



**AGENDA**  
**BOARD OF CLALLAM COUNTY COMMISSIONERS**  
223 East 4th Street Room 160  
Port Angeles, Washington  
Tuesday, October 12, 2021 – 9:00 a.m.

**\*\*ATTENTION\*\***

In response to the current pandemic, to promote social distancing, and in compliance with Governor's Proclamation and the recommendation of the Clallam County Health Officer, the Board of Commissioners meetings will be virtual only. The Board of Commissioners strongly encourages public comments to be submitted in writing.

This meeting can be viewed on a live stream at this link:  
<http://www.clallam.net/features/meetings.html>

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

Public comment and questions can be directed to the Clerk of the Board at 360-417-2256 or [agores@co.clallam.wa.us](mailto:agores@co.clallam.wa.us)

**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 October 4

Approval of vouchers 

- 1b. Approval of minutes for the week of October 4

Approval of minutes 

- 1c. Letter of support for Clallam Transit System Bus and Bus Facilities Program application

Letter of support 

- 1d. Proclamation recognizing Resilience Awareness Month in Clallam County

Proclamation 

**REPORTS AND PRESENTATIONS**

**CONTRACTS AND AGREEMENTS**

2a. Agreement with County of San Juan for detention holds and services

Agreement 

2b. Agreement with Kitsap Public Health District for Youth Marijuana Prevention and Education AND Commercial Tobacco Prevention Programs

Agreement 

2c. Agreement with Washington State Health and Human Services for Developmental Disabilities Services

Agreement 

## **ADMINISTRATION**

3a. Resolution appointing Walter Morton to the Sheriff's Citizens Advisory Committee

Resolution 

3b. Letter of Submittal and Exhibit A – Certificate and Assurances Form for State of Washington Department of Commerce for less-than-lethal equipment

Letter of Submittal and Exhibit A - Certificate and Assurances Form 

## **BUDGET**

4a. Notice that the following budget reductions will be adopted by Resolution on October 26: Department of Community Development - Environmental Quality - Budget reduction due to funds from USFWS grant for McDonald Creek Barrier Removal will be used in the fall of 2022/(\$40,000)

Budget reductions 

4b. Notice that the following supplemental appropriations will be adopted by Resolution on October 26:

Sheriff - Operations

• Receipt of State funding from FY2021-2022 Registered Sex Offender Address and Residency Verification Program that will be spent in FY2021. The remainder will be received and spent in FY2022/\$17,029

• Reimbursement from FY19 Operation Stonegarden Grants for patrol overtime and patrol mileage for June-September 2021/\$39,478

Health and Human Services - Operations - Adds funding from contract with Kitsap County to provide tobacco and marijuana prevention services/\$27,381

Clerk

• Adds funding for costs related to the implementation of an eFile Portal for Superior Court filings with the Clerk to be reimbursed by Administrative Office of the Courts CARES Act funds/\$28,820

• Adds funding for reimbursement of Criminal Legal Financial Obligations as a result of the Supreme Court State v Blake decision/\$75,000

Juvenile Services - Adds funding from Community Prevention Wellness Initiative (CWPI) for direct and environmental substance use disorder prevention services for youth/\$51,252

Supplemental appropriations 

4c. Resolution calling for a hearing to be held October 26 at 10:30 a.m. for the following debatable emergencies:

Non Departmental - Hotel/Motel Tax - Additional funding for the Olympic Peninsula Visitor Bureau per resolution 74, 2021 to be used toward their 2021 fall marketing campaign/\$50,000

General Fund Reserves - Transfer of funding from General Fund Reserves to Sheriff - Operation Stonegarden to provide working capital to allow for timely payment to vendors (1 of 2)/\$50,000

Sheriff - Operation Stonegarden - Transfer of funding from General Fund Reserves to Sheriff - Operation Stonegarden to provide working capital to allow for timely payment to vendors (2 of 2)/\$50,000

Parks and Facilities

• Additional funding for expenses related to COVID-19 for goods and services expenditures incurred in September, 2021 expected to be reimbursed through FEMA/\$11,229

• Additional funding for emergency infrastructure repairs to Salt Creek Recreation Area Park Manger Residence/\$18,300

Prosecuting Attorney - Coroner - Additional funds due to cost increases for expenses related to services provided by contract funeral homes, pathologists and other partner agencies/\$40,000

Treasurer - Additional funding for salary and benefits of new position of Fiscal Specialist II for October through December/\$18,000

Public Works - Roads - Additional funding to pay for four employees' departure vacation and sick pay-outs/\$34,500

Public Works - Clallam Bay-Seki Sewer - Additional funding for overtime of Senior Wastewater Treatment Operator for June 2 through August 16, 2021/\$24,000

Public Works - Solid Waste - Additional funding for equipment rent and risk insurance payments not budgeted for 2021/\$14,000

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 October 11 - 15:**

**Monday, October 11:**

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

**12:00 p.m. WSAC Virtual COVID Update**

**Tuesday, October 12:**

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

**Wednesday, October 13:**

**8:00 a.m. Budget Meetings**

**Thursday, October 14:**

**9:00 a.m. Budget Meetings**

**1:00 p.m. KNOP Radio Show**

**4:00 p.m. KSQM Radio Show**

**Friday, October 15:**

**8:00 a.m. Budget Meetings**

**10:00 a.m. Emergency Management COVID Briefing**

**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  
10/12/21

Date of report: October 6, 2021

|         |                |
|---------|----------------|
| General | \$138,145.46   |
| Other   | \$1,454,488.83 |
| Total   | \$1,592,634.29 |

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 \_\_\_\_\_ 2021.

\_\_\_\_\_  
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

MARK OZIAS, Chair

**BILL PEACH**

RANDY JOHNSON

RICH SILL (County Administrator)

# Weekly Expenditures

October 4 - 8, 2021

| Fund #            | Department                                    | Expenditures      |                     | Use Tax       |               |
|-------------------|-----------------------------------------------|-------------------|---------------------|---------------|---------------|
|                   |                                               | General Fund      | Other               | General Fund  | Other         |
| 00100.211         | <b>Assessor</b>                               | 634.44            |                     |               |               |
| 00100.221         | <b>Auditor</b>                                | 15,003.28         |                     |               |               |
| 19914.291         | <b>BOCC - Veterans Relief</b>                 |                   | 2,694.38            |               |               |
| 00100.331-334     | <b>Dept. of Community Develop't (DCD)</b>     | 14,474.66         |                     |               |               |
| 00100.871         | <b>District Court I</b>                       | 3,503.87          |                     |               |               |
| 11301.511         | <b>Health &amp; Human Services (HHS)</b>      |                   | 2,853.48            |               |               |
| 00100.511         | HHS - Environmental Health                    | 2,500.44          |                     |               |               |
| 11322.511         | HHS - Homeless Task Force                     |                   | 19,222.05           |               |               |
| 11323.511         | HHS - Chem Dep/Mental Hlth                    |                   | 108,004.44          |               |               |
| 11331.511         | HHS - Developmental Disabilities              |                   | 882.00              |               |               |
| 00100.461         | <b>Human Resources (HR)</b>                   | 7,422.66          |                     |               |               |
| 50401.461         | HR - Risk Management                          |                   | 1,049,873.50        |               |               |
| 50501.461         | HR - Workers Compensation                     |                   | 5,275.85            |               |               |
| 00100.411         | <b>Information Technology (IT)</b>            | 7,753.84          |                     |               |               |
| 00100.851         | <b>Juvenile Services</b>                      | 4,163.34          |                     |               |               |
| 13001/13051       | <b>Noxious Weed/LMD #2</b> (Lake Mgmt. Dist.) |                   | 1,202.13            |               |               |
| 00100.911/912     | <b>Parks Fair Facilities (PFF)</b>            | 20,214.21         |                     |               |               |
| 30101.911         | PFF - REET 1 (Real Estate Excise Tax)         |                   | 4,896.00            |               |               |
| 30501.911         | PFF - Capital Projects                        |                   | 5,682.50            |               |               |
| 00100.841-843     | <b>Prosecuting Attorney</b>                   | 19,143.94         |                     |               |               |
|                   | <b>Public Works (PW)</b>                      |                   |                     |               |               |
| 10101.611         | PW - Roads                                    |                   | 101,784.51          |               |               |
| 41401.611         | PW - Clallam/Seki Sewer                       |                   | 7,162.30            |               |               |
| 42401.611         | PW - Carlsborg Sewer                          |                   | 63.69               |               |               |
| 43401.611         | PW - Bullman Beach Water System               |                   | 597.02              |               |               |
| 50301.611         | PW - ER&R (Equip'l Rental & Revolving)        |                   | 58,642.11           |               |               |
| 00100.811-815,817 | <b>Sheriff</b>                                | 27,631.36         |                     | 176.12        |               |
| 00100.816         | Sheriff - Jail Medical                        | 3,971.47          |                     |               |               |
| 11003.811         | Sheriff - Boating Safety                      |                   | 47.41               |               |               |
| 11008.811         | Sheriff - OPNET Drug                          |                   | 2,818.81            |               |               |
| 11065.811         | Sheriff - OPSCAN Operations                   |                   | 80,288.62           |               |               |
| 11080.811         | Sheriff - Inmate Commissary                   |                   | 2,391.03            |               | 107.00        |
| 00100.861         | <b>Superior Court</b>                         | 9,183.33          |                     |               |               |
| 00100.231         | <b>Treasurer</b>                              | 613.50            |                     |               |               |
| 00100.931         | <b>WSU Extension</b>                          | 1,755.00          |                     |               |               |
| <b>Total</b>      |                                               | <b>137,969.34</b> | <b>1,454,381.83</b> | <b>176.12</b> | <b>107.00</b> |

| Report Reconciliation    |                     | Totals              |                     |                |               |
|--------------------------|---------------------|---------------------|---------------------|----------------|---------------|
| <b>Total</b>             | <b>1,592,351.17</b> | <b>General Fund</b> | <b>138,145.46</b>   |                |               |
| <b>Final Check Lists</b> | <b>1,592,351.17</b> | <b>Other</b>        | <b>1,454,488.83</b> |                |               |
| <b>Difference</b>        | <b>-</b>            | <b>Total</b>        | <b>1,592,634.29</b> | <b>Use Tax</b> | <b>283.12</b> |

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 |
|-----------|-------------------------|---------------------------|-----------|----------------|------------|---------------|
| 10/1/2021 | EVIDENT                 | 182738B                   | jkoon     | 634.00         | 55.79      | 634.00        |
| 10/1/2021 | EVIDENT                 | 183704A                   | jkoon     | 359.84         | 31.67      | 359.84        |
| 10/1/2021 | SQUAD ROOM EMBLEMS      | 091321                    | jkoon     | 807.50         | 71.06      | 807.50        |
| 10/1/2021 | SWANSONS SERVICES CORP. | 1496393                   | jkoon     | 1,125.00       | 99.00      | 1,125.00      |
| 10/1/2021 | SWANSONS SERVICES CORP. | 1496148                   | jkoon     | 200.00         | 17.60      | 200.00        |
| 10/1/2021 | SWANSONS SERVICES CORP. | 1499203                   | jkoon     | 48.00          | 4.22       | 48.00         |
| 10/1/2021 | SWANSONS SERVICES CORP. | 1496321                   | jkoon     | 43.00          | 3.78       | 43.00         |
| Totals:   |                         |                           |           | 3,217.34       | 283.12     | 3,217.34      |

Bank : apbank U S BANK

| Check #                 | Date    | Vendor              | Invoice   | Inv Date  | Description             | Amount Paid | Check Total |
|-------------------------|---------|---------------------|-----------|-----------|-------------------------|-------------|-------------|
| 10/12/2021              | 0000360 | CLALLAM COUNTY ER&R | 2021.251E | 9/29/2021 | VEHICLE RENTAL FOR SEPT | 634.44      | 634.44      |
| Sub total for U S BANK: |         |                     |           |           |                         |             | 634.44      |

0.\*  
1,592,351.17\*  
1,755.00+  
2,694.38+  
613.50+  
8,549.58+  
633.75+  
3,971.47+  
113,177.23+  
7,823.01+  
101,784.51+  
58,642.11+  
19,143.94+  
30,792.71+  
1,202.13+  
4,163.34+  
8,541.41+  
1,245.37+  
1,061,326.64+  
132,674.84+  
3,503.87+  
14,474.66+  
15,003.28+  
634.44+  
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Final Check List  
CLALLAM COUNTY

Auditor

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor             | Invoice      | Inv Date  | Description               | Amount Paid | Check Total |
|-------------------------|---------|--------------------|--------------|-----------|---------------------------|-------------|-------------|
| 10/12/2021              | 0000593 | FORKS, CITY OF     | 20210915     | 9/15/2021 | FORKS BALLOT DROP BOX C   | 60.00       | 60.00       |
| 10/12/2021              | 0001113 | OFFICE DEPOT, INC  | 193848895001 | 9/22/2021 | STICKY NOTES AND PENS     | 20.06       | 20.06       |
| 10/12/2021              | 0019068 | K & H PRINTERS INC | 61380        | 9/23/2021 | PRINTING AND BINDING 2021 | 14,923.22   | 14,923.22   |
| Sub total for U S BANK: |         |                    |              |           |                           |             | 15,003.28   |

