, destroyed or damaged by Contractor or Contractor's employees, agents or subcontractors. Cost of replacement shall be the current market value of the property and equipment on the date of the loss as determined by HCA.

#### 17.4. Notice of Damage

Upon the loss of, destruction of, or damage to any of the property, Contractor shall notify the HCA Contract Manager thereof within one (1) Business Day and shall take all reasonable steps to protect that property from further damage.

#### 17.5. Surrender of Property

Contractor will ensure that the property will be returned to HCA in like condition to that in which it was furnished to Contractor, reasonable wear and tear excepted. Contractor shall surrender to HCA all property upon the earlier of expiration or termination of this Contract.

### 18. RIGHTS IN DATA

Unless otherwise provided, data which originates from this Agreement will be "works for hire" as defined by the U.S. Copyright Act of 1976 and will be owned by HCA. Data will include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

### 19. CONFIDENTIALITY

Each party agrees not to divulge, publish or otherwise make known to unauthorized persons Confidential Information accessed under this Agreement. Contractor agrees that all materials containing Confidential Information received pursuant to this Agreement, including, but not limited to information derived from or containing patient records, claimant file and medical case management report information, relations with HCA's clients and its employees, and any other information which may be classified as confidential, shall not be disclosed to other persons without HCA's written consent except as may be required by law.

### 20. SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference will be held invalid, such invalidity will not affect the other provisions of this Agreement, which can be given

effect without the invalid provision if such remainder conforms to the requirements of applicable law and the fundamental purpose of this agreement, and to this end the provisions of this Agreement are declared to be severable.

## **21. FUNDING AVAILABILITY**

HCA's ability to make payments is contingent on funding availability. In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date and prior to completion or expiration date of this Agreement, HCA, at its sole discretion, may elect to terminate the Agreement, in whole or part, or to renegotiate the Agreement subject to new funding limitations and conditions. HCA may also elect to suspend performance of the Agreement until HCA determines the funding insufficiency is resolved. HCA may exercise any of these options with no notification restrictions.

## **22. TERMINATION**

Either party may terminate this Agreement upon 30-days' prior written notification to the other party. If this Agreement is so terminated, the parties will be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

## **23. TERMINATION FOR CAUSE**

If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 30 days. If failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

## **24. WAIVER**

A failure by either party to exercise its rights under this Agreement will not preclude that party from subsequent exercise of such rights and will not constitute a waiver of any other rights under this Agreement unless stated to be such in a writing signed by an Authorized Representative of the party and attached to the original Agreement.

## **25. ALL WRITINGS CONTAINED HEREIN**

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement will be deemed to exist or to bind any of the parties hereto.

## **26. SURVIVORSHIP**

The terms, conditions and warranties contained in this Agreement that by their sense and context are intended to survive the completion of the performance, expiration or termination of this Agreement

shall so survive. In addition, the terms of the sections titled Rights in Data, Confidentiality, Disputes and Records Maintenance shall survive the termination of this Agreement.

### **Attachments**

Attachment 1: Statement of Work

Attachment 2: Federal Compliance, Certifications and Assurances

Exhibit A: Centers of Medicare & Medicaid Services, special terms and conditions

## **ATTACHMENT 1: STATEMENT OF WORK**

The Contractor will provide the services and staff, and otherwise do all things necessary for, or incidental to, the performance of work, as described in this Schedule.

### **1. Background**

In June 2023, the Health Care Authority (HCA) received federal approval for a Medicaid waiver demonstration that includes the Initiative. This new Initiative under the Medicaid Transformation Project (MTP) renewal known as the MTP 2.0. was approved by the federal Centers for Medicare and Medicaid Services (CMS) to provide essential services for individuals leaving a state prison, county/city jail, or youth correctional facility. The Initiative will support the delivery of targeted pre-release services to Medicaid eligible adults and youth in state prisons, jails, and youth carceral facilities that will be reimbursed by the Medicaid program known as Apple Health in Washington State.

### **2. Purpose**

The purpose of this project is to prepare people for a successful transition and reentry into their community and help them live their healthiest life, improve health outcomes and reducing rates of recidivism (re-offense), emergency department visits, substance use and death. To stabilize and treat common conditions both prior and post release, so the opportunity for a successful reentry is increased.

### **3. Project Objectives**

Targeted Pre-Release Services. The first three services listed below will be mandatory for facilities to implement. The last four services are optional. Contractor must support the implementation of a targeted set of pre-release services, as described in the Special Terms and Conditions (STC) of MTP 2.0 and the Reentry Implementation Plan approved by CMS:

- a. Case management
- b. Medications for alcohol and opioid use disorder
- c. 30-day supply of medications and medical supplies at release
- d. Medications during the pre-release period
- e. Lab and radiology
- f. Services by community health workers with lived experience
- g. Physical and behavioral clinical consultations

As appropriate, a third-party administrator (TPA) as well as regional Accountable Communities of Health (ACH) may assist the Contractor in the planning and implementation of these services, including the delivery of appropriate Health Related Social Needs (HRSN), and the milestones in Section 4. Additionally, HCA will collaborate with facilities on solutions for electronic health record (EHR) systems and systems that bill for Medicaid services.

Activities for implementing reentry services must include:

- a. Communicating with HCA regarding Initiative implementation
- b. Meeting cohort milestones as described below.
- c. Ensuring that a client receives targeted pre-release services and when feasible, providing HRSN services for clients reentering a community.

- d. An ability to support communication with community providers and Medicaid billing.

#### 4. Milestones

The Contractor will develop and implement the following deliverables that execute the Project Objectives. The Contractor will provide services and deliverables to perform all activities necessary for or incidental to the performance of work as set forth under this SOW and described in the Waiver to achieve progress on the following milestones.

##### **Milestone 1 – Letter of Intent**

Following the receipt of a Letter of Intent documentation and approval by HCA, Contractor must meet the specifications outlined in the template provided to the Contractor as determined by HCA for each of the following four milestones in order to receive funding and participate in the next milestone.

##### **Milestone 2 - Complete a Capacity Building Application**

The Capacity Building Application includes an Implementation Plan and a detailed budget. The Implementation plan must describe how the facility will support pre-release services. The detailed budget will represent a facility's formal application for capacity building funds and will specify how capacity building funds will be spent by facilities on IT and non-IT needs. Facilities in Cohorts 1 and 2 that identify the need for additional time to complete a Capacity Building Application may implement after the go live date of that cohort or join a subsequent cohort and complete milestones in-line with the deadlines for these cohorts.