Final Check List  
CLALLAM COUNTY

DCD

Bank : apbank U S BANK

| Check #                 | Date    | Vendor               | Invoice        | Inv Date  | Description                   | Amount Paid | Check Total |
|-------------------------|---------|----------------------|----------------|-----------|-------------------------------|-------------|-------------|
| 10/12/2021              | 0000360 | CLALLAM COUNTY ER&R  | 2021.244E      | 9/21/2021 | SEPTEMBER 2021 VEHICLE L      | 398.67      | 398.67      |
| 10/12/2021              | 0000596 | FORKS FORUM          | FK-611400 2021 | 9/16/2021 | 1-YEAR RENEWAL FOR SERV       | 85.00       | 85.00       |
| 10/12/2021              | 0001113 | OFFICE DEPOT, INC    | 193998836001   | 9/14/2021 | CODE ENFORCEMENT OFFIC        | 166.98      |             |
|                         |         |                      | 191092813001   | 9/15/2021 | ADMIN OFFICE SUPPLY           | 93.59       |             |
|                         |         |                      | 192120669001   | 9/9/2021  | ADMIN & BD OFFICE SUPPLIE     | 69.04       |             |
|                         |         |                      | 195209660001   | 9/14/2021 | ADMIN OPERATING SUPPLY        | 51.22       |             |
|                         |         |                      | 195209319001   | 9/14/2021 | BD OFFICE SUPPLY              | 11.29       |             |
|                         |         |                      | 194028678001   | 9/14/2021 | CE OFFICE SUPPLY              | 6.84        |             |
|                         |         |                      | 194028679001   | 9/13/2021 | CE OFFICE SUPPLY              | 6.52        | 405.48      |
| 10/12/2021              | 0001140 | OLYMPIC PRINTERS INC | 28684          | 9/22/2021 | BD OPERATING SUPPLY           | 783.36      | 783.36      |
| 10/12/2021              | 0001428 | SEQUIM GAZETTE       | SG-554923 9-16 | 9/16/2021 | ADMIN 10-13-21 TO 10-12-22    | 70.00       | 70.00       |
| 10/12/2021              | 0026025 | KAWAL, LARA          | 2021-09 #2     | 9/29/2021 | G133 W1: \$195.30. W3 \$119.2 | 428.40      | 428.40      |
| 10/12/2021              | 0033438 | AHBL INC             | 125855         | 5/31/2021 | G20 4-26 TO 5-25-21 PROFES    | 6,825.00    |             |
|                         |         |                      | 127576         | 8/31/2021 | G20 7-26 TO 8-25-21 PROFES    | 5,243.75    | 12,068.75   |
| 10/12/2021              | 0039090 | GUSSMAN, JOHN        | 1954           | 9/27/2021 | G133 WKSITE 3 PROFESSION      | 235.00      | 235.00      |
| Sub total for U S BANK: |         |                      |                |           |                               |             | 14,474.66   |

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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 |
|-------------------------|---------|-------------------------|---------------|-----------|----------------------------|-------------|-------------|
| 10/12/2021              | 0001509 | CORDANT HEALTH SOLUTION | TC-1631008312 | 8/31/2021 | PROBATION - RANDOM UA'S    | 758.00      | 758.00      |
| 10/12/2021              | 0001764 | WEST PAYMENT CENTER, TH | 6143931023    | 9/24/2021 | 2 BOOKS - WASHINGTON CO    | 628.86      | 628.86      |
| 10/12/2021              | 0002298 | JOHN D BLACK, PLLC      | 22330         | 9/6/2021  | COURT APPT ATTORNEY - ST   | 315.00      |             |
|                         |         |                         | 22331         | 9/6/2021  | COURT APPT ATTORNEY - BE   | 280.00      |             |
|                         |         |                         | 22354         | 9/6/2021  | COURT APPT ATTORNEY - PA   | 280.00      |             |
|                         |         |                         | 22332         | 9/6/2021  | COURT APPT ATTORNEY - SH   | 210.00      |             |
|                         |         |                         | 22334         | 9/6/2021  | COURT APPT ATTORNEY - PA   | 140.00      |             |
|                         |         |                         | 22343         | 9/6/2021  | COURT APPT ATTORNEY - ST   | 140.00      |             |
|                         |         |                         | 22322         | 9/6/2021  | COURT APPT ATTORNEY - SH   | 105.00      |             |
|                         |         |                         | 22335         | 9/6/2021  | COURT APPT ATTORNEY - DI.  | 70.00       |             |
|                         |         |                         | 22344         | 9/6/2021  | COURT APPT ATTORNEY - DI.  | 70.00       | 1,610.00    |
| 10/12/2021              | 0020961 | REED MACS               | 1381          | 9/27/2021 | 4 CASES - MANILA END TAB F | 507.01      | 507.01      |
| Sub total for U S BANK: |         |                         |               |           |                            |             | 3,503.87    |

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10/05/2021 3:53:57PM

Final Check List  
CLALLAM COUNTY

HHS

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                    | Invoice        | Inv Date  | Description                | Amount Paid | Check Total |
|-------------------------|---------|---------------------------|----------------|-----------|----------------------------|-------------|-------------|
| 10/12/2021              | 0000360 | CLALLAM COUNTY ER&R       | 2021.245E      | 9/30/2021 | FOOD-VEHICLE RENT          | 1,368.00    | 1,368.00    |
| 10/12/2021              | 0001002 | MILLIPORE CORP            | 10032291       | 9/30/2021 | WLAB-PREVENTIVE MAINTEN    | 1,132.44    | 1,132.44    |
| 10/12/2021              | 0000546 | EXPRESS SERVICES, INC     | 26038420       | 9/15/2021 | HOPS-TEMP PERSONNEL - C    | 2,065.91    | 2,065.91    |
| 10/12/2021              | 0001433 | SERENITY HOUSE OF CLALLAM | 11322-21-SHSC  | 8/31/2021 | HTF - SHELTER FUNDING FO   | 15,806.00   |             |
|                         |         |                           | 11322-21-SHCM  | 8/31/2021 | HTF - FAMILY SHELTER CASE  | 1,653.00    | 17,459.00   |
| 10/12/2021              | 0026762 | THE ANSWER FOR YOUTH      | 11322-21-BTG 8 | 9/16/2021 | HTF - BRIDING THE GAP 10 - | 1,763.05    | 1,763.05    |
| 10/12/2021              | 0000365 | CLALLAM COUNTY SUPERIOR   | 11323-21-OPCC  | 9/16/2021 | CD/MH - DRUG COURT - JULY  | 33,332.66   | 33,332.66   |
| 10/12/2021              | 0015513 | OLYMPIC PENINSULA COMM    | 11323-21-OPCC  | 9/16/2021 | CD/MH - COMMUNITY PARAM    | 11,203.24   |             |
|                         |         |                           | 11323-21-OPCC  | 9/16/2021 | CD/MH - EARLY INTERVENTIC  | 10,147.59   |             |
|                         |         |                           | 11323-21-OPCC  | 9/16/2021 | CD/MH - EARLY INTERVENTIC  | 9,388.71    |             |
|                         |         |                           | 11323-21-OPCC  | 9/16/2021 | CD/MH - CASE MANAGEMEN     | 8,987.30    |             |
|                         |         |                           | 11323-21-OPCC  | 9/16/2021 | CD/MH - CASE MANAGEMEN     | 8,633.08    |             |
|                         |         |                           | 11323-21-OPCC  | 9/16/2021 | CD/MH - COMMUNITY PARAM    | 8,479.97    | 56,839.89   |
| 10/12/2021              | 0001209 | PENINSULA BEHAVIORAL HEA  | 11323-21-PBH-L | 9/21/2021 | CD/MH - ACCESS TO BH SER   | 8,925.65    |             |
|                         |         |                           | 11323-21-PBH-L | 9/23/2021 | CD/MH - ACCESS TO BH SER   | 4,500.00    | 13,425.65   |
| 10/12/2021              | 0001433 | SERENITY HOUSE OF CLALLAM | 11323-21-SH-HA | 8/31/2021 | CD/MH - ADMINISTRATION OI  | 1,586.00    | 1,586.00    |
| 10/12/2021              | 0001763 | WEST END OUTREACH         | 11323-21-WEO   | 9/8/2021  | CD/MH - BEHAVIORAL HEALT   | 2,820.24    | 2,820.24    |
| 10/12/2021              | 0000577 | FIRST STEP FAMILY SUPPOR  | 11331-20-FSSPF | 9/30/2021 | DDD-SSP CLASSES 8/21       | 882.00      | 882.00      |
| Sub total for U S BANK: |         |                           |                |           |                            |             | 132,674.84  |

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Final Check List  
CLALLAM COUNTY

HR

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                 | Invoice        | Inv Date  | Description                  | Amount Paid | Check Total  |
|-------------------------|---------|------------------------|----------------|-----------|------------------------------|-------------|--------------|
| 10/12/2021              | 0000258 | BUSINESS TELECOM PRODU | 319395         | 9/29/2021 | INVOICE 319395               | 612.08      | 612.08       |
| 10/12/2021              | 0001680 | WA COUNTIES RISK POOL  | A22-04         | 9/29/2021 | INVOICE A22-04 LIABILITY 21- | 735,660.00  |              |
|                         |         |                        | A22-28         | 9/29/2021 | INVOICE A22-28 PROPERTY 2    | 287,012.00  |              |
|                         |         |                        | A22-52         | 9/29/2021 | INVOICE 22-52 CYBER 21-22    | 23,276.00   |              |
|                         |         |                        | A22-76         | 9/29/2021 | INVOICE A22-76 WCRP TERR     | 1,577.00    |              |
|                         |         |                        | A22-100        | 9/29/2021 | A220199 WCRP CRIME 21-22     | 1,433.00    | 1,048,958.00 |
| 10/12/2021              | 0034245 | CASTLE BRANCH INC      | 0801942-IN     | 9/29/2021 | INVOICE 0801942-IN           | 145.50      | 145.50       |
| 10/12/2021              | 0037692 | SEBRIS BUSTO JAMES     | 75589          | 9/29/2021 | INVOICE 75589                | 5,183.26    |              |
|                         |         |                        | 75588          | 9/29/2021 | INVOICE 75588                | 533.03      |              |
|                         |         |                        | 75590          | 9/29/2021 | INVOICE 75590                | 448.00      | 6,164.29     |
| 10/12/2021              | 0044157 | HELMSMAN MANAGEMENT S  | 150578         | 9/29/2021 | INVOICE 150578               | 4,663.77    | 4,663.77     |
| 10/12/2021              | 0044328 | PETEK & ASSOCIATES     | 940            | 9/29/2021 | INVOICE 940                  | 770.00      | 770.00       |
| 10/12/2021              | 0045729 | JOHNSON, KRISTA        | VOL DRIV ABS F | 9/29/2021 | VOL DRIV ABST REIM KJ        | 13.00       | 13.00        |
| Sub total for U S BANK: |         |                        |                |           |                              |             | 1,061,326.64 |

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Final Check List  
CLALLAM COUNTY

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| Check #                 | Date    | Vendor   | Invoice        | Inv Date  | Description     | Amount Paid | Check Total |
|-------------------------|---------|----------|----------------|-----------|-----------------|-------------|-------------|
| 10/12/2021              | 0000522 | redacted | LEOFF SEP 21 I | 9/29/2021 | LEOFF SEP 21 DE | 148.50      | 148.50      |
| 10/12/2021              | 0002036 |          | LEOFF SEP 21 I | 9/29/2021 | LEOFF SEP 21 DL | 148.50      | 148.50      |
| 10/12/2021              | 0002038 |          | LEOFF SEP 21 I | 9/29/2021 | LEOFF SEP 21 DR | 148.50      | 148.50      |
| 10/12/2021              | 0002041 |          | LEOFF SEP 21 I | 9/29/2021 | LEOFF SEP 21 DS | 198.81      | 198.81      |
| 10/12/2021              | 0002042 |          | LEOFF SEPT 21  | 9/29/2021 | LEOFF SEP 21 RC | 304.06      | 304.06      |
| 10/12/2021              | 0002047 |          | LEOFF SEP 21 I | 9/29/2021 | LEOFF SEP 21 RS | 148.50      | 148.50      |
| 10/12/2021              | 0022748 |          | LEOFF SEP 21 I | 9/29/2021 | LEOFF SEP 21 FD | 148.50      | 148.50      |
| Sub total for U S BANK: |         |          |                |           |                 |             | 1,245.37    |

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Final Check List  
CLALLAM COUNTY

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| Check #                 | Date    | Vendor                  | Invoice        | Inv Date  | Description                | Amount Paid | Check Total |
|-------------------------|---------|-------------------------|----------------|-----------|----------------------------|-------------|-------------|
| 10/12/2021              | 0000674 | GOVCONNECTION, INC.     | 71847752       | 9/29/2021 | HHS20210916 NEW PRINTER    | 787.57      | 787.57      |
| 10/12/2021              | 0001156 | OLYPEN INC              | 210924-0030    | 9/29/2021 | CLALLAM DIA                | 80.00       | 80.00       |
| 10/12/2021              | 0001828 | NIKOLA ENGINEERING INC  | 48621          | 9/29/2021 | IT20210929A - HIGHSPEED FI | 6,871.01    | 6,871.01    |
| 10/12/2021              | 0004211 | CENTURYLINK             | 206T222202-092 | 9/29/2021 | COURTHOUSE T-1 (#2)        | 490.14      |             |
|                         |         |                         | 206T211472-092 | 9/29/2021 | FORKS T-1 LINE             | 233.16      | 723.30      |
| 10/12/2021              | 0023718 | AT&T                    | 3604574863LD-( | 9/29/2021 | JUVIE FAX LINES LD         | 69.73       | 69.73       |
| 10/12/2021              | 0043864 | ZOOM VIDEO COMMUNICATIO | INV109503648   | 9/29/2021 | ZOOM DID # JUVI            | 9.80        | 9.80        |
| Sub total for U S BANK: |         |                         |                |           |                            |             | 8,541.41    |

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| Check #                 | Date    | Vendor                  | Invoice    | Inv Date  | Description          | Amount Paid | Check Total |
|-------------------------|---------|-------------------------|------------|-----------|----------------------|-------------|-------------|
| 10/12/2021              | 0000289 | CDW GOVERNMENT, INC.    | K629199    | 9/13/2021 | SOFTWARE LICENSE     | 181.65      | 181.65      |
| 10/12/2021              | 0000352 | CLALLAM COUNTY DEPT OF, | 607        | 9/22/2021 | SOFTWARE LICENSE     | 946.66      |             |
|                         |         |                         | 605        | 9/21/2021 | SOFTWARE LICENSE     | 363.30      | 1,309.96    |
| 10/12/2021              | 0000360 | CLALLAM COUNTY ER&R     | 2021.253E  | 9/21/2021 | VEHICLE RENTAL/LEASE | 1,500.00    | 1,500.00    |
| 10/12/2021              | 0000371 | CLALLAM TRANSIT SYSTEM  | 2021-JSY   | 9/21/2021 | PRO SVCS             | 20.00       | 20.00       |
| 10/12/2021              | 0001547 | SYSCO FOOD SERVICES OF  | 355850122  | 9/22/2021 | DET FOOD             | 228.88      | 228.88      |
| 10/12/2021              | 0017787 | DAIRY FRESH FARMS INC   | 8082126511 | 9/22/2021 | DET FOOD             | 26.31       | 26.31       |
| 10/12/2021              | 0023367 | DERRY, ALICE            | 93021AD    | 9/23/2021 | CAP VOL-MILEAGE      | 84.45       | 84.45       |
| 10/12/2021              | 0041404 | JOHNSTON, PATRICE       | 93021PJ    | 9/23/2021 | CAP VOL-MILEAGE      | 162.40      | 162.40      |
| 10/12/2021              | 0041605 | HOME DEPOT PRO          | 641998729  | 9/20/2021 | DET SUPPLIES         | 60.69       | 60.69       |
| 10/12/2021              | 0042303 | LEE, TREVOR             | 91721TL    | 9/28/2021 | TRVL/TRNG-REIMB      | 304.00      |             |
|                         |         |                         | 92421TL    | 9/28/2021 | TRVL/TRNG-REIMB      | 285.00      | 589.00      |
| Sub total for U S BANK: |         |                         |            |           |                      |             | 4,163.34    |

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Final Check List  
CLALLAM COUNTY

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| Check #                 | Date    | Vendor                   | Invoice       | Inv Date  | Description             | Amount Paid | Check Total |
|-------------------------|---------|--------------------------|---------------|-----------|-------------------------|-------------|-------------|
| 10/12/2021              | 0000360 | CLALLAM COUNTY ER&R      | 2021.241E     | 10/5/2021 | FS=453.05               | 453.05      | 453.05      |
| 10/12/2021              | 0000933 | LUCERO, CATHLEEN         | Lucero21 9-15 | 10/5/2021 | ENFORCEMENT CERTIFIED L | 8.16        | 8.16        |
| 10/12/2021              | 0001540 | SWAIN'S GENERAL STORE IN | 291507        | 10/5/2021 | WADER BOOTS, SOCK KW    | 141.16      | 141.16      |
| 10/12/2021              | 0020849 | U S BANK                 | 12279370      | 10/5/2021 | 15 GAL COMPETITOR-RDS   | 599.76      | 599.76      |
| Sub total for U S BANK: |         |                          |               |           |                         |             | 1,202.13    |

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Trial Check List  
CLALLAM COUNTY

Parks Fair Facilities

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| Check #    | Date    | Vendor                    | Invoice        | Inv Date  | Description                | Amount Paid | Check Total |
|------------|---------|---------------------------|----------------|-----------|----------------------------|-------------|-------------|
| 10/12/2021 | 0000034 | AIR FLO HEATING CO        | 47286450-1     | 9/30/2021 | 2009FAC JUV HEAT BOX REP,  | 4,896.00    | 4,896.00    |
| 10/12/2021 | 0000091 | ANGELES MILLWORKS & LUM   | 297076         | 9/30/2021 | JUV FAUCET REPAIR          | 15.20       | 15.20       |
| 10/12/2021 | 0000196 | BILLS PLUMBING & SANIKAN  | 3640510        | 9/30/2021 | 2113UP SANIKANS AT VET CE  | 270.00      | 270.00      |
| 10/12/2021 | 0000329 | CO-OP FARM AND GARDEN,    | T56337         | 9/30/2021 | DRA GLOVES CANINE SPECT    | 37.66       |             |
|            |         |                           | 56339          | 9/30/2021 | DRA GARDEN GLOVES          | 13.69       |             |
|            |         |                           | CM 56338       | 9/30/2021 | DRA RETURN GLOVES CANIN    | -37.66      | 13.69       |
| 10/12/2021 | 0000360 | CLALLAM COUNTY ER&R       | 2021.233e      | 9/30/2021 | PFF AUG GASOLINE           | 272.53      | 272.53      |
| 10/12/2021 | 0000427 | CRESCENT WATER ASSOCIAT   | 507 9/27       | 9/30/2021 | SC SEPT WATER              | 671.22      | 671.22      |
| 10/12/2021 | 0000427 | CRESCENT WATER ASSOCIAT   | 459 9/21       | 9/30/2021 | FWB SEPT WATER             | 50.00       | 50.00       |
| 10/12/2021 | 0000546 | EXPRESS SERVICES, INC     | 26038412       | 9/30/2021 | CH SC COVID WK END 9/5; 9/ | 3,392.62    |             |
|            |         |                           | 26056483       | 9/30/2021 | CH SC COVID WK END 9/19/2  | 3,361.56    | 6,754.18    |
| 10/12/2021 | 0000561 | FERGUSON ENTERPRISES IN   | 9750654        | 9/30/2021 | 2113UP PVC FOR VET CNTR :  | 51.05       | 51.05       |
| 10/12/2021 | 0000677 | GRAINGER INC              | 9053853587     | 9/30/2021 | CH CAM LOCKS FOR REPAIR    | 17.73       | 17.73       |
| 10/12/2021 | 0000750 | HOME DEPOT CREDIT SERVI   | 7010164        | 9/30/2021 | 2103UP PAINT AND SUPPLIES  | 773.63      |             |
|            |         |                           | 7114974        | 9/30/2021 | DRA MOTION DETECTION LIC   | 48.26       |             |
|            |         |                           | 3010829        | 9/30/2021 | 2103UP CEDAR BOARDS FOF    | 45.14       |             |
|            |         |                           | 7114974 CR     | 9/30/2021 | DRA MOTION DETECTION LIC   | -27.16      | 839.87      |
| 10/12/2021 | 0001198 | PART WORKS INC, THE       | INV72247       | 9/30/2021 | JAIL VALVES FOR PLUMBING   | 2,949.15    | 2,949.15    |
| 10/12/2021 | 0001300 | PUBLIC UTILITY DISTRICT   | 75463 9/21     | 9/30/2021 | SC SEPT ELECT              | 913.38      |             |
|            |         |                           | 13572 9/21     | 9/30/2021 | SC SEPT ELECT              | 374.29      |             |
|            |         |                           | 13575 9/21     | 9/30/2021 | SC SEPT ELECT              | 220.58      |             |
|            |         |                           | 13573 9/21     | 9/30/2021 | SC SEPT ELECT              | 195.01      |             |
|            |         |                           | 13571 9/21f    | 9/30/2021 | SC UNMETERED LIGHT         | 20.45       | 1,723.71    |
| 10/12/2021 | 0001540 | SWAIN'S GENERAL STORE IN  | 291620         | 9/30/2021 | CH FILTER HOSE TAPE ROD    | 59.17       |             |
|            |         |                           | 291406         | 9/30/2021 | SC GUMOUT FLUID,OIL FOR I  | 27.94       | 87.11       |
| 10/12/2021 | 0001576 | THURMAN SUPPLY            | 773803         | 9/30/2021 | 2113UP PVC, COUPLING VET   | 37.68       | 37.68       |
| 10/12/2021 | 0025256 | FIRE CHIEF EQUIPMENT CO., | 0903282        | 9/30/2021 | CH DATA ELECT VESDA NOVI   | 1,516.99    | 1,516.99    |
| 10/12/2021 | 0037042 | OFFICE DEPOT              | 194090662001   | 9/30/2021 | ADM PAPER, STAPLES, BINDI  | 139.47      |             |
|            |         |                           | 194091742001   | 9/30/2021 | ADM 8X11 NOTE PADS         | 15.41       | 154.88      |
| 10/12/2021 | 0037225 | JACKSON, DALE             | 817-21-01 8/21 | 10/1/2021 | 2006FAC AUG 2021 EOC PRO   | 3,630.00    | 3,630.00    |
| 10/12/2021 | 0044095 | STRAIT WATER MANAGEMEN    | 2021008        | 9/30/2021 | 2110UP CDJ ONSITE INSPEC   | 875.00      | 875.00      |
| 10/12/2021 | 0045689 | CLEAN CRAWL LLC           | 21-5019        | 9/30/2021 | SC PHASE 2 DUCT, INSULATI  | 5,966.72    | 5,966.72    |

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Sub total for U S BANK: 30,792.71

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| Check #                 | Date    | Vendor                  | Invoice        | Inv Date  | Description          | Amount Paid | Check Total |
|-------------------------|---------|-------------------------|----------------|-----------|----------------------|-------------|-------------|
| 10/12/2021              | 0001113 | OFFICE DEPOT, INC       | 193194999001   | 9/30/2021 | OFFICE SUPPLIES      | 27.95       |             |
|                         |         |                         | 193136570002   | 9/30/2021 | OFFICE SUPPLIES      | 16.56       | 44.51       |
| 10/12/2021              | 0001252 | PORT ANGELES, CITY OF   | CITYOFPA 9/30/ | 9/30/2021 | CITY OF PA UTILITIES | 219.11      | 219.11      |
| 10/12/2021              | 0026122 | KIESEL, ERIC L, MD, PHD | KIESEL9/30/202 | 9/30/2021 | AUTOPSY/CORONER      | 18,050.00   | 18,050.00   |
| 10/12/2021              | 0039815 | SUTHERLAND, ROCHELLE    | SUTHERLAND9.   | 9/30/2021 | REIMBURSEMENT        | 40.32       | 40.32       |
| 10/12/2021              | 0041050 | ESHOM, JESSICA          | 337314         | 9/30/2021 | CORONER/COVID        | 675.00      | 675.00      |
| 10/12/2021              | 0045165 | FREEMAN COURT SVCS LLC  | 1042           | 9/30/2021 | PERSONAL SERVICE     | 65.00       |             |
|                         |         |                         | 1041           | 9/30/2021 | PERSONAL SERVICE     | 50.00       | 115.00      |
| Sub total for U S BANK: |         |                         |                |           |                      |             | 19,143.94   |

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| Check #    | Date    | Vendor                           | Invoice        | Inv Date  | Description                        | Amount Paid | Check Total |
|------------|---------|----------------------------------|----------------|-----------|------------------------------------|-------------|-------------|
| 10/12/2021 | 0000172 | BAXTER A/P OFFICE                | 15663-7276     | 9/27/2021 | Battery - PA CD172                 | 188.12      |             |
|            |         |                                  | 15663-7398     | 9/29/2021 | Air filter - PA 183                | 40.97       |             |
|            |         |                                  | 15663-7293     | 9/27/2021 | Return: Battery - PA CD172         | -188.12     | 40.97       |
| 10/12/2021 | 0000248 | BUD CLARY CHEV OLDS CAD 3MN305   |                | 7/19/2021 | '21 K8A Police Utility AWD - PA    | 38,637.01   | 38,637.01   |
| 10/12/2021 | 0000361 | CLALLAM COUNTY ROAD DEF2021.060R |                | 8/20/2021 | Employee benefit fees              | 1,074.95    |             |
|            |         | 2021.040R                        |                | 6/21/2021 | Employee benefit fees              | 758.50      |             |
|            |         | 2021.065R                        |                | 9/20/2021 | Employee benefit fees              | 548.10      |             |
|            |         | 2021.030R                        |                | 4/26/2021 | Employee benefit fees              | 411.72      |             |
|            |         | 2021.035R                        |                | 5/18/2021 | Employee benefit fees              | 67.29       |             |
|            |         | 2021.049R                        |                | 7/22/2021 | Employee benefit fees              | -337.70     |             |
|            |         | 2021.015R                        |                | 3/1/2021  | Employee benefit fees              | -446.69     |             |
|            |         | 2021.022R                        |                | 3/28/2021 | Employee benefit fees              | -1,037.73   | 1,038.44    |
| 10/12/2021 | 0000599 | FORKS OUTFITTERS                 | 27SEP2021      | 9/27/2021 | Battery charger 12V8 - LC 170C     | 48.81       | 48.81       |
| 10/12/2021 | 0000848 | PAPE KENWORTH NORTHWE            | 10832877       | 9/15/2021 | Wiper blades - PA 207              | 29.03       |             |
|            |         |                                  | 10832881       | 9/15/2021 | Wiper blades - PA 203              | 29.03       |             |
|            |         |                                  | 10832874       | 9/15/2021 | Wiper blades - PA 208              | 25.56       | 83.62       |
| 10/12/2021 | 0000897 | LAWSON PRODUCTS INC              | 9308824680     | 9/17/2021 | Flange nuts, washers - PA          | 467.88      | 467.88      |
| 10/12/2021 | 0001187 | PAPE MACHINERY INC               | 13056327       | 9/23/2021 | Cutting edges, bolts/nuts/etc. - I | 920.26      | 920.26      |
| 10/12/2021 | 0001255 | PRICE FORD LINCOLN MERC          | 15040308       | 9/23/2021 | Wheel Assys - PA S342              | 242.30      |             |
|            |         |                                  | 5040309        | 9/23/2021 | Fan and motor assy - PA S334       | 173.97      |             |
|            |         |                                  | 5040286        | 9/22/2021 | Filter, Odor & partic - PA S340    | 69.88       |             |
|            |         |                                  | 5040301        | 9/22/2021 | Filters-Odour & partic - PA S33    | 69.88       |             |
|            |         |                                  | 5040297        | 9/22/2021 | Keys - PA S352                     | 14.14       | 570.17      |
| 10/12/2021 | 0001300 | PUBLIC UTILITY DISTRICT          | 9896/09232021  | 9/23/2021 | Electric util.chgs, 160 Grant Rd.  | 451.96      |             |
|            |         |                                  | 109032/0923202 | 9/23/2021 | Electric utility charges - G.Pit R | 47.33       | 499.29      |
| 10/12/2021 | 0001307 | PULLTARPS MFG                    | PT232074-1     | 4/12/2021 | Rev. A STL/Teardrop elbow/upp      | 634.17      | 634.17      |
| 10/12/2021 | 0001363 | RIGBYS AUTOBODY INC              | 4571           | 9/14/2021 | Tow truck service; parts - CB A    | 379.48      | 379.48      |
| 10/12/2021 | 0001405 | LES SCHWAB TIRE CENTERS          | 38000681121    | 9/29/2021 | P265/70R-17 113T tires - PA S      | 1,264.65    | 1,264.65    |
| 10/12/2021 | 0001457 | SME SOLUTIONS LLC                | 2102521        | 8/31/2021 | Turbine, capacitor, conduit - S    | 11,287.27   |             |
|            |         |                                  | 305082Z CORR   | 2/28/2021 | CORR: Compliance testing, DC       | 650.00      |             |
|            |         |                                  | 305082Z CR     | 2/28/2021 | CorrectCompliance testing, DO      | -650.00     | 11,287.27   |
| 10/12/2021 | 0001551 | TACOMA SCREW PRODUCTS            | 140021241-00   | 9/28/2021 | T-shirt rags - PA                  | 294.51      |             |
|            |         |                                  | 140021725-00   | 9/23/2021 | Clevis hook - PA                   | 47.60       | 342.11      |
| 10/12/2021 | 0001781 | WHITEHEADS AUTO PARTS            | IN207231       | 9/27/2021 | Wiper blades - LC 108              | 30.01       | 30.01       |