##### **Milestone 3 - Complete a Readiness Assessment**

The Readiness Assessment report must include a framework for assessing facility readiness to go-live as part of the Initiative and will include an attestation that the facility is ready to go-live. HCA will provide a template for the assessment and will review submitted assessments and determine facility readiness prior to the go-live date for each facility.

##### **Milestone 4 - Submit Interim Progress Report**

The Contractor will be required to submit an Interim Progress Report to HCA with information on the initial implementation of the Initiative. HCA will provide a template for the Interim Progress Report and will review and approve submitted progress reports.

##### **Milestone 5 – Submit Final Progress Report**

The Contractor will be required to submit a Final Progress Report to HCA with information on the overall implementation progress of the Initiative and outcomes for clients. HCA will provide a template for the Final Progress Report and will review and approve submitted progress reports.

Milestones deadlines will be based upon the cohort a Facility participates in. Milestone deadlines for Cohort 1 are as follows:

|          | 1) LOI       | 2) Implement. Plan | 3) Readiness Assessment | Go-live with pre-release services | 4) Interim Progress Report | 5) Final Progress Report |
|----------|--------------|--------------------|-------------------------|-----------------------------------|----------------------------|--------------------------|
| Cohort 1 | June 1, 2024 | Oct 1, 2024        | Mar 1, 2025             | July 1, 2025                      | May 1, 2026                | Oct 1, 2026              |

## 5. HCA Responsibilities

HCA will provide IT infrastructure funding through the Capacity Building Program. If needed, HCA will collaborate with facilities on solutions for electronic health record (EHR) systems and systems that bill for Medicaid services.

HCA is soliciting for TPA to provide administrative support possibly starting as early as Q1 2025. The administrative support may include but may not be limited to assisting clients with Medicaid eligibility screening and application, supporting providers to become enrolled as a Medicaid provider, and serving as a claim clearinghouse that helps facilities and providers prepare and submit claims.

## 6. Capacity Building Program Funding

Contractors that complete Milestone 2 – Capacity Building Application, HCA will provide capacity building funding to facilities to support the planning for and implementation of the Demonstration. Eligible uses of the funding are available in Appendix A, and include the following activities:

- a. IT infrastructure funding to support systems changes for data exchange, access to virtual health services, and other IT needs.
- b. Reentry planning and implementation funding to support planning expenses, such as the development of process changes, protocols, and procedures for implementation and hiring and training of staff.

Maximum funding for reentry planning and implementation will vary by facility size, based on their average daily population for the period of time specified in the Contractor's Letter of Intent response. The table below delineates the maximum funding amounts for Tier 1 facilities. The maximum IT infrastructure funding is \$1 million for each participating facility.

| Facility tier<br>(based on average daily<br>population) | Total capacity<br>building funding<br>per facility | Total IT<br>infrastructure<br>funding<br>per facility | Total funding<br>per facility |
|---------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|-------------------------------|
| Tier 1 (1 – 49)                                         | \$1,000,000                                        | \$1,000,000                                           | \$2,000,000                   |

## 7. Milestone Deliverables Compensation Table

HCA will assess Contractor's progress towards achieving the Initiative goals based on achievement of specific milestones and measured by these milestones. Distribution of Capacity Building funding to Contractor is based on a Contractor's tier as described below and is contingent upon their completion of the implementation milestones described below.

Milestones will be developed by the State in consultation with stakeholders and members of the public and approved by CMS. Generally, progress milestones will be organized into the following categories:

| Milestones                                                          | Funding                                                        | IT Funding | Timing for Cohort 1                                 |
|---------------------------------------------------------------------|----------------------------------------------------------------|------------|-----------------------------------------------------|
| <b>Planning Milestones Before Go-Live with Pre-Release Services</b> |                                                                |            |                                                     |
| <b>1) Letter of Intent Submission</b>                               | 10% of total RPP funding upon submission:<br>Tier 1: \$100,000 | N/A        | Due Date June 1, 2024<br>Funding Paid, July 1, 2024 |

|                                                                          |                                                                          |                                                           |                                                             |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <b>2) Capacity Building Application Submission</b>                       | Up to 40% of total RPP funding upon approval:<br>Tier 1: Up to \$400,000 | Up to \$500,000 upon approval of the Application          | Due Date: October 1, 2024<br>Funding Paid: December 1, 2024 |
| <b>3) Readiness Assessment Submission and Approval</b>                   | Up to 40% of total RPP funding upon approval:<br>Tier 1: Up to \$400,000 | Up to \$500,000 upon approval of the Readiness Assessment | Due Date: March 1, 2025<br>Funding Paid: July 1, 2025       |
| <b>Implementation Milestones After Go-Live with Pre-Release Services</b> |                                                                          |                                                           |                                                             |
| <b>4) Interim Progress Report Submission</b>                             | Up to 5% of total RPP funding upon submission:<br>Tier 1: Up to \$50,000 | N/A                                                       | Due Date: May 1, 2026<br>Funding Paid: July 1, 2026         |
| <b>5) Final Progress Report Submission</b>                               | Up to 5% of total RPP funding upon submission:<br>Tier 1: Up to \$50,000 | N/A                                                       | Due Date: November 1, 2026<br>Funding Paid: January 1, 2027 |

### Participating in the Evaluation

Contractor will support the Evaluation of the Initiative. HCA contracted with an independent evaluator to evaluate the Waiver. The evaluator will use claims data from pre-release services to assess the effectiveness of this Initiative. The evaluator stores and analyzes the data in a secure environment. Facilities that participate are consenting to the use of this claims data for evaluation. Facility staff may also be asked to participate in qualitative interviews performed by the independent evaluator regarding their experience participating in the Initiative, to inform the evaluation.