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|-------------------------|---------|---------------------------|-----------------|-----------|--------------------------------------|-------------|-------------|
| 10/12/2021              | 0001820 | ZEE MEDICAL SERVICE CO    | 68418120 E      | 9/22/2021 | First aid supplies; AED - LC         | 202.49      |             |
|                         |         |                           | 68418027 E      | 9/8/2021  | First aid supplies, gloves - SQ      | 32.84       | 235.33      |
| 10/12/2021              | 0017663 | ARAMARK UNIFORM SVCS IN   | 512000148723    | 9/21/2021 | Laundry services - PA                | 34.74       |             |
|                         |         |                           | 512000153757    | 9/28/2021 | Laundry services - PA                | 17.21       |             |
|                         |         |                           | 512000150716    | 9/23/2021 | Laundry services - LC                | 16.28       | 68.23       |
| 10/12/2021              | 0022435 | RACE STREET AUTO PARTS    | 555647          | 9/29/2021 | Brake pads (front), rotors - PA S    | 276.32      |             |
|                         |         |                           | 554468          | 9/21/2021 | MLATFbox - PA S334                   | 115.32      |             |
|                         |         |                           | 554469          | 9/21/2021 | MLATFbox - PA Stores                 | 115.32      |             |
|                         |         |                           | 555685          | 9/29/2021 | Quarts 5W30 - PA 183                 | 62.54       |             |
|                         |         |                           | 554467          | 9/21/2021 | Cabin air filters - PA Stores        | 61.95       |             |
|                         |         |                           | 555820          | 9/30/2021 | Oil, air filter, oil filter - PA 152 | 50.96       |             |
|                         |         |                           | 555671          | 9/29/2021 | Oil filters - PA Stores              | 18.32       | 700.73      |
| 10/12/2021              | 0029643 | KIMBALL MIDWEST           | 8838822         | 4/28/2021 | Fuses - PA                           | 46.14       | 46.14       |
| 10/12/2021              | 0036418 | PA FAR WEST MACHINE &, HY | 0921-3575C      | 9/10/2021 | Basic reseal, long black cylinder    | 374.48      | 374.48      |
| 10/12/2021              | 0040272 | MATT'S TOOLS USA LLC      | 120946          | 9/28/2021 | MLW2792 M18 bluetooth jobsite        | 301.92      | 301.92      |
| 10/12/2021              | 0041488 | WEX BANK DBA WRIGHT EXP   | 4953444 - 09192 | 9/19/2021 | Fuel purchases, Juvenile - PA 1      | 53.32       |             |
|                         |         |                           | 4953444-09192   | 9/21/2021 | Fuel purchases - CCSO S327           | 38.10       | 91.42       |
| 10/12/2021              | 0043469 | PETROCARD                 | 426535-IN       | 9/15/2021 | FR 4210D020 GPM System - L           | 579.72      | 579.72      |
| Sub total for U S BANK: |         |                           |                 |           |                                      |             | 58,642.11   |

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| Check #    | Date    | Vendor                   | Invoice        | Inv Date  | Description              | Amount Paid | Check Total |
|------------|---------|--------------------------|----------------|-----------|--------------------------|-------------|-------------|
| 10/12/2021 | 0000023 | ADVANCED TRAVEL          | FRAKE090921    | 9/9/2021  | J FRAKER TRAVEL REIMBUR  | 195.52      |             |
|            |         |                          | KINGM090921    | 9/9/2021  | MATT KING TRAVEL REIMBUR | 195.52      | 391.04      |
| 10/12/2021 | 0000039 | ALBINA FUEL              | 0289334-DM     | 9/17/2021 | SQ FOG SEALING - DEMURR  | 217.60      | 217.60      |
| 10/12/2021 | 0000091 | ANGELES MILLWORKS & LUM  | 297056         | 9/29/2021 | MAINTENANCE SUPPLIES - C | 130.55      |             |
|            |         |                          | 297170         | 9/30/2021 | MAINTENANCE SUPPLIES - C | 8.38        | 138.93      |
| 10/12/2021 | 0000244 | BRUCH & BRUCH CONSTRUCT  | 0210953-IN     | 9/20/2021 | MAINTENANCE SUPPLIES - L | 6,410.96    | 6,410.96    |
| 10/12/2021 | 0000329 | CO-OP FARM AND GARDEN,   | 155882         | 9/22/2021 | MAINTENANCE SUPPLIES - S | 9.97        | 9.97        |
| 10/12/2021 | 0000377 | PACWEST MACHINERY LLC    | 20349969       | 9/27/2021 | RENTAL ROLLER - SQ       | 5,548.80    | 5,548.80    |
| 10/12/2021 | 0000546 | EXPRESS SERVICES, INC    | 26056482-10101 | 9/22/2021 | 09/13/21~09/19/21 ROADS  | 5,179.59    | 5,179.59    |
| 10/12/2021 | 0000594 | DECKER CITY HARDWARE, TI | 669189         | 9/15/2021 | MAINTENANCE SUPPLIES - L | 42.30       | 42.30       |
| 10/12/2021 | 0000599 | FORKS OUTFITTERS         | CO848 091521   | 9/15/2021 | MAINTENANCE SUPPLIES - L | 6.50        | 6.50        |
| 10/12/2021 | 0000674 | GOVCONNECTION, INC.      | 71802476       | 9/3/2021  | LAPTOPS                  | 4,751.86    |             |
|            |         |                          | 71860510       | 9/20/2021 | LAPTOP CASES             | 213.79      | 4,965.65    |
| 10/12/2021 | 0000677 | GRAINGER INC             | 9057257447     | 9/17/2021 | ENGINEERING SUPPLIES     | 58.79       | 58.79       |
| 10/12/2021 | 0000709 | HARBOR SAW & SUPPLY      | 673726         | 9/22/2021 | MAINTENANCE SUPPLIES - L | 113.45      |             |
|            |         |                          | 672685         | 9/15/2021 | MAINTENANCE SUPPLIES - L | 31.78       | 145.23      |
| 10/12/2021 | 0000714 | HARTNAGEL BLDG SUPPLY IN | 343242         | 9/27/2021 | ENGINEERING SUPPLIES     | 688.56      | 688.56      |
| 10/12/2021 | 0000810 | JERRYS SMALL ENGINES     | 51349          | 9/23/2021 | MAINTENANCE SUPPLIES - L | 423.15      | 423.15      |
| 10/12/2021 | 0000885 | LAKESIDE INDUSTRIES, INC | 174699         | 9/18/2021 | HMA COMM, TACK - PA      | 55,795.92   | 55,795.92   |
| 10/12/2021 | 0001540 | SWAIN'S GENERAL STORE IN | 291518         | 9/27/2021 | ENGINEERING SUPPLIES     | 141.16      | 141.16      |
| 10/12/2021 | 0001551 | TACOMA SCREW PRODUCTS    | 100042028-00   | 9/27/2021 | MAINTENANCE SUPPLIES - P | 1,226.25    | 1,226.25    |
| 10/12/2021 | 0001612 | UNITED RENTALS, INC      | 197391037-001  | 9/22/2021 | MAINTENANCE RENTAL - SQ  | 3,141.80    | 3,141.80    |
| 10/12/2021 | 0001820 | ZEE MEDICAL SERVICE CO   | 68418120-10101 | 9/22/2021 | MAINTENANCE SUPPLIES - L | 202.48      |             |
|            |         |                          | 68418027-10101 | 9/8/2021  | MAINTENANCE SUPPLIES - P | 32.84       | 235.32      |
| 10/12/2021 | 0004211 | CENTURYLINK              | 6835282-090821 | 9/8/2021  | 360-683-5282 747B        | 127.73      | 127.73      |
| 10/12/2021 | 0017663 | ARAMARK UNIFORM SVCS IN  | 512000148725   | 9/21/2021 | LAUNDRY SERVICE - PA     | 16.32       |             |
|            |         |                          | 512000153758   | 9/28/2021 | LAUNDRY SERVICE - PA     | 16.32       |             |
|            |         |                          | 512000150714   | 9/23/2021 | LAUNDRY SERVICE - LC     | 16.27       |             |
|            |         |                          | 512000150764   | 9/23/2021 | LAUNDRY SERVICE - SQ     | 16.27       | 65.18       |
| 10/12/2021 | 0021386 | STAPLES ADVANTAGE        | 3488223286     | 9/25/2021 | OFFICE SUPPLIES - ACCT   | 172.80      | 172.80      |
| 10/12/2021 | 0026957 | LEITZ FARMS INC          | 23173          | 9/20/2021 | MAINTENANCE SUPPLIES - C | 668.15      | 668.15      |
| 10/12/2021 | 0038717 | KING, MATT               | KINGM090821    | 9/8/2021  | TRAVEL EXPENSE REIMBUR   | 13.75       | 13.75       |
| 10/12/2021 | 0041605 | HOME DEPOT PRO           | 641456108      | 9/16/2021 | MAINTENANCE SUPPLIES - D | 1,254.18    |             |
|            |         |                          | 641456116      | 9/16/2021 | MAINTENANCE SUPPLIES - C | 40.64       | 1,294.82    |

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| Check #                 | Date    | Vendor                | Invoice      | Inv Date  | Description               | Amount Paid | Check Total |
|-------------------------|---------|-----------------------|--------------|-----------|---------------------------|-------------|-------------|
| 10/12/2021              | 0042302 | FRAKER, JEREMY        | FRAKER090821 | 9/8/2021  | TRAVEL REIMBURSEMENT      | 13.75       | 13.75       |
| 10/12/2021              | 0045429 | CASCADE GEOSYNTHETICS | CAS101567    | 9/23/2021 | ENGINEERING SUPPLIES - 69 | 10,852.81   |             |
|                         |         |                       | CAS101519    | 9/17/2021 | ENGINEERING SUPPLIES - 69 | 3,808.00    | 14,660.81   |
| Sub total for U S BANK: |         |                       |              |           |                           |             | 101,784.51  |

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Final Check List  
CLALLAM COUNTY

Public Works

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| Check #                 | Date    | Vendor                   | Invoice        | Inv Date  | Description                 | Amount Paid | Check Total |
|-------------------------|---------|--------------------------|----------------|-----------|-----------------------------|-------------|-------------|
| 10/12/2021              | 0000546 | EXPRESS SERVICES, INC    | 26056482-43401 | 9/22/2021 | 09/13/21~09/19/21 BBWA      | 527.35      | 527.35      |
| 10/12/2021              | 0001300 | PUBLIC UTILITY DISTRICT  | 24561-092221   | 9/22/2021 | 08/18/21~09/19/21 BULLMAN E | 69.67       | 69.67       |
| 10/12/2021              | 0000074 | AM TEST, INC.            | 122421         | 7/19/2021 | TESTING SERVICES - WWTP     | 180.00      | 180.00      |
| 10/12/2021              | 0000594 | DECKER CITY HARDWARE, TI | 670573         | 9/22/2021 | MAINTENANCE SUPPLIES - V    | 169.35      | 169.35      |
| 10/12/2021              | 0000546 | EXPRESS SERVICES, INC    | 26056482-41401 | 9/22/2021 | 09/13/21~09/19/21 WWTP      | 213.03      | 213.03      |
| 10/12/2021              | 0001156 | OLYPEN INC               | 210925-0010    | 9/30/2021 | CBCQPOTW@OLYPEN RENE        | 200.00      | 200.00      |
| 10/12/2021              | 0001300 | PUBLIC UTILITY DISTRICT  | 23007-092221   | 9/22/2021 | 08/19/21~09/20/21 176 FRONT | 755.74      |             |
|                         |         |                          | 22991-092221   | 9/22/2021 | 08/19/21~09/20/21 15180 HWY | 181.99      |             |
|                         |         |                          | 23040-092221   | 9/22/2021 | 08/19/21~09/20/21 FRONT ST  | 163.83      |             |
|                         |         |                          | 23221-092221   | 9/22/2021 | 08/19/21~09/20/21 12901 HWY | 155.99      | 1,257.55    |
| 10/12/2021              | 0001621 | USA BLUE BOOK            | 725216         | 9/13/2021 | MAINTENANCE SUPPLIES - V    | 102.37      | 102.37      |
| 10/12/2021              | 0045452 | WILSON ENGINEERING LLC   | 16429          | 9/20/2021 | WWTP VALUE PLANNING         | 5,040.00    | 5,040.00    |
| 10/12/2021              | 0001300 | PUBLIC UTILITY DISTRICT  | 119586-092321  | 9/23/2021 | 08/18/21~09/17/21 1453 W WA | 63.69       | 63.69       |
| Sub total for U S BANK: |         |                          |                |           |                             |             | 7,823.01    |