## **Appendix A: Eligible Uses of Capacity Building Funding**

### **Eligible uses of capacity building funds**

- Development of protocols and procedures.
  - Expenditures to support the preparation/execution of policies and procedures related to enrollment and suspension/unsuspension and pre- and post-release reentry navigation services.
- Additional activities to promote collaboration.
  - Expenditures for additional activities that will advance collaboration among stakeholders. This may include conferences and meetings convened with the agencies, organizations, and stakeholders involved in the initiative.
- Expenditures for planning to focus on developing processes and information sharing protocols to:
  - Identify uninsured individuals who are potentially eligible for Medicaid/Children's Health Insurance Program (CHIP).
    - Assist with the completion of an application.
    - Submit an application to the county social services department for coordinating suspension/unsuspension.
    - Screen for eligibility for pre-release services and reentry planning in a period for up to 90 days immediately prior to the expected date of release.
    - Deliver necessary services to eligible individuals in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.
    - Establish ongoing oversight and monitoring process upon implementation.
- Hiring of staff and training to:
  - Assist with the coordination of enrollment/suspension/unsuspension.
  - Provide reentry navigation services during the 90-day pre-release period, and to support reentry.
  - Provide overall guidance on how to work with justice-involved individuals effectively and appropriately.
  - Support an environment appropriate for provision of 90-day pre-release services.
  - Accommodations for private space, such as correctional facility-grade moveable screen walls, desks, and chairs to conduct assessments and interviews within carceral settings.

### **Eligible uses of IT infrastructure funding**

- Electronic interfaces for prisons, jails, and youth facilities to support enrollment/suspension.
- Enhancements to existing IT systems to create and improve data-exchange to support reentry navigation services in the 90-day pre-release and post-release period.

- Adoption of system upgrades to ensure compatibility with Epic's data sharing platform. Any additional expenses related to upgrades—including the billing module or new platforms—not covered by Health Care Management and Coordination System (HCMACS) which will likely not be available until mid-2025.
- Installation of audio-visual equipment or other technology to support provision of pre-release services delivered via telehealth in a period for up to 90 days immediately prior to the expected date of release and care coordination to support reentry.

## ATTACHMENT 2: FEDERAL COMPLIANCE, CERTIFICATIONS AND ASSURANCES

- I. **FEDERAL COMPLIANCE** - The use of federal funds requires additional compliance and control mechanisms to be in place. The following represents the majority of compliance elements that may apply to any federal funds provided under this contract. For clarification regarding any of these elements or details specific to the federal funds in this contract, contact: HCA DBHR Contract Manager.
- a. *Source of Funds:* This Contract is being funded through Washington's State's five-year Medicaid Transformation Project 2.0 approved under section 1115(a) of the federal Social Security Act by the Center for Medicare and Medicaid Service (CMS) on June 30, 2023, No. 11-W-00304/0 and 21-W-00071/0.
  - b. *Period of Availability of Funds:* Funds will become available to Contractor or Subrecipient commencing on the date of final signature of the Contract to which is attached and continuing through June 30, 2028.
  - c. *Single Audit Act:* This section applies to subrecipients only. Subrecipient (including private, for-profit hospitals and non-profit institutions) shall adhere to the federal Office of Management and Budget (OMB) Super Circular 2 CFR 200.501 and 45 CFR 75.501. A Subrecipient who expends \$750,000 or more in federal awards during a given fiscal year shall have a single or program-specific audit for that year in accordance with the provisions of OMB Super Circular 2 CFR 200.501 and 45 CFR 75.501.
  - d. *Modifications:* This Contract may not be modified or amended, nor may any term or provision be waived or discharged, including this particular Paragraph, except in writing, signed upon by both parties.
    - 1) Examples of items requiring Health Care Authority prior written approval include, but are not limited to, the following:
      - i. Deviations from the budget and Project plan.
      - ii. Change in scope or objective of the Contract.
      - iii. Change in a key person specified in the Contract.
      - iv. The absence for more than one (1) months or a 25% reduction in time by the Project Manager/Director.
      - v. Need for additional funding.
      - vi. Inclusion of costs that require prior approvals as outlined in the appropriate cost principles.
      - vii. Any changes in budget line item(s) of greater than twenty percent (20%) of the total budget in this Contract.
    - 2) No changes are to be implemented by the Sub-awardee until a written notice of approval is received from the Health Care Authority.
  - e. *Sub-Contracting:* The Contractor or Subrecipient shall not enter into a sub-contract for any of the work performed under this Contract without obtaining the prior written approval of the Health Care Authority. If sub-contractors are approved by the Health Care Authority, the subcontract, shall contain, at a minimum, sections of the Contract pertaining to Debarred and Suspended Vendors, Lobbying certification, Audit requirements, and/or any other project Federal, state, and local requirements.
  - f. *Condition for Receipt of Health Care Authority Funds:* Funds provided by Health Care Authority to the Contractor or Subrecipient under this Contract may not be used by the

Contractor or Subrecipient as a match or cost-sharing provision to secure other federal monies without prior written approval by the Health Care Authority.

- g. *Unallowable Costs:* The Contractor or Subrecipient's expenditures shall be subject to reduction for amounts included in any invoice or prior payment made which determined by HCA not to constitute allowable costs on the basis of audits, reviews, or monitoring of this Contract.
- h. *Supplanting Compliance:* SABG: If SABG funds support this Contract, the Block Grant will not be used to supplant State funding of alcohol and other drug prevention and treatment programs. (45 CFR section 96.123(a)(10)).
- i. *Federal Compliance:* The Contractor or Subrecipient shall comply with all applicable State and Federal statutes, laws, rules, and regulations in the performance of this Contract, whether included specifically in this Contract or not.
- j. *Civil Rights and Non-Discrimination Obligations:* During the performance of this Contract, the Contractor or Subrecipient shall comply with all current and future federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (PL 88-352), Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681-1683 and 1685-1686), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101- 6107), the Drug Abuse Office and Treatment Act of 1972 (PL 92-255), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290dd-3 and 290ee-3), Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), and the Americans with Disability Act (42 U.S.C., Section 12101 et seq.) <http://www.hhs.gov/ocr/civilrights>.

HCA Federal Compliance Contact Information  
 Washington State Health Care Authority  
 Post Office Box 42710  
 Olympia, Washington 98504-2710

- II. **CIRCULARS 'COMPLIANCE MATRIX'** - The following compliance matrix identifies the OMB Circulars that contain the requirements which govern expenditure of federal funds. These requirements apply to the Washington State Health Care Authority (HCA), as the primary recipient of federal funds and then follow the funds to the sub-awardee, Clallam County Juvenile & Family Services. The federal Circulars which provide the applicable administrative requirements, cost principles and audit requirements are identified by sub-awardee organization type.

|                                                                       | OMB CIRCULAR                                       |                 |                    |
|-----------------------------------------------------------------------|----------------------------------------------------|-----------------|--------------------|
| ENTITY TYPE                                                           | ADMINISTRATIVE REQUIREMENTS                        | COST PRINCIPLES | AUDIT REQUIREMENTS |
| State, Local and Indian Tribal Governments and Governmental Hospitals | OMB Super Circular 2 CFR 200.501 and 45 CFR 75.501 |                 |                    |
| Non-Profit Organizations and Non-Profit Hospitals                     |                                                    |                 |                    |
| Colleges or Universities and Affiliated Hospitals                     |                                                    |                 |                    |
| For-Profit Organizations                                              |                                                    |                 |                    |

III. **STANDARD FEDERAL CERTIFICATIONS AND ASSURANCES** - Following are the Assurances, Certifications, and Special Conditions that apply to all federally funded (in whole or in part) Contracts administered by the Washington State Health Care Authority.