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| Check #    | Date    | Vendor                   | Invoice        | Inv Date  | Description               | Amount Paid | Check Total |
|------------|---------|--------------------------|----------------|-----------|---------------------------|-------------|-------------|
| 10/12/2021 | 0000159 | BOB BARKER CO INC        | 1653837        | 8/12/2021 | BOARD GAMES FOR THE INM   | 1,070.03    | 1,070.03    |
| 10/12/2021 | 0000360 | CLALLAM COUNTY ER&R      | 2021.254E      | 9/21/2021 | RENTAL OF CHAIN GANG VEI  | 3,800.00    |             |
|            |         |                          | 2021.228E      | 9/14/2021 | LABOR ON CHAIN GANG, PAT  | 1,188.00    | 4,988.00    |
| 10/12/2021 | 0000363 | CLALLAM COUNTY SHERIFF   | 100121         | 10/1/2021 | REIMBURSEMENT FOR RATIO   | 78,861.73   | 78,861.73   |
| 10/12/2021 | 0000491 | DOOLEY ENTERPRISES INC   | 61283          | 9/13/2021 | AMMUNITION                | 4,957.91    | 4,957.91    |
| 10/12/2021 | 0000546 | EXPRESS SERVICES, INC    | 26056488       | 9/22/2021 | CALL CENTER REPRESENTA    | 894.00      |             |
|            |         |                          | 26038418       | 9/15/2021 | CALL CENTER REPRESENTA    | 715.20      | 1,609.20    |
| 10/12/2021 | 0001136 | OLYMPIC MEDICAL CENTER   | 460176-Sep21   | 9/5/2021  | BLOOD DRAWS               | 283.75      | 283.75      |
| 10/12/2021 | 0001165 | ORKIN PEST CONTROL INC   | 217324028      | 9/28/2021 | PEST CONTROL - SLIP POINT | 132.37      | 132.37      |
| 10/12/2021 | 0001300 | PUBLIC UTILITY DISTRICT  | 115366-Sep21a  | 9/23/2021 | UTILITIES - EDWARDS RD E  | 227.54      |             |
|            |         |                          | 88052-Sep21    | 9/13/2021 | UTILITIES - KITFOX LN     | 47.41       | 274.95      |
| 10/12/2021 | 0001540 | SWAIN'S GENERAL STORE IN | 291445         | 9/24/2021 | CHAIN GANG SUPPLIES       | 40.17       | 40.17       |
| 10/12/2021 | 0001543 | SWANSONS SERVICES CORP   | 1496393        | 9/16/2021 | ADMISSION KITS            | 1,125.00    |             |
|            |         |                          | 1496148        | 9/16/2021 | CANDY SNACK KITS - COVID  | 200.00      |             |
|            |         |                          | 1499203        | 9/16/2021 | INDIGENT PACKS            | 48.00       |             |
|            |         |                          | 1496321        | 9/9/2021  | INDIGENT PACKS            | 43.00       | 1,416.00    |
| 10/12/2021 | 0001545 | SYMBOL ARTS              | 0405873-IN     | 9/27/2021 | SHERIFF BADGES            | 1,366.01    | 1,366.01    |
| 10/12/2021 | 0001641 | VERIZON WIRELESS         | 9888548250     | 9/15/2021 | CELL PHONE SERVICE        | 3,707.78    | 3,707.78    |
| 10/12/2021 | 0001650 | VIKING SEW & VAC         | 641745         | 9/21/2021 | SEW ON PATCHES, HEM SLA   | 102.27      |             |
|            |         |                          | 147282         | 8/3/2021  | SEW ON PATCHES - AMY      | 34.82       | 137.09      |
| 10/12/2021 | 0001828 | NIKOLA ENGINEERING INC   | 48618          | 9/17/2021 | END POINTS SEP 2021       | 1,014.20    | 1,014.20    |
| 10/12/2021 | 0002929 | WA ST TREASURER, ATTN: S | 3rd Qtr 2021   | 9/21/2021 | STATE'S PORTION OF SEIZU  | 2,707.50    | 2,707.50    |
| 10/12/2021 | 0003461 | BENEDICT, WILLIAM        | 093021         | 9/30/2021 | MILEAGE                   | 252.22      | 252.22      |
| 10/12/2021 | 0004211 | CENTURYLINK              | 206-T01-0387-S | 9/16/2021 | DATA CONNECTION 9/16/21 - | 215.37      |             |
|            |         |                          | 360-457-9044-S | 9/14/2021 | TELEPHONE SERVICE 9/14/2  | 66.71       |             |
|            |         |                          | 360-457-2911-S | 9/14/2021 | TELEPHONE SERVICE 9/14/2  | 64.34       |             |
|            |         |                          | 206-Z14-0050-S | 9/14/2021 | TELEPHONE SERVICE 9/14/2  | 64.02       | 410.44      |
| 10/12/2021 | 0018023 | EVIDENT                  | 182738B        | 9/8/2021  | SSHAFT SWABS & DISTILLED  | 634.00      |             |
|            |         |                          | 183704A        | 9/17/2021 | DISPOSABLE MASKS          | 359.84      | 993.84      |
| 10/12/2021 | 0021387 | SQUAD ROOM EMBLEMS       | 091321         | 9/13/2021 | SHOULDER PATCHES AND SI   | 807.50      | 807.50      |
| 10/12/2021 | 0026757 | BAXTER AUTO PARTS        | 15663-6829     | 9/20/2021 | RMT SUPPLIES              | 7.06        | 7.06        |
| 10/12/2021 | 0032992 | STYLER EMBROIDERY & DES  | 011793a        | 9/23/2021 | BALL CAPS FOR OPNET       | 69.40       | 69.40       |

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| Check #                 | Date    | Vendor                  | Invoice      | Inv Date   | Description              | Amount Paid | Check Total |
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| 10/12/2021              | 0037042 | OFFICE DEPOT            | 193176200001 | 9/13/2021  | OFFICE SUPPLIES          | 287.21      |             |
|                         |         |                         | 195328823001 | 9/14/2021  | OFFICE SUPPLIES          | 232.84      |             |
|                         |         |                         | 193175925001 | 9/13/2021  | OFFICE SUPPLIES          | 121.17      |             |
|                         |         |                         | 193176204001 | 9/11/2021  | OFFICE SUPPLIES          | 91.07       |             |
|                         |         |                         | 195351979001 | 9/14/2021  | OFFICE SUPPLIES          | 43.52       | 775.81      |
| 10/12/2021              | 0037247 | HAIR BY NICOLE          | 9-28-21      | 9/28/2021  | INMATE HAIRCUTS          | 105.00      | 105.00      |
| 10/12/2021              | 0039085 | HUNTINGTON, SARAH       | 05760        | 9/23/2021  | JAIL SUPPLIES            | 18.89       | 18.89       |
| 10/12/2021              | 0041605 | HOME DEPOT PRO          | 640009643    | 9/9/2021   | KITCHEN SUPPLIES         | 94.46       | 94.46       |
| 10/12/2021              | 0041809 | CI TECHNOLOGIES, INC    | 3806         | 9/22/2021  | IAPRO ANNUAL SOFTWARE M  | 2,450.00    | 2,450.00    |
| 10/12/2021              | 0043498 | SOUND UNIFORM SOLUTIONS | 202 109SU056 | 9/8/2021   | UNIFORM - HOLLIS         | 556.51      |             |
|                         |         |                         | 202 109SU055 | 9/8/2021   | UNIFORM - MOON           | 556.51      |             |
|                         |         |                         | 202 108SU263 | 8/27/2021  | UNIFORM - GRIBBON        | 556.51      |             |
|                         |         |                         | 202 108SU264 | 8/27/2021  | UNIFORM - P WOOLMAN      | 556.51      |             |
|                         |         |                         | 202 109SU062 | 9/8/2021   | UNIFORM - MINKS          | 536.38      | 2,762.42    |
| 10/12/2021              | 0045739 | HID GLOBAL CORPORATION  | 13402006121  | 9/8/2021   | NEW LIVESCAN PC, PRINTEF | 3,268.30    |             |
|                         |         |                         | 13407000257  | 11/3/2020  | CREDIT MEMO AFTER FINAL  | -544.00     |             |
|                         |         |                         | 9870281      | 11/13/2020 | CREDIT MEMO FOR OVERPA   | -860.80     | 1,863.50    |
| Sub total for U S BANK: |         |                         |              |            |                          |             | 113,177.23  |

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| Check #                 | Date    | Vendor                    | Invoice     | Inv Date  | Description              | Amount Paid | Check Total |
|-------------------------|---------|---------------------------|-------------|-----------|--------------------------|-------------|-------------|
| 10/12/2021              | 0001136 | OLYMPIC MEDICAL CENTER    | OMC 9/30/21 | 9/30/2021 | INMATE MEDICAL           | 2,692.14    | 2,692.14    |
| 10/12/2021              | 0004826 | OLYMPIC MEDICAL PHYSICIAN | 71227726270 | 9/30/2021 | INMATE MEDICAL           | 24.21       | 24.21       |
| 10/12/2021              | 0024409 | ULINE                     | 138680758   | 9/15/2021 | LABELS FOR MEDICAL FILES | 210.14      | 210.14      |
| 10/12/2021              | 0025115 | RADIA INC PS              | Z8FRG0K     | 9/30/2021 | INMATE MEDICAL           | 11.32       | 11.32       |
| 10/12/2021              | 0041537 | MCKESSON MEDICAL-SURGI    | 18428989    | 8/13/2021 | CLINIC SUPPLIES          | 251.91      |             |
|                         |         |                           | 18433814    | 8/16/2021 | CLINIC SUPPLIES          | 221.21      |             |
|                         |         |                           | 18406242    | 8/6/2021  | CLINIC SUPPLIES          | 189.12      |             |
|                         |         |                           | 18383870    | 8/4/2021  | CLINIC SUPPLIES          | 111.84      |             |
|                         |         |                           | 18419023    | 8/11/2021 | CLINIC SUPPLIES          | 80.72       |             |
|                         |         |                           | 18433811    | 8/16/2021 | CLINIC SUPPLIES          | 69.00       |             |
|                         |         |                           | 18394095    | 8/4/2021  | CLINIC SUPPLIES          | 50.19       |             |
|                         |         |                           | 18401787    | 8/5/2021  | CLINIC SUPPLIES          | 17.40       |             |
|                         |         |                           | 18446703    | 8/18/2021 | CLINIC SUPPLIES          | 13.11       |             |
|                         |         |                           | 18400343    | 8/5/2021  | CLINIC SUPPLIES          | 8.70        |             |
|                         |         |                           | 18396094    | 8/4/2021  | CLINIC SUPPLIES          | 5.80        |             |
|                         |         |                           | 18450944    | 8/19/2021 | CLINIC SUPPLIES          | 5.80        |             |
|                         |         |                           | 18427868    | 8/12/2021 | CLINIC SUPPLIES          | 5.37        |             |
|                         |         |                           | 18457682    | 8/20/2021 | CLINIC SUPPLIES          | 3.49        | 1,033.66    |
| Sub total for U S BANK: |         |                           |             |           |                          |             | 3,971.47    |

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Final Check List  
CLALLAM COUNTY

Superior Court (1)

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| Check # | Date       | Vendor  | Invoice                 | Inv Date  | Description                 | Amount Paid | Check Total |
|---------|------------|---------|-------------------------|-----------|-----------------------------|-------------|-------------|
|         | 10/12/2021 | 0045731 | RODRIGUEZ, JAMES ARTHUR | 9/30/2021 | 20-2-00554-05, AYON V. HYDE | 438.75      |             |
|         |            |         | ROD1731416              | 9/30/2021 | 21-2-00044-05, BRISTOW V. K | 195.00      | 633.75      |
|         |            |         |                         |           | Sub total for U S BANK:     |             | 633.75      |

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Final Check List  
CLALLAM COUNTY

Superior Court (2) Page: 1

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| Check #    | Date    | Vendor                     | Invoice      | Inv Date  | Description                    | Amount Paid | Check Total |
|------------|---------|----------------------------|--------------|-----------|--------------------------------|-------------|-------------|
| 10/12/2021 | 0000359 | CLALLAM COUNTY PUBLIC      | WS2021.226E  | 9/29/2021 | 9/07/21-TRAVEL FEES CLALLA     | 267.64      | 267.64      |
| 10/12/2021 | 0000494 | DRAKES U-BAKE PIZZA & SUE  | DRA1731242   | 9/29/2021 | 8/19/21-ST. V. MAHLUM, 20-1-   | 184.46      |             |
|            |         |                            | DRA731245    | 9/29/2021 | 8/19/21-ST. V. HARRISON, 20-   | 160.77      |             |
|            |         |                            | DRA1731243   | 9/29/2021 | 8/19/21-ST. V. HICKLIN, 20-1-C | 160.25      |             |
|            |         |                            | DRA1731241   | 9/29/2021 | 8/19/21-ST. V. DIETZ, 19-1-004 | 149.35      |             |
|            |         |                            | DRA1731244   | 9/29/2021 | 8/19/21-ST. V. LADD, 21-1-000  | 141.21      | 796.04      |
| 10/12/2021 | 0000918 | LINCOLN STREET STATION     | 193549       | 9/29/2021 | 8/26/21-RETURN DUPLICATE       | 26.60       | 26.60       |
| 10/12/2021 | 0001032 | MULLINS, MARK D            | MUL1731254   | 9/29/2021 | 21-4-00121-05, IN RE HALE, G   | 1,524.12    | 1,524.12    |
| 10/12/2021 | 0001113 | OFFICE DEPOT, INC          | 189043476001 | 9/29/2021 | 8/18/21-PAPER, CLOCK, POST     | 339.23      |             |
|            |         |                            | 192845964001 | 9/29/2021 | 9/08/21-BABY WIPES, COURT      | 72.23       |             |
|            |         |                            | 192844787001 | 9/29/2021 | 9/08/21-HIGHLIGHTERS, LEG      | 56.36       |             |
|            |         |                            | 192845966001 | 9/29/2021 | 9/08/21-INK STAMP, OFFICE S    | 9.34        | 477.16      |
| 10/12/2021 | 0001148 | OLYMPIC SPRINGS INC        | 341058       | 9/29/2021 | 8/03/21-WATER FOR JURY RC      | 25.95       | 25.95       |
| 10/12/2021 | 0001179 | PACIFIC OFFICE EQUIPMENT   | 1086194      | 9/29/2021 | 8/2021-CONTRACT COST RAT       | 115.59      |             |
|            |         |                            | 1086197      | 9/29/2021 | 8/2021-CONTRACT COST RAT       | 29.68       |             |
|            |         |                            | 1086196      | 9/29/2021 | 9/2021-CONTRACT BASE RAT       | 27.20       |             |
|            |         |                            | 1086192      | 9/29/2021 | 9/2021-CONTRACT BASE RAT       | 27.20       |             |
|            |         |                            | 1086195      | 9/29/2021 | 9/2021-CONTRACT BASE RAT       | 17.41       |             |
|            |         |                            | 1086193      | 9/29/2021 | 8/2021-CONTRACT COST RAT       | 6.44        | 223.52      |
| 10/12/2021 | 0001764 | WEST PAYMENT CENTER, TH    | 845026832    | 9/29/2021 | SEPTEMBER 2021-LIBRARY F       | 252.42      | 252.42      |
| 10/12/2021 | 0004357 | WA ASSOC OF DRUG COURT     | 0053         | 9/29/2021 | 2021-2022, ANNUAL DC ASSO      | 250.00      | 250.00      |
| 10/12/2021 | 0020134 | STANLEY B MYERS, JR, ATTOM | Y1731252     | 9/29/2021 | 19-1-00034-05, ST. V. LETELLI  | 437.50      | 437.50      |
| 10/12/2021 | 0020805 | WATTS, JOHN                | WAT1731304   | 9/29/2021 | 8/14/21-DRUG COURT CONF.       | 359.50      | 359.50      |
| 10/12/2021 | 0025252 | JOSEPH JENSEN, PH.D        | 4385         | 9/29/2021 | 21-8-00018-05, ST. V. D. MURI  | 1,475.00    |             |
|            |         |                            | 4287         | 9/29/2021 | 20-8-00094-05, ST. V. LYMAN,   | 1,475.00    | 2,950.00    |
| 10/12/2021 | 0037934 | MATTHEW BENDER & CO INC    | 27369552     | 9/29/2021 | 9/17/21-WA APP RPTS 2D BNI     | 34.54       |             |
|            |         |                            | 26782286     | 9/29/2021 | 8/11/21-WA APP RPTS 2D BNI     | 34.54       | 69.08       |
| 10/12/2021 | 0039420 | MUCKLEY, TIFFANY           | MUC1731250   | 9/29/2021 | AUGUST 2021-MILEAGE FOR        | 128.80      |             |
|            |         |                            | MUC1731251   | 9/29/2021 | SEPT 2021-MILEAGE FOR DE       | 128.24      | 257.04      |
| 10/12/2021 | 0044356 | BOSTON, JOANNA             | BOS1731239   | 9/29/2021 | 8/16/21-DEPENDENCY 201 CL      | 9.15        | 9.15        |
| 10/12/2021 | 0045725 | ABC FORMS LLC              | 81           | 9/29/2021 | 9/16/21-ORDER SETTING SCH      | 443.86      | 443.86      |
| 10/12/2021 | 0045730 | ESCALANTE, SHERI           | ESC1731316   | 9/29/2021 | 21-1-00007-05, ST. V. LANDRI   | 180.00      | 180.00      |

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Sub total for U S BANK: 8,549.58

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Final Check List  
CLALLAM COUNTY

*Treasurer*

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| Check #                 | Date    | Vendor                 | Invoice   | Inv Date  | Description             | Amount Paid | Check Total |
|-------------------------|---------|------------------------|-----------|-----------|-------------------------|-------------|-------------|
| 10/12/2021              | 0000331 | CLALLAM COUNTY AUDITOR | 21-135125 | 9/28/2021 | DFL REMOVAL RECORDING 2 | 204.50      |             |
|                         |         |                        | 21-135126 | 9/28/2021 | DFL REMOVAL RECORDING 2 | 204.50      |             |
|                         |         |                        | 21-135138 | 9/28/2021 | DFL REMOVAL RECORDING 2 | 204.50      | 613.50      |
| Sub total for U S BANK: |         |                        |           |           |                         |             | 613.50      |

apChkLst  
10/01/2021 8:25:37AM

Final Check List  
CLALLAM COUNTY

Veterans

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                     | Invoice        | Inv Date  | Description | Amount Paid | Check Total |
|-------------------------|---------|----------------------------|----------------|-----------|-------------|-------------|-------------|
| 10/1/2021               | 0001252 | PORT ANGELES, CITY OF      | FJ3911 9/30/21 | 9/30/2021 | UTILITIES   | 445.38      | 445.38      |
| 10/1/2021               | 0019262 | PARTNERS IN WELL-BEING, II | GC1731 9/30/21 | 9/30/2021 | MEDICAL     | 250.00      | 250.00      |
| 10/1/2021               | 0020849 | U S BANK                   | GC1731 9/30/21 | 9/30/2021 | FOOD        | 350.00      |             |
|                         |         |                            | LR0480 9/30/21 | 9/30/2021 | FUEL        | 250.00      |             |
|                         |         |                            | MD6930 9/30/21 | 9/30/2021 | FOOD        | 200.00      |             |
|                         |         |                            | LV9835 9/30/21 | 9/30/2021 | FOOD        | 100.00      |             |
|                         |         |                            | MR0685 9/30/21 | 9/30/2021 | FOOD        | 100.00      |             |
|                         |         |                            | RA5095 9/30/21 | 9/30/2021 | FOOD        | 100.00      |             |
|                         |         |                            | TR1745 9/30/21 | 9/30/2021 | FOOD        | 100.00      |             |
|                         |         |                            | LV9835 9/30/21 | 9/30/2021 | FOOD        | 50.00       |             |
|                         |         |                            | MR0685 9/30/21 | 9/30/2021 | FOOD        | 50.00       |             |
|                         |         |                            | RA5095 9/30/21 | 9/30/2021 | FUEL        | 50.00       |             |
|                         |         |                            | TR1745 9/30/21 | 9/30/2021 | FOOD        | 50.00       | 1,400.00    |
| 10/1/2021               | 0035808 | HIGHLAND COMMONS           | MT6122 9/30/21 | 9/30/2021 | RENT        | 599.00      | 599.00      |
| Sub total for U S BANK: |         |                            |                |           |             |             | 2,694.38    |

apChkLst  
10/06/2021 9:48:06AM

Final Check List  
CLALLAM COUNTY

WSU Ext

Page: 1

Bank : apbank U S BANK

| Check #                 | Date    | Vendor                  | Invoice   | Inv Date  | Description             | Amount Paid | Check Total |
|-------------------------|---------|-------------------------|-----------|-----------|-------------------------|-------------|-------------|
| 10/12/2021              | 0000360 | CLALLAM COUNTY ER&R     | 2021.252E | 10/1/2021 | SEPTEMBER 2021 RENTAL O | 405.00      | 405.00      |
| 10/12/2021              | 0045254 | SLEDGEHAMMER MARKETIN(5 |           | 10/1/2021 | MARKETING/SOCIAL MEDIA  | 1,350.00    | 1,350.00    |
| Sub total for U S BANK: |         |                         |           |           |                         |             | 1,755.00    |



## BOARD of CLALLAM COUNTY COMMISSIONERS MINUTES for the week of October 4 - 8, 2021

1b  
10/12/21

### WORK SESSION – 9 a.m.

The work session convened at 9 a.m., Monday, October 4, 2021. Present were Commissioners Ozias and Peach and Administrator Sill. All appeared by video. Commissioner Johnson was excused.

Items of discussion per the agenda published September 30 were:

- Calendar/Correspondence
- Letter of support for Clallam Transit System Bus and Bus Facilities Program application
- Pre-application questionnaire for Stop Formula Grant
- Agreement with Kitsap Public Health District for Youth Marijuana Prevention and Education AND Commercial Tobacco Prevention Programs
- Agreement with Washington State Health and Human Services for Developmental Disabilities Services
- Agreement with County of San Juan for detention holds and services
- Purchase order for annual software renewal for VMware
- Pre-application questionnaire for Department of Justice equipment grant
- Resolution initiating a County road project designated as CRP C1257, Sequim Dungeness / Woodcock Roundabout
- Resolution initiating a County road project designated as CRP C1258, 2021 Countywide Overlay Project
- Discussion regarding dredge project in La Push Marina
- Letter of support for the Clallam County Broadband Project
- Resolution appointing Walter Morton to the Sheriff's Citizens Advisory Committee

Meeting adjourned at 10:22 a.m.

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

Chair Ozias called the meeting to order at 10 a.m., Tuesday, October 5, 2021. Also present were Commissioner Peach and Administrator Sill. All appeared by video. Commissioner Johnson was excused.

### REQUEST FOR MODIFICATIONS/APPROVAL OF AGENDA

**ACTION TAKEN:** CBPm to adopt the agenda as presented, CMOs, mc

### PUBLIC COMMENT

- Ed Bowen, Clallam Bay, commented on overlay project, Department of Community Development, Charter Review Commission, review of the Clallam County Charter (see attached).
- Renee Renninger, Carlsborg, commented on COVID.
- Tammi Moses, Joyce, commented on RV Ordinance, mental health crisis.

### CONSENT AGENDA

- 1a Approval of vouchers for the week of September 27
- 1b Approval of payroll for the period ending September 15
- 1c Approval of minutes for the week of September 27
- 1d Letter of support for the Clallam County Broadband Project
- 1e Proclamation recognizing the second Monday of October, 2021 as Indigenous Peoples' Day
- 1f Proclamation recognizing October 2021 as Disability Employment Awareness Month

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

**BOARD of CLALLAM COUNTY COMMISSIONERS**  
**MINUTES for the week of October 4 – 8, 2021**  
**Page 2**

**REPORTS AND PRESENTATIONS**

- CMO read the Proclamation recognizing the second Monday of October, 2021 as Indigenous Peoples' Day.
- CMO read the Proclamation recognizing October 2021 as Disability Employment Awareness Month.
  - Karen Pierce, Pierce Jones and Associates, made comments.
- CBP commented on Legislative session, House Bill 1152, Board of Health, County Health Officer, salmon recovery, climate change.
- CMO commented on Governor Inslee, Composite Recycling Technology Center, Dungeness Levee Setback Project.

**CONTRACTS AND AGREEMENTS**

2a Agreement with Washington State Administrative Office of the Courts for Blake decision reimbursement

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

2b Agreement with Washington State Department of Ecology for Solid Waste activities

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

**BIDS AND AWARDS**

3a Notice of call for bids to be received no later than 10 a.m. Tuesday, October 26, 2021 for Carpet Replacement – Superior Court II Courtroom & Hallway

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

3b Bid award and request the Chair to sign the contract once received with Interwest Construction, Inc. for the Sequim-Dungeness / Woodcock Roundabout Project CRP C1257

**ACTION TAKEN: CBPm to approve and authorizes the Chair to sign the contract once available, CMOs, mc**

3c Bid award and request the Chair to sign the contract once received with Lakeside Industries, Inc. for the 2021 Countywide Overlay Project CRP C1258

**ACTION TAKEN: CBPm to approve and authorizes the Chair to sign the contract once available, CMOs, mc**

3d Request for proposals opening Behavioral Health Proposals 2022

| <b><u>Contractor</u></b>              | <b><u>Amount</u></b>    |
|---------------------------------------|-------------------------|
| Port Angeles Fire Department          | \$99,600/\$101,600      |
| Serenity House of Clallam County      | \$130,435/\$133,352     |
| Transformations by Olympic Angels     | \$14,939/\$41,004       |
| West End Outreach Services            | \$46,925/\$46,925       |
| First Step Family Support Center      | \$121,351/\$127,419     |
| Sequim High School                    | \$162,960/\$170,000     |
| Peninsula Behavioral Health           | \$181,250/\$181,250     |
| Peninsula Behavioral Health           | \$18,000/\$18,000       |
| Peninsula Behavioral Health           | \$18,032/\$18,032       |
| Olympic Peninsula Community Clinic    | \$685,090/\$690,095     |
| Lutheran Community Services           | \$105,336/\$111,784     |
| Lutheran Community Services           | \$68,922/\$73,993       |
| Reflections Counseling Services Group | \$189,800/\$189,800     |
| Reflections Counseling Services Group | \$0/\$35,000            |
| Olympic Personal Growth Center        | \$87,900/\$87,900       |
| Cedar Grove Counseling                | \$40,598.40/\$40,598.40 |

**ACTION TAKEN: CBPm to forward the request for proposals to the Health and Human Services for review and recommendation, CMOs, mc**

**BOARD of CLALLAM COUNTY COMMISSIONERS**  
**MINUTES for the week of October 4 – 8, 2021**  
**Page 3**

**ADMINISTRATION**

4a Approval of the 2020 Clallam County Charter Review Commission County Commissioners' Formal Response to Recommendations

**ACTION TAKEN: CBPm to adopt, CMOs, mc**

4b Purchase order for annual software renewal for VMware

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

**PUBLIC WORKS**

5a Resolution initiating a County road project designated as CRP C1257, Sequim Dungeness / Woodcock Roundabout

**ACTION TAKEN: CBPm to adopt, CMOs, mc**

5b Resolution initiating a County road project designated as CRP C1258, 2021 Countywide Overlay Project

**ACTION TAKEN: CBPm to adopt, CMOs, mc**

**PUBLIC COMMENT**

- Ed Bowen, Clallam Bay, commented on roads.
- Carey Seefeld, Joyce, commented on in person / virtual meetings, RV Ordinance, public meetings.
- Karen Pierce, Port Angeles, commented on County Health Department, in person / virtual meetings.
- Clark Hallam, Joyce, commented on in person / virtual meetings, RV Ordinance.