- a. **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION** : The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals: are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in Section 2 of this certification; and have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the Contractor or Subrecipient not be able to provide this certification, an explanation as to why should be placed after the assurances page in the contract.

The contractor agrees by signing this contract that it will include, without modification, the clause above certification in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

- b. **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**: The undersigned (authorized official signing for the contracting organization) certifies that the contractor will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:
1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; Establishing an ongoing drug-free awareness program to inform employees about
    - i. The dangers of drug abuse in the workplace;
    - ii. The contractor's policy of maintaining a drug-free workplace;
    - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  2. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (I) above;
  3. Notifying the employee in the statement required by paragraph (I), above, that, as a condition of employment under the contract, the employee will—
    - i. Abide by the terms of the statement; and

- ii. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction;
- 4. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (III)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 5. Taking one of the following actions, within thirty (30) calendar days of receiving notice under paragraph (III) (b), with respect to any employee who is so convicted—
  - i. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 6. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (I) through (V).

For purposes of paragraph (V) regarding agency notification of criminal drug convictions, Authority has designated the following central point for receipt of such notices:

**Legal Services Manager**

WA State Health Care Authority

PO Box 42700

Olympia, WA 98504-2700

- c. **CERTIFICATION REGARDING LOBBYING:** Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative Contracts from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative Contract. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative Contract must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative Contracts EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative Contract, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative Contract.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative Contract, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans and cooperative Contracts) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- d. **CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA):** The undersigned (authorized official signing for the contracting organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the contracting organization will comply with the Public Health Service terms and conditions of award if a contract is awarded.
- e. **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:** Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the contracting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The contracting organization agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all sub-recipients shall certify accordingly.

**The Public Health Services strongly encourages all recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.**

**f. CERTIFICATION REGARDING OTHER RESPONSIBILITY MATTERS**

1. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
2. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
3. The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
5. The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by Authority.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
7. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, HCA may terminate this transaction for cause or default.

**CONTRACTOR SIGNATURE REQUIRED**

|                                                     |               |
|-----------------------------------------------------|---------------|
| <b>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL:</b> | <b>TITLE:</b> |
| <b>PLEASE ALSO PRINT OR TYPE NAME:</b>              |               |
| <b>ORGANIZATION NAME: (if applicable)</b>           | <b>DATE:</b>  |

**EXHIBIT A: CENTERS OF MEDICARE & MEDICAID SERVICES, SPECIAL TERMS AND CONDITIONS**

The Special Terms and Conditions portion of the MTP 2.0 Waiver is an integral part of this Contract and is incorporated herein by this reference and is not attached but is available upon request from the HCA Contract Manager.



## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

3a  
JUL 30 2024

Department: BOCC

WORK SESSION ☐ Meeting Date:

REGULAR AGENDA ☒ Meeting Date: 7-30-24

### Item summary:

- |                                                |                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Call for Hearing      | <input type="checkbox"/> Contract/Agreement/MOU - Contract #                     |
| <input checked="" type="checkbox"/> Resolution | <input type="checkbox"/> Proclamation <input type="checkbox"/> Budget Item       |
| <input type="checkbox"/> Draft Ordinance       | <input type="checkbox"/> Final Ordinance <input type="checkbox"/> Other - Notice |

### Executive summary:

Board of Clallam County Commissioner will consider adopting by Resolution the attached budget revisions on July 30, 2024.

Budget revisions – Transfer or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase.

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐  
See attached form(s).

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)  
Approve the attached Resolution – Budget revisions.

County Official signature & print name:  Eleanor Hill, Budget Coordinator

Name of Employee/Stakeholder attending meeting: Board of Commissioners

Relevant Departments: All Departments

\* Work Session Meeting - Submit 1 single sided/not stapled copy  
\*\* Regular Meeting – Submit 1 single sided/not stapled copy and originals (1 or 3 copies)

Budget Revisions 7-30-24-  
Revised: 3-04-2019



BUDGET RESOLUTION \_\_\_\_\_, 2024

ADOPTING A BUDGET REVISION FOR THE DEPARTMENT/FUND LISTED BELOW

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

1. Pursuant to RCW 36.40.100, the following facts create a need for the budget revision shown below:

HHS – Environmental Health – The budget is being revised to reallocate funding from the Laboratory Supplies line to the capital Machinery and Equipment line for the purchase of replacement laboratory equipment/\$6,000

Non-Dept – Hotel/Motel Tax – Reallocation of funds per Resolution 40, 2024, Board-approved lodging tax applications/\$675,804.65

2. The Budget Coordinator has verified the accounting method for the budget revision listed and approved them by numbering and initialing the attached Budget Change Form.

NOW, THEREFORE, THE BOARD OF CLALLAM COUNTY COMMISSIONERS hereby adopts the revision within the fund, department, or program budget shown above, and authorizes and directs the Treasurer to make the necessary transfer of funds in order to affect the Board's intent.

PASSED AND ADOPTED this 30th day of July 2024

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mike French, Chair

\_\_\_\_\_  
Randy Johnson

ATTEST:

\_\_\_\_\_  
Loni Gores, Clerk of the Board

\_\_\_\_\_  
Mark Ozias

c: Budget Director  
Treasurer  
Affected Department(s)

JUN 21 2024

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 6-20-24

Budget Hearing/Meeting Date: 7-30-24

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- X **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- **Budget Reduction** – a reduction in revenues and/or expenditures.

|                                 |             |                    |                              |
|---------------------------------|-------------|--------------------|------------------------------|
| <b>Budget Number</b> xxxxx.xxx. | 00100.511 ✓ | <b>Budget Name</b> | HHS – Environmental Health ✓ |
|---------------------------------|-------------|--------------------|------------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION   | AMOUNT  |
|-----------------------------|-----------|------------------------------|-----------------------|---------|
| 00100.511 ✓                 | HHS ✓     | 56252.31.0075 ✓              | Laboratory Supplies ✓ | 6,000 ✓ |
|                             |           |                              |                       |         |
|                             |           |                              |                       |         |
|                             |           |                              |                       |         |
|                             |           |                              |                       |         |
| Total                       |           |                              |                       | 6,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION     | AMOUNT  |
|-----------------------------|-----------|------------------------------|-------------------------|---------|
| 00100.511 ✓                 | HHS ✓     | 59462.64.0010 ✓              | Machinery & Equipment ✓ | 6,000 ✓ |
|                             |           |                              |                         |         |
|                             |           |                              |                         |         |
|                             |           |                              |                         |         |
|                             |           |                              |                         |         |
|                             |           |                              |                         |         |
|                             |           |                              |                         |         |
|                             |           |                              |                         |         |
| Total                       |           |                              |                         | 6,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

The budget is being revised to reallocate funding from the laboratory supplies line to the capital machinery & equipment line for the purchase of replacement laboratory equipment.

County Official Approval:

(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

*Erie*  
*[Signature]*

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# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 6/6/2024 ✓

Budget Hearing/Meeting Date: 7/30/2024 ✓

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- XX **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- **Budget Reduction** – a reduction in revenues and/or expenditures.

|                                 |             |                    |                             |
|---------------------------------|-------------|--------------------|-----------------------------|
| <b>Budget Number</b> xxxxx.xxx. | 19925.291 ✓ | <b>Budget Name</b> | NonDept – Hotel/Motel Tax ✓ |
|---------------------------------|-------------|--------------------|-----------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                   | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION      | AMOUNT       |
|-----------------------------|-----------------------------|------------------------------|--------------------------|--------------|
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0230 ✓              | Unanticipated Projects ✓ | 675,804.65   |
|                             |                             |                              |                          |              |
|                             |                             |                              |                          |              |
|                             |                             |                              |                          |              |
| Total                       |                             |                              |                          | 675,804.65 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                   | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                 | AMOUNT      |
|-----------------------------|-----------------------------|------------------------------|-------------------------------------|-------------|
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0168 ✓              | Clallam Transit System ✓            | 15,600 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0178 ✓              | Washington Festival and Events ✓    | 157,500 ✓   |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0164 ✓              | Olympic Theater Arts ✓              | 14,209.65 ✓ |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0174 ✓              | Peninsula Trails Coalition ✓        | 49,500 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0169 ✓              | Clallam Bay/Seki Visitors' Center ✓ | 15,000 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0166 ✓              | Olympic Peninsula Fungus Festival ✓ | 12,500 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0179 ✓              | StormKing FC ✓                      | 41,600 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.41.5120 ✓              | Public Works ✓                      | 84,400 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0163 ✓              | City of Forks ✓                     | 15,000 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.49.0167 ✓              | Port Angeles Fine Arts ✓            | 15,000 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.41.5110 ✓              | Parks/Fair/Facilities ✓             | 75,000 ✓    |
| 19925.291 ✓                 | NonDept – Hotel/Motel Tax ✓ | 55730.41.0118 ✓              | Feiro Marine Life Center ✓          | 29,495 ✓    |

|             |                                |                 |                                  |            |
|-------------|--------------------------------|-----------------|----------------------------------|------------|
| 19925.291 ✓ | NonDept –<br>Hotel/Motel Tax ✓ | 55730.49.0176 ✓ | Port Angeles Waterfront Center ✓ | 100,000 ✓  |
| 19925.291 ✓ | NonDept –<br>Hotel/Motel Tax ✓ | 55730.49.0160 ✓ | PA Chamber of Commerce ✓         | 30,000 ✓   |
| 19925.291 ✓ | NonDept –<br>Hotel/Motel Tax ✓ | 55730.49.0177 ✓ | Port Angeles Youth Basketball ✓  | 21,000 ✓   |
| Total       |                                |                 |                                  | 675,804.65 |

**Revenue/Source and Expenditure totals must agree.**

REASON FOR BUDGET ACTION:

Reallocation of Funds for Resolution 40, 2024 Board-approved Lodging Tax applications

**County Official Approval:** \_\_\_\_\_

(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

*E Hill*  
*M/*

62

62



3b  
JUL 30 2024

## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

Department: BOCC

WORK SESSION ☐ Meeting Date:

REGULAR AGENDA ☒ Meeting Date: 7-30-24

Required originals approved and attached? ☐  
Will be provided on:

**Item summary:**

- |                                                |                                                              |                                         |
|------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Call for Hearing      | <input type="checkbox"/> Contract/Agreement/MOU - Contract # |                                         |
| <input checked="" type="checkbox"/> Resolution | <input type="checkbox"/> Proclamation                        | <input type="checkbox"/> Budget Item    |
| <input type="checkbox"/> Draft Ordinance       | <input type="checkbox"/> Final Ordinance                     | <input type="checkbox"/> Other - Notice |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

Board of Clallam County Commissioner will consider adopting by Resolution the attached supplemental appropriations on July 30, 2024.  
Supplemental appropriations – increased expenditures due to unanticipated federal, state, and local funds.

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐  
See attached form(s).

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)  
Approve the attached Resolution - supplemental appropriations.

County Official signature & print name:  Eleanor Hill, Budget Coordinator

Name of Employee/Stakeholder attending meeting: Board of Commissioners

Relevant Departments: All Departments

\* Work Session Meeting - Submit 1 single sided/not stapled copy  
\*\* Regular Meeting – Submit 1 single sided/not stapled copy and originals (1 or 3 copies)



BUDGET RESOLUTION \_\_\_\_\_, 2024

ADOPTING A SUPPLEMENTAL BUDGET FOR DEPARTMENTS/FUNDS LISTED BELOW

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

1. Pursuant to RCW 36.40.100, in open, public meeting, after proper notice, the following facts create a need for the Supplemental Budget Appropriations listed below:

Sheriff – Operations –

- A grant from Washington State Criminal Justice Training Commission will be utilized for a consultant and minor exercise equipment to increase deputy wellness program/\$20,000
- A grant has been awarded by WASPC in support of a field response effort to identify and direct civilians undergoing mental distress to appropriate sources. Olympic Peninsula Community Clinic will provide the coordination and resources to fulfill this mission /\$629,566

Sheriff – Emergency Services – Clallam County was awarded \$125,000 from the USDA's Community Wildfire Defense program to update our wildfire protection plan, last revised in 2009. A fund match will be met by staff time from the County and Fire District for planning, outreach, and steering committee involvement/\$125,000

Sheriff – OPNET Drug – Clallam County's OPNET task force was awarded \$150,000 by WA State for the period of 7/1/24 – 6/30/25, to continue their ongoing efforts against our narcotics crisis/\$75,000

Sheriff – Jail –

- Clallam County Correctional Facility is awarded up to 2.25 million dollars of funding, half of which will be received into the General Fund balance in December 2024. This funding is to establish staffing, procedures, and infrastructure necessary for the Medicaid billing of inmate healthcare/\$1,125,000
- 4Sight monitoring bracelets that will give real-time health metrics and sound an alarm if parameters are critical, funded by County's Risk Pool/\$24,687

2. The Budget Coordinator has verified the accounting method for the supplemental appropriations and approved it by numbering and initialing the attached *Budget Change Forms*.