Meeting concluded at 11:22 a.m. and continued to 9 a.m., Monday, October 11, 2021.

There are no Zoom chat logs for the week of October 11.

The Board of Commissioners attended WSAC Virtual COVID Update and a COVID-19 Briefing during the week of October 4.

PASSED AND ADOPTED this twelfth day of October 2021.

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mark Ozias, Chair

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

\_\_\_\_\_  
Bill Peach

ATTEST:

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

**KEY TO ABBREVIATIONS:**

ARS Administrator Rich Sill  
CMO Commissioner Mark Ozias  
CRJ Commissioner Randy Johnson  
CBP Commissioner Bill Peach

m moved  
mc motion carried  
s seconded

**Gores, Alanna**

Public comment  
Ed Bowen  
10/5/21

**From:** Ed Bowen <rockypt@olypen.com>  
**Sent:** Tuesday, October 05, 2021 10:08 AM  
**To:** Gores, Alanna  
**Cc:** Peach, Bill  
**Subject:** Documents for BOCC 5OCT2021 Public Comment  
**Attachments:** 23 January 2020 CCCRC Petition.pdf; 13FEB2020 CCCRC Petition.pdf; 20FEB2020 CCCRC Petition.pdf

\*\*\* EXTERNAL EMAIL \*\*\* This message was sent from outside our County network.

Submitted documents I would normally provide during public comment if in person. Request these be included in regards to public comment at the BOCC 5 Oct 2021 at the beginning for agenda items, 4a CRC Recommendations

Ed Bowen  
P.O. Box 111  
Clallam Bay, WA 98326



Virus-free. [www.avg.com](http://www.avg.com)

23 January 2020

Chair  
Clallam County Charter Review Commission

I petition the Clallam County Charter Review Commission to consider the following, as one, for inclusion in changes to the Clallam County Charter, for a vote of the people November 3<sup>rd</sup>, 2020:

Taxes and Fees

- Newly implemented fees imposed by the county that are not a requirement of the RCW or Federal Code requires a simple majority vote of the people for approval.
- Increase in fees imposed by the county that exceed 1% annually, except if stipulated otherwise by RCW or Federal Code requires a simple majority vote of the people for approval.
- Any new tax imposed by the county, regardless of whether authorized by RCW or Federal Code, or by enactment of county ordinance requires a simple majority vote of the people for approval. (not taxes required by RCW or Federal Code)
- Any tax by the county or any portion of a tax that the county receives from another taxing authority can only be diverted by county legislative authority from a specific designated use to other/new use after an advisory vote by the people has taken place.

This petition is for the purpose of addressing two needs on behalf of the citizens of the county:

- The question of taxes versus fees receiving equal constitutional representation will be satisfied.
- An approval vote will satisfy the lack of representation for the burden new taxes have (and the rate of dependence on creating new taxes) on the tax base. And an advisory vote reflects the will of the people while the representative county legislative decision has an effective means to manage the distribution of collected taxes, whether general or specific in purpose.

I look forward to your deliberation on this subject matter; I make myself available and willing to provide further details in discussion amongst the commissioners.

Thank you for considering my petition. I represent myself in this petition, as a tax paying citizen of this county.

Ed Bowen  
PO Box 111  
Clallam Bay, WA 98326

13 February 2020

Chair  
Clallam County Charter Review Commission

I petition the Clallam County Charter Review Commission to consider the following, as one, for inclusion in changes to the Clallam County Charter, for a vote of the people November 3<sup>rd</sup>, 2020:

**County Jurisdiction Relinquishment**

- The County must take measures to maintain jurisdiction:
  - As a viable tax base
    - Include impact to the remaining tax base if such relinquishment takes place, take a position in any process to insure the remaining tax base does not incur an increased financial burden from the reduction in said 'lost' tax base.
    - Address the impact if the result of such relinquishment is dissimilar jurisdictions (or checkerboard jurisdictions) by mitigation with the gaining jurisdiction
  - Retaining lands in fee simple or the county has a fiduciary interest
    - Other interest, laws and regulations aside from the County's that creates an encumbrance on such title, including implied and practiced, that precludes the citizens of the county from full use and enjoyment
    - Fiduciary interest is defined and defended as a momentary interest that directly benefits the county's annual budget described in the charter.
  - For continuity of land use regulations
    - Such relinquishment should minimize conflicts in such regulations between both sides of a boundary line
  - Maintaining what the character of the county is
    - Character is defined by the people who live here, collectively and not special interest.
      - Sub categories of this in ordinance and RCW is "Rural Character". Maintaining that is not by changing the definition in a planning action.
- Changes to the county's jurisdiction:

- If the county is petitioned to comment on a government action that will change jurisdiction the county must inform the people similar to when zoning is changed and noticed to adjacent landowners/signage of the action. In addition, a public hearing must take place prior to the deadline of the petition in order to give the public at large the due process to comment on such action and the county to represent those points of views.
- If the County is taking the action to change jurisdiction itself, an advisory vote of the people is required
- If the budget of the county is affected by an indirect jurisdictional concern, the county must defend such concern up to and including legal action to defend the interest of those taxed to fuel the budget. Any change to what may be considered a non-momentary benefit for a fiduciary obligation to the county must only be upon a vote of a simple majority in favor by the people.
  - Regarding the county's representation of disbursement to junior taxing districts of their interest, any policy must be with full approval of those junior taxing districts and a public hearing for the public at large.

This petition is for the purpose of addressing needs on behalf of the citizens of the county, and for clarity for the citizens on what hasn't taken place regarding such jurisdictional changes of past:

- Transfer of jurisdiction for tribal reservations, tribal trust lands, and lands purchased by tribes not held in trust.
- Federal land expansion: National Park Service by act of Congress, lands held by the Federal government but no action to transfer jurisdiction, US Forest Service and "Proclaimed" forest boundaries, marine environment/coastal zone jurisdiction (3 miles), military reservations
- NGO Land Trust and Open Space in regards to the effect on the tax base
- Fiduciary has it best example of the recent deferment of State Forest Trust Lands, lands that are those of the county that were taken from them by the state for the purpose of management and placed in trust for the benefit of the county and its related junior taxing districts. This concept is under attack by efforts to undercut that trust responsibility and also redefine just what "compensation" is. Also the discriminatory action of the state to not include Grays Harbor in the required takeover/jurisdictional change to date.

I look forward to your deliberation on this subject matter; I make myself available and willing to provide further details in discussion amongst the commissioners.

Thank you for considering my petition. I represent myself in this petition, as a tax paying citizen of this county.

Ed Bowen  
PO Box 111  
Clallam Bay, WA 98326

20 February 2020

Chair  
Clallam County Charter Review Commission

I petition the Clallam County Charter Review Commission to consider the following, as one, for inclusion in changes to the Clallam County Charter, for a vote of the people November 3<sup>rd</sup>, 2020:

**County Resources and Accountability for Natural Resources Inventory**

- The County must take measures to insure its invested natural resource interest has an accountable inventory:
  - As a viable operational and capital improvement funding stream
    - County timber trust lands (WDNR State Forest Transfer Trust) provide a reliable funding stream for the operational and infrastructure in providing core services to the citizens; as long as there is a realistic inventory of just what those assets are in providing that funding stream.
    - The inventory must provide reliability and confidence in sustaining the budgetary needs of the county
  - 2015 Charter Review Commission (CRC) made recommendation to the Board of County Commissioners (BOCC) that resulted in establishing a trust land advisory committee to serve for one year.
    - Trust land committee discussed the inventory issue, and the creation of the Chief Financial Officer appears to have started incorporating that idea. One thought the committee had: a county forester that would understand the timber related aspects of the inventory question. Recommendation to continue this idea in parallel with the CFO's roll in the direction the Charter might provide is needed with the ever changing issue of the county's 93,000+ acres it is the beneficiary agent to receiving and distribution of funds received.
    - Other natural resource trust lands (likely the Capital Trust) that benefit the local schools should partner with such a county forester, given similar inventory and reliable funding issues.
    - The request at the 2015 CRC to petition the withdrawal of the mentioned county trust lands from State (WDNR) trustee and management returning to full management by the county is still a possible solution and should be continued to be considered.

- Grays Harbor County retained its natural resource lands, of the timber counties that were affected by the State transfer action.
  - It has not transferred, or held accountable to the State's action since. A bias exist, and thus an argument to make all counties right. This is the purpose of the Charter in this case, to hold local accountability and representation for the will of the people governed.
- Suggest the Charter include, or recommendation made to the BOCC that the Trust Land Advisory Committee be convened at least once during the 5 year period between CRC to address the status of the inventory and make Charter/county policy recommendations to address issues. It would probably be best if the task was a function of the CFO so as to tie in to what improvements of all the county asset forecasts the CFO has been working on in recent times.
- The Charter should be amended to specify the accountability of the timber and other natural resource assets either owned outright or a fiduciary obligation to its benefit; that accountability is a requirement of the Board of County Commissioners with the support and reporting by the county departments and the other elected officials of the county.
  - Similar in concept to a balance budget amendment, with the goal that such accountability cannot rely on a credit due.
  - That any natural resource funding stream that is diminished due to the inventory accuracy of the asset cannot be a negative component of and justification for a levy on private property without the vote of the people.
  - Deferments of the asset, to include arrearages for failing to meeting harvest calculations will be challenged on any legal merit.

This petition is for the purpose of addressing needs on behalf of the citizens of the county, and for clarity for the citizens on what hasn't taken place regarding such natural resource inventory that significantly impacts the funding of core, county and junior taxing district services:

- Core county services have been impacted by the reduction in natural resource harvest revenue generation. The State has managed a vast majority of these resources and the evidence has shown since the last CRC that management for the best interest of these services continues to be without a viable solution (improving the benefit to the beneficiary). Making suggestions that the State legislature will bail us out is false hope, this short session where specific

solutions have been introduced are coming up short. The willingness of the property owners to cover this short fall has been demonstrated by the example of Clallam Fire District 4 in a levy lift. But that is not making up for the shortfall that the natural resource harvest revenue should have provided over the past 15 to 20 years, and won't provide in the future because of a declining calculation overburdened with deferments and other regulatory barriers. Great example is the lack of an adequate fire station that was built by the community but not allowed to build a better one on their own sweat-equity so that it might survive the Big One. Regulation results in a cost prohibitive solution. And this is just the icing on the cake, budgetary impact when it comes to CFD 5.

- How can one manage a resource when they don't even know what they have in inventory? A vast majority of inventory records are based on modeling and checking which way the wind is blowing. Many times the inventory isn't even known until a harvest sale is developed, and that can take much time/out of date by the time the action takes place.
- The limitation is driven from a desired affect by a Federal regulation called the ESA Habitat Conservation Plan, but the Federal government doesn't take responsibility for the impact of that imposition the county is faced with in providing core services, and beyond what was guaranteed at statehood or county acquisition. Secure Rural Schools (county offset for loss of US Forest Service harvest) and Payment In Lieu of Taxes is not a payable/reimbursable when impacting State or county trust lands.
- The Charter is the place for the county to take responsibility of its own affairs and not depend on the welfare of the upper levels of government to create something counterproductive. This is not succession, but establishing a key aspect of the state's constitution that the authority is granted by the consent of the governed. That authority I argue is better represented at the lowest level of those to be granted... our county.

I look forward to your deliberation on this subject matter; I make myself available and willing to provide further details in discussion amongst the commissioners.

Thank you for considering my petition. I represent myself in this petition, as a tax paying citizen of this county.

Ed Bowen  
PO Box 111  
Clallam Bay, WA 98326



# AGENDA ITEM SUMMARY

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

LC  
10/12/21

Department: BOCC

WORK SESSION ☒ Meeting Date: 10-4-2021

REGULAR AGENDA ☒ Meeting Date: 10-12-2021

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 - Letter of Support |

**Executive summary:**

Clallam Transit System's (CTS) will be submitting an application for approximately \$5,177,000 for the Federal Transit Administration ("FTA") Fiscal Year 2021 -- Section 5339(b) Grant for Bus and Bus Facilities Program, through the Washington State Department of Transportation, to purchase three (3) heavy-duty clean diesel (biodiesel-compatible) replacement buses, three (3) electric heavy-duty replacement buses, and supporting charging infrastructure.

Approval of a letter of support for Clallam Transit System - FTA 5339(b) Bus and Bus Facilities Program.

**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?)

Approval of a letter of support for Clallam Transit System - FTA 5339(b) Bus and Bus Facilities Program.