NOW, THEREFORE, THE BOARD OF CLALLAM COUNTY COMMISSIONERS hereby adopts the Supplemental Budget Appropriations for unanticipated state or federal funds shown above and authorizes and directs the Treasurer to make the necessary transfer of funds in order to affect the Board's intent.

PASSED AND ADOPTED this 30th day of July 2024

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mike French, Chair

\_\_\_\_\_  
Randy Johnson

ATTEST:

\_\_\_\_\_  
Loni Gores, Clerk of the Board

\_\_\_\_\_  
Mark Ozias

c: Budget Director  
Treasurer  
Affected Department(s)

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 7/1/24 ✓

Budget Hearing/Meeting Date: 7/30/24 ✓

- ☒ **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- ☐ **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- ☐ **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- ☐ **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- ☐ **Budget Reduction** – a reduction in revenues and/or expenditures

|                                 |             |                    |                        |
|---------------------------------|-------------|--------------------|------------------------|
| <b>Budget Number xxxxx.xxx.</b> | 00100.811 ✓ | <b>Budget Name</b> | Sheriff – Operations ✓ |
|---------------------------------|-------------|--------------------|------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION     | AMOUNT   |
|-----------------------------|------------------------|------------------------------|-------------------------|----------|
| 00100.811 ✓                 | Sheriff – Operations ✓ | 33401.10.0000                | WSCJTC Wellness Grant ✓ | 20,000 ✓ |
|                             |                        |                              |                         |          |
|                             |                        |                              |                         |          |
|                             |                        |                              |                         |          |
|                             |                        |                              |                         |          |
| Total                       |                        |                              |                         | 20,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                | AMOUNT   |
|-----------------------------|------------------------|------------------------------|------------------------------------|----------|
| 00100.811 ✓                 | Sheriff – Operations ✓ | 52122.41.0020 ✓              | Professional Services ✓            | 18,400 ✓ |
| 00100.811 ✓                 | Sheriff – Operations ✓ | 52122.35.0010                | Small Tools and Equipment<br>MINOR | 1,600 ✓  |
|                             |                        |                              |                                    |          |
|                             |                        |                              |                                    |          |
|                             |                        |                              |                                    |          |
|                             |                        |                              |                                    |          |
|                             |                        |                              |                                    |          |
| Total                       |                        |                              |                                    | 20,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

A grant award from Washington State Criminal Justice Training Commission for \$20,000 will be utilized by the Sheriff's Office for a consultant (\$18,400) and minor exercise equipment (\$1,600) to increase our deputy wellness program. This consultant will teach classes and work individually with employees on developing goals and strategies to increase their overall wellness, and the equipment will support physical fitness plans. This funding will be reimbursement based and has no match required.

**County Official Approval:** \_\_\_\_\_  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

Effie  
65

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 7/3/24 ✓

Budget Hearing/Meeting Date: 7/30/24 ✓

- ☒ **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- ☐ **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- ☐ **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- ☐ **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- ☐ **Budget Reduction** – a reduction in revenues and/or expenditures

|                                 |             |                    |                        |
|---------------------------------|-------------|--------------------|------------------------|
| <b>Budget Number xxxxx.xxx.</b> | 00100.811 ✓ | <b>Budget Name</b> | Sheriff – Operations ✓ |
|---------------------------------|-------------|--------------------|------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx     | ACCOUNT DESCRIPTION                        | AMOUNT    |
|-----------------------------|------------------------|----------------------------------|--------------------------------------------|-----------|
| 00100.811 ✓                 | Sheriff – Operations ✓ | 33401.70.0000 ✓<br>33406.90.0015 | WASPC Mental Health Field Response Grant ✓ | 629,566 ✓ |
|                             |                        |                                  |                                            |           |
|                             |                        |                                  |                                            |           |
|                             |                        |                                  |                                            |           |
|                             |                        |                                  |                                            |           |
| Total                       |                        |                                  |                                            | 629,566 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT    |
|-----------------------------|------------------------|------------------------------|---------------------|-----------|
| 00100.811 ✓                 | Sheriff – Operations ✓ | 56400.41.0127 ✓              | Contract Services ✓ | 629,566 ✓ |
|                             |                        |                              |                     |           |
|                             |                        |                              |                     |           |
|                             |                        |                              |                     |           |
|                             |                        |                              |                     |           |
|                             |                        |                              |                     |           |
|                             |                        |                              |                     |           |
|                             |                        |                              |                     |           |
| Total                       |                        |                              |                     | 629,566 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Funding not to exceed \$629,566 has been awarded by WASPC in support of a field response effort to identify and direct civilians undergoing mental distress to appropriate resources. These individuals frequently require law enforcement intervention and possibly arrest if they become a danger to themselves or other, but proactive identification of their needs and coordination with resources should prevent their condition from deterioration. Olympic Peninsula Community Clinic will provide the coordination and resources to fulfill this mission, utilizing our law enforcement contacts to help identify and refer individuals in need of services.

County Official Approval: [Signature]  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

[Signature]  
66

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 7/3/24

Budget Hearing/Meeting Date: 7/30/24

- ☒ **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- ☐ **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- ☐ **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- ☐ **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- ☐ **Budget Reduction** – a reduction in revenues and/or expenditures

|                                 |             |                    |                                |
|---------------------------------|-------------|--------------------|--------------------------------|
| <b>Budget Number</b> xxxxx.xxx. | 00100.817 ✓ | <b>Budget Name</b> | Sheriff – Emergency Services ✓ |
|---------------------------------|-------------|--------------------|--------------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                      | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                | AMOUNT    |
|-----------------------------|--------------------------------|------------------------------|------------------------------------|-----------|
| 00100.817 ✓                 | Sheriff – Emergency Services ✓ | 33310.72.0000 ✓              | Community Wildfire Defense Grant ✓ | 125,000 ✓ |
|                             |                                |                              |                                    |           |
|                             |                                |                              |                                    |           |
|                             |                                |                              |                                    |           |
|                             |                                |                              |                                    |           |
| Total                       |                                |                              |                                    | 125,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                      | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION     | AMOUNT    |
|-----------------------------|--------------------------------|------------------------------|-------------------------|-----------|
| 00100.817 ✓                 | Sheriff – Emergency Services ✓ | 52510.41.0020                | Professional Services ✓ | 125,000 ✓ |
|                             |                                |                              |                         |           |
|                             |                                |                              |                         |           |
|                             |                                |                              |                         |           |
|                             |                                |                              |                         |           |
|                             |                                |                              |                         |           |
|                             |                                |                              |                         |           |
|                             |                                |                              |                         |           |
| Total                       |                                |                              |                         | 125,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Clallam County was awarded \$125,000 from the USDA's Community Wildfire Defense program to update our wildfire protection plan, last revised in 2009. An RFQ for qualified consultants capable of creating this plan was used, and a winning bid selected for work starting this fall 2024. A fund match is required and will be met by staff time from the County and Fire District for planning, outreach, and steering committee involvement.

County Official Approval: \_\_\_\_\_

(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

EHill  
[Signature]

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 07/3/24 ✓

Budget Hearing/Meeting Date: 07/30/24 ✓

- ☒ **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- ☐ **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- ☐ **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- ☐ **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- ☐ **Budget Reduction** – a reduction in revenues and/or expenditures

|                          |             |             |                        |
|--------------------------|-------------|-------------|------------------------|
| Budget Number xxxxx.xxx. | 11008.811 ✓ | Budget Name | Sheriff – OPNET Drug ✓ |
|--------------------------|-------------|-------------|------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION              | AMOUNT   |
|-----------------------------|------------------------|------------------------------|----------------------------------|----------|
| 11008.811 ✓                 | Sheriff – OPNET Drug ✓ | 33404.20.0041 ✓              | Multijurisdictional Task Force ✓ | 75,000 ✓ |
| Total                       |                        |                              |                                  | 75,000   |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION   | AMOUNT   |
|-----------------------------|------------------------|------------------------------|-----------------------|----------|
| 11008.811 ✓                 | Sheriff – OPNET Drug ✓ | 50800.00.0000 ✓              | Ending Fund Balance ✓ | 75,000 ✓ |
|                             |                        |                              |                       |          |
|                             |                        |                              |                       |          |
|                             |                        |                              |                       |          |
|                             |                        |                              |                       |          |
| Total                       |                        |                              |                       | 75,000   |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Washington State appropriated funding for drug task forces around the state to continue their on-going efforts against our narcotics crisis. This funding replaces the pass through Byrne-JAG grant funding the task forces previously received. Clallam County's OPNET task force was awarded \$150,000 for the period of 7/1/24 – 6/30/25, so the first half will be spent this year and the 2<sup>nd</sup> half incorporated into the 2025 budget.

County Official Approval:   
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 7/3/24 ✓

Budget Hearing/Meeting Date: 7/30/24 ✓

- ☒ **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- ☐ **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- ☐ **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- ☐ **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- ☐ **Budget Reduction** – a reduction in revenues and/or expenditures

|                          |             |             |                  |
|--------------------------|-------------|-------------|------------------|
| Budget Number xxxxx.xxx. | 00100.815 ✓ | Budget Name | Sheriff – Jail ✓ |
|--------------------------|-------------|-------------|------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                    | AMOUNT      |
|-----------------------------|------------------|------------------------------|----------------------------------------|-------------|
| 00100.815 ✓                 | Sheriff - Jail ✓ | 33293.30.0000                | HCA Reentry Demonstration Initiative ✓ | 1,125,000 ✓ |
|                             |                  |                              |                                        |             |
|                             |                  |                              |                                        |             |
|                             |                  |                              |                                        |             |
| Total                       |                  |                              |                                        | 1,125,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION   | AMOUNT      |
|-----------------------------|------------------|------------------------------|-----------------------|-------------|
| 00100.815 ✓                 | Sheriff – Jail ✓ | 52360.10.0010 ✓              | Regular Time ✓        | 25,000 ✓    |
| 00100.815 ✓                 | Sheriff – Jail ✓ | 52360.20.0000 ✓              | Benefits ✓            | 20,700 ✓    |
| 00100.815 ✓                 | Sheriff – Jail ✓ | 50800.00.0000 ✓              | Ending Fund Balance ✓ | 1,079,300   |
|                             |                  |                              |                       |             |
|                             |                  |                              |                       |             |
|                             |                  |                              |                       |             |
|                             |                  |                              |                       |             |
| Total                       |                  |                              |                       | 1,125,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Clallam County Correctional Facility is awarded up to 2.25 million dollars of funding to establish the staffing, procedures, and infrastructure necessary for Medicaid billing of inmate healthcare. We will receive the first \$1,125,000 in December 2024 into our general fund balance. This will reimburse the staff time already spent by a coordinator for the project, as well as for future costs during 2025. Additional portions of the award will be released at future dates dependent on project milestones.

County Official Approval: E  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

Efflu  
[Signature]

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 060324 ✓

Budget Hearing/Meeting Date: 073024 ✓

- ☒ **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- ☐ **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.
- ☐ **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law
- ☐ **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase
- ☐ **Budget Reduction** – a reduction in revenues and/or expenditures

|                          |             |             |                  |
|--------------------------|-------------|-------------|------------------|
| Budget Number xxxxx.xxx. | 00100.815 ✓ | Budget Name | Sheriff – Jail ✓ |
|--------------------------|-------------|-------------|------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                   | AMOUNT   |
|-----------------------------|------------------|------------------------------|---------------------------------------|----------|
| 00100.815 ✓                 | Sheriff - Jail ✓ | 36991.00.0041 ✓              | Risk Pool 4Sight Labs Reimbursement ✓ | 24,687 ✓ |
|                             |                  |                              |                                       |          |
|                             |                  |                              |                                       |          |
|                             |                  |                              |                                       |          |
| Total                       |                  |                              |                                       | 24,687 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION       | AMOUNT   |
|-----------------------------|------------------|------------------------------|---------------------------|----------|
| 00100.815 ✓                 | Sheriff – Jail ✓ | 59423.64.0010 ✓              | Machinery and Equipment ✓ | 24,687 ✓ |
|                             |                  |                              |                           |          |
|                             |                  |                              |                           |          |
|                             |                  |                              |                           |          |
|                             |                  |                              |                           |          |
|                             |                  |                              |                           |          |
|                             |                  |                              |                           |          |
| Total                       |                  |                              |                           | 24,687 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

To enhance our ability to monitor the health of inmates designated as "at risk" of medical or mental crisis situations, the County's Risk Pool agreed to fund the purchase of 7 monitoring bracelets that will give real-time health metrics and sound an alarm if parameters are critical. These will be used in addition to the current procedure of frequent in-person observations by deputies. The first year of the contract includes the equipment, training, and software licenses, with software license costs on-going through years 2 and 3 of the contract.

County Official Approval: \_\_\_\_\_

(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

EMHLL

*[Signature]*



H1  
JUL 30 2024

## AGENDA ITEM SUMMARY

(Must be submitted NLT 3PM Wednesday for next week agenda)

**Department:** BOCC

**WORK SESSION** ☐ **Meeting Date:**

**REGULAR AGENDA** ☒ **Meeting Date: 7/30/24**

**Required originals approved and attached?** ☐  
**Will be provided on:**

**Item summary:**

- |                                                |                                                              |                                         |
|------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Call for Hearing      | <input type="checkbox"/> Contract/Agreement/MOU - Contract # |                                         |
| <input checked="" type="checkbox"/> Resolution | <input type="checkbox"/> Proclamation                        | <input type="checkbox"/> Budget Item    |
| <input type="checkbox"/> Draft Ordinance       | <input type="checkbox"/> Final Ordinance                     | <input type="checkbox"/> Other - Notice |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

Board of Clallam County Commissioner will consider adopting by Resolution the attached debatable emergencies on July 30, 2024.

Debatable emergency – Public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.

**Budgetary impact:** (Is there a monetary impact? If so, are funds for this already allocated or is a budget change necessary? If this is a contract and a budget change is necessary, the budget change form must be submitted with the item at work session and for the regular agenda) **If a budget action is required, has it been submitted and a copy attached?** ☐

See attached forms.

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)

Approve the attached Resolution - debatable emergencies.

**County Official signature & print name:**  Eleanor Hill, Budget Coordinator

**Name of Employee/Stakeholder attending meeting:** Board of Commissioners

**Relevant Departments:** All Departments

\* Work Session Meeting - Submit 1 single sided/not stapled copy  
\*\* Regular Meeting – Submit 1 single sided/not stapled copy and originals (1 or 3 copies)

Budget Debatables 7-30-24-  
Revised: 3-04-2019



BUDGET RESOLUTION \_\_\_\_\_, 2024

ADOPTING BUDGET EMERGENCIES FOR THE DEPARTMENTS/FUNDS LISTED BELOW

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

1. Pursuant to RCW 36.40.140, after a public hearing on July 30, the following constitute public emergencies, which could not reasonably have been foreseen at the time of budget preparation:

Public Works – Equipment Rental and Revolving – Fairground front mower FG173, which was scheduled for replacement in 2025, must be replaced now due to serious engine issues/\$20,000

2. The Budget Coordinator has reviewed the accounting method for the debatable emergencies and approved it by numbering and initialing the attached *Budget Change Forms*.

NOW, THEREFORE, BE IT RESOLVED by the Clallam County Commissioners, in consideration of the above findings of fact:

1. The amount of money required to meet the public emergency listed above is authorized for expenditure provided that no expenditure is made or liability incurred pursuant to the resolution under RCW 36.40.150 until a period of five days, exclusive of the date this resolution is signed, have elapsed.
2. The Treasurer is authorized and requested to make any necessary transfer of funds in order to affect the Board's intent.

PASSED AND ADOPTED this 30th day of July 2024

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mike French, Chair

ATTEST:

\_\_\_\_\_  
Randy Johnson

\_\_\_\_\_  
Loni Gores, Clerk of the Board

\_\_\_\_\_  
Mark Ozias

c: Budget Director  
Treasurer  
Affected Department(s)

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 06.06.24 ✓

Budget Hearing/Meeting Date: 07.30.24 ✓

— **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds

☒ **Debatable Emergency** – public emergency other than a non-debatable emergency which could not reasonably have been foreseen at the time of making the budget, requiring the expenditure of money not provided for in the budget.

— **Non-debatable Emergency** – for the relief of a stricken community requiring immediate address; to meet mandatory expenditures required by law

— **Budget Revision** – transfers or reallocations between departments within the same fund, or anytime a reallocation within the same budget would authorize a new permanent position or a new capital purchase

— **Budget Reduction** – a reduction in revenues and/or expenditures

|                                 |             |                    |                                                 |
|---------------------------------|-------------|--------------------|-------------------------------------------------|
| <b>Budget Number</b> xxxxx.xxx. | 50301.611 ✓ | <b>Budget Name</b> | Public Works – Equipment Rental and Revolving ✓ |
|---------------------------------|-------------|--------------------|-------------------------------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME   | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION   | AMOUNT     |
|-----------------------------|-------------|------------------------------|-----------------------|------------|
| 50301.611 ✓                 | PW – ER&R ✓ | 50800.00.0000 ✓              | Ending Fund Balance ✓ | \$20,000 ✓ |
|                             |             |                              |                       |            |
|                             |             |                              |                       |            |
|                             |             |                              |                       |            |
| Total                       |             |                              |                       | \$20,000   |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME   | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION           | AMOUNT   |
|-----------------------------|-------------|------------------------------|-------------------------------|----------|
| 50301.611 ✓                 | PW – ER&R ✓ | 59418.64.7777 ✓              | PW Capital Other Improvements | \$20,000 |
|                             |             |                              |                               |          |
|                             |             |                              |                               |          |
|                             |             |                              |                               |          |
|                             |             |                              |                               |          |
|                             |             |                              |                               |          |
|                             |             |                              |                               |          |
|                             |             |                              |                               |          |
| Total                       |             |                              |                               | \$20,000 |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Fairground front mower FG173, which was scheduled for replacement in 2025, must be replaced now due to serious engine issues. Parks does not need to contribute towards the replacement cost as FG173 has enough replacement value banked.

County Official Approval: Joe Donisi  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

*Elia*

*[Signature]*