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

**Name of Employee/Stakeholder attending meeting:** Board of Commissioners and Clallam Transit System – Kevin Gallacci

**Relevant Departments:** Board of Commissioners

**Date submitted:** 9-24-21

\* 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)



**MARK OZIAS, District 1, Chair**  
**RANDY JOHNSON, District 2**  
**BILL PEACH, District 3**

## 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@co.clallam.wa.us](mailto:commissioners@co.clallam.wa.us)

**RICH SILL, County Administrator**

October 12, 2021

Nuria Fernandez  
Administrator  
Federal Transit Administration (FTA)  
U.S. Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, D.C. 20590

### **RE: Clallam Transit System Letter of Support - FTA 5339(b) Bus and Bus Facilities Program**

Dear Administrator Fernandez:

On behalf of the Board of Clallam County Commissioners, we strongly support Clallam Transit System's (CTS) application for approximately \$5,177,000 for the Federal Transit Administration ("FTA") Fiscal Year 2021 -- Section 5339(b) Grant for Bus and Bus Facilities Program, through the Washington State Department of Transportation, to purchase three (3) heavy-duty clean diesel (biodiesel-compatible) replacement buses, three (3) electric heavy-duty replacement buses, and supporting charging infrastructure.

It is our understanding CTS is committed to maintaining an ongoing state of good repair by adhering to its established vehicle replacement schedule. Reliable and efficient vehicles are so crucial to creating a dependable public transit system. In addition, replacing older higher polluting equipment with a combination of newer technology and zero emission buses continues to move CTS towards lower overall emissions of its transit fleet.

In the best interests of protecting public health and the environment, Washington State is committed to reducing its carbon footprint in many categories, especially transportation, and transit systems are expected to progress towards zero-emission vehicles. If awarded, these grant funds would assist Clallam Transit in beginning the process of diversifying its heavy-duty diesel bus fleet to include zero-emissions electric buses at a realistic and manageable pace.

With recent upgrades to Clallam Transit's fleet, Clallam Transit has successfully positioned itself to begin augmenting its fleet with zero-emission electric buses without compromising the dependability and reliability the public expects. This project supports the values and strategic goals of Clallam Transit and would improve air quality within the communities of Clallam County and more specifically within the Port Angeles Opportunity Zone, and the Lower Elwha Klallam Tribal Community.

The Board of Clallam County Commissioners are pleased to support this application for funding and would ask your consideration of this request.

Sincerely,

Clallam County Board of Commissioners

---

Mark Ozias, Chair

---

Randy Johnson

---

Bill Peach

Cc: Kevin Gallacci – Clallam Transit

DRAFT

ld  
10/12/21



## PROCLAMATION

### RECOGNIZING RESILIENCE AWARENESS MONTH IN CLALLAM COUNTY

**WHEREAS**, there is compelling scientific evidence of a correlation between negative childhood experiences (known as Adverse Childhood Experiences [ACEs]) and the resulting lifespan challenges when ACEs are unrecognized and unaddressed; and

**WHEREAS**, additional findings in the 20 years since the publication of the ACE Study inform us of other adverse events to also be correlated to negative behavioral and health outcomes, such as toxic stress; historical, structural, environmental or community experiences of trauma; and

**WHEREAS**, resilience is an antidote and there is compelling scientific evidence that, being able to rely on relationships to access resources and support in those moments of need, can transform potentially toxic experiences into tolerable ones, and

**WHEREAS**, resilience needs to be nurtured throughout the life-span; resilience is fostered through supportive relationships with caring adults and experiences that strengthen our core adaptive skills; resilience is built through Protective Factors at the community, organizational and individual levels; and

**WHEREAS**, the Clallam Resilience Project envisions a community aware of and actively practicing individual and community resilience strategies during this time of COVID, racial inequity and other ACEs;

**NOW THEREFORE, WE THE BOARD OF CLALLAM COUNTY COMMISSIONERS** hereby proclaim the month of October, 2021 to be the third annual Resilience Month in Clallam County and urge all residents to learn about ACEs and create a community conversant in resilience strategies. Throughout October there are multiple public, free NEAR Science trainings, explaining how neuroscience, epigenetics, ACEs, and resilience can inform ALL individuals towards a community of hope and healing.

Signed this twelfth day of October 2021

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mark Ozias, Chair

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

\_\_\_\_\_  
Bill Peach



## AGENDA ITEM SUMMARY

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

29  
10/12/21

Department: Juvenile Services

WORK SESSION ☒ Meeting Date: 10/4/21

REGULAR AGENDA ☒ Meeting Date: 10/12/2021

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 #851.21.007 |                                                |
| <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:

Renew Interlocal Agreement between San Juan County and Clallam County Juvenile & Family Services for detention holds and services.

**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?** ☐

Resulting revenue has been included in the budget.

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

Review and sign.

County Official signature & print name:

Jody Jacobsen Jody Jacobsen  
Name of Employee/Stakeholder attending meeting: Jody Jacobsen / Giddy Hanson

Relevant Departments: \_\_\_\_\_

Date submitted: 09/29/2021

\* 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)

# INTERLOCAL AGREEMENT FOR USE OF CLALLAM COUNTY JUVENILE CORRECTION FACILITIES

THIS AGREEMENT is made and entered into by and between the COUNTY OF CLALLAM, a political subdivision of the State of Washington (hereinafter "CLALLAM"), and the COUNTY OF SAN JUAN, a political subdivision of the State of Washington (hereinafter "SAN JUAN") pursuant to the provisions of RCW 39.34, Washington's Interlocal Cooperation Act.

1. Purpose: The purpose of this agreement is to memorialize the terms and conditions under which CLALLAM will provide juvenile offender confinement services to SAN JUAN.
2. Definition of Juvenile Offenders from SAN JUAN: The phrase "Juvenile Offender from SAN JUAN" as used in this Agreement shall mean a child under the age of eighteen (18) and over the age of twelve (12) arrested by law enforcement on behalf of SAN JUAN, and held and confined in the Juvenile Corrections Facility pursuant to the violation of a State or Federal law which designates the crime for the person is held to be a misdemeanor, gross misdemeanor, or felony.
3. The Availability of Juvenile Detention Facilities: CLALLAM agrees to furnish its facilities and personnel for the confinement of juvenile offenders from SAN JUAN in the same manner and to the same extent as CLALLAM furnishes said services for the confinement of its own juveniles. CLALLAM Juvenile Correction Facilities shall be made available and furnished for juvenile offenders from SAN JUAN held upon arrest, awaiting trial, and serving imposed detention terms. When detention is at maximum capacity, housing of juvenile offenders from SAN JUAN shall be at the discretion of the Director of Juvenile Services for CLALLAM or a designee.
4. Juvenile Detention Daily Fee: SAN JUAN agrees to pay CLALLAM a daily fee for the housing of juveniles while in detention at a rate of \$130.00 per day per juvenile. The day shall begin at time of admission and be calculated on 24 hour intervals until final discharge. There shall be no pro-rating for partial days.
5. Medical/Mental Health/Substance Use Disorder and/or Other Health Care Expenses: During the time and while a person is a juvenile offender from SAN JUAN, SAN JUAN shall be responsible for all necessary medical, dental, mental health, substance use disorder and or other health related expenses incurred by or on behalf of the juvenile offender. SAN JUAN agrees to pay CLALLAM a flat rate of \$100.00 per day per juvenile for additional court-ordered mental health and substance use disorder services. If, in the judgment of the Director or a designee, needed health care cannot be provided except outside of the Clallam County Juvenile Corrections Facility, then costs and charges associated with said outside health care shall be borne by SAN JUAN including all additional costs associated with guarding the juvenile offender outside of the CLALLAM Juvenile Corrections Facility. SAN JUAN authorizes the Director or a designee to solicit such health care for the juvenile offender. If such services are necessary before admission to the Juvenile Corrections Facility can occur, then SAN JUAN agrees to transport said juvenile offender for the receipt of such care.
6. Method and Time of Payment of Fee: Amounts due under the terms of this Agreement shall be due and payable within thirty (30) days for and after receipt of an itemized invoice. CLALLAM agrees to bill monthly for all sums.
7. Financing: SAN JUAN agrees to maintain a budget sufficient to cover any and all expenditures required under this agreement. SAN JUAN further agrees to provide CLALLAM with thirty (30) days advance written notice in the event that funding for this agreement becomes unavailable.

8. Transportation: SAN JUAN shall be responsible for transportation of all its juvenile offenders to the Juvenile Corrections Facility for initial intake, to and from appointments as necessary, and upon final release. Transportation of juvenile detainees to and from the William Fairchild International Airport shall be provided by CLALLAM. Transportation shall be provided in the same manner as would be for a detainee under the jurisdiction of CLALLAM County Juvenile Department.
9. Copy of Arrest Warrant or Citation: SAN JUAN law enforcement officers placing criminally charged juveniles in the Juvenile Corrections Facility shall, in every instance, furnish an arrest warrant or a copy of the citation to the Corrections Officer on duty at the time.
10. Transfer of Custody: SAN JUAN law enforcement officers placing arrested juveniles in shall be required to remain in the immediate presence of the juvenile offender and shall be considered to have such person in their sole custody until the Corrections Officer receives the completed authorization for confinement form from the SAN JUAN officer and audibly states that the juvenile is secured and at such time, and only then, will CLALLAM come into custody of the juvenile; provided provision for emergency situations shall be established by uniform CLALLAM administrative regulations.

When custody of a juvenile offender from SAN JUAN is transferred to CLALLAM, the juvenile offender shall be subject to all applicable rules, regulations, and standards governing operation of the Juvenile Corrections Facility, including any emergency security rules imposed by the Director or a designee. Any SAN JUAN law enforcement officer delivering a juvenile offender to the Juvenile Corrections Facility shall comply with all rules and regulations of CLALLAM.

When a juvenile offender from SAN JUAN is released to SAN JUAN law enforcement personnel pursuant to paragraphs 14(a), (b), (c), or (e), or is released to SAN JUAN law enforcement for any other reason, custody of said juvenile offender shall revert to SAN JUAN until such time as the juvenile is returned to the Juvenile Corrections Facility and a Corrections Officer audibly states that the juvenile offender is again in CLALLAM'S custody.
11. Record Keeping: CLALLAM agrees to maintain a system of record keeping relative to the intake and confinement of each juvenile offender from SAN JUAN in such style and manner as equivalent to CLALLAM'S records pertaining to its own juveniles. CLALLAM shall make available, upon request, to SAN JUAN or its authorized representatives, copies of said record. Upon disposition of the SAN JUAN County case, SAN JUAN agrees to timely report the disposition of such case to the Juvenile Corrections Facility in order to facilitate the maintenance of up-to-date criminal disposition records.
12. Posting of Bail: CLALLAM agrees to act as agent for SAN JUAN in the receipt of bail posted pertaining to juvenile offenders from SAN JUAN. During normal working hours, CLALLAM agrees to diligently and timely deliver or hand over said bail bonds or monies to SAN JUAN; provided that, bail bonds or monies received by CLALLAM during other than normal working hours shall be delivered to SAN JUAN during the business hours immediately subsequent thereto.
13. Access to Juveniles: SAN JUAN law enforcement officers shall have the right to interview juvenile offenders at any time inside the confines of the Juvenile Corrections Facility, subject only to necessary security rules. Interview rooms will be made available to SAN JUAN law enforcement officers in equal priority with those of any other law enforcement departments.
14. Release of SAN JUAN County Juvenile Offender from Detention: No juvenile offender from SAN JUAN confined in detention shall be released therefrom, except:
  - a) when requested by SAN JUAN law enforcement;
  - b) by order of the District Court, Superior Court, or Juvenile Division in those matters in which said courts have jurisdiction;

- c) for appearance in the court in which the juvenile offender is charged;
- d) in compliance with a writ of habeas corpus;
- e) for interviews by the SAN JUAN County or U.S. Attorney, or members of SAN JUAN law enforcement;
- f) if the juvenile has served his sentence or the charge pending against said juvenile has been dismissed, or bail or other recognizance has been posted as required by court;
- g) the juvenile offender does not meet detention criteria as outlined in RCW 13.40.038, 13.40.040, and 13.40.050 and standard detention criteria.

15. Defense. Indemnity. Hold Harmless: CLALLAM assumes full responsibility for the health, safety, and safekeeping of all Juvenile Offenders from SAN JUAN following their transfer into the custody of CLALLAM. CLALLAM shall defend, indemnify, and hold harmless SAN JUAN and its elected officials, officers, agents and employees, or any of them, from any and all claims, actions, suits, liability, loss, costs, expenses, and damages of any nature whatsoever, by reason of or arising out of any negligent act or omission of CLALLAM, its officers, agents, and employees, or any of them in connection with its/their performance under the terms of this Agreement.

In the event that any such claim, action or suit is brought against SAN JUAN, CLALLAM shall defend the same at its sole cost and expense; provided, that, SAN JUAN retains the right to participate in said claim, action, or suit if any principle of governmental or public law is involved; and if final judgment be rendered against SAN JUAN, and its officers, agents, and employees, or any of them, or jointly against SAN JUAN and CLALLAM and their respective officers, agents, and employees, or any of them, CLALLAM shall satisfy the same.

SAN JUAN shall defend, indemnify, and hold harmless CLALLAM and its elected officials, officers, agents, and employees, or any of them, from any and all claims, actions, suits, liability, loss, costs, expenses, and damages of any nature whatsoever, by reason of or arising out of any negligent act or omission of SAN JUAN, its officers, agents, and employees, or any of them in connection with its/their performance under the terms of this Agreement.

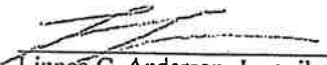
In the event that any such claim, action, or suit is brought against CLALLAM, SAN JUAN shall defend the same at its sole cost and expense; provided that CLALLAM retains the right to participate in said claim, action, or suit if any principle of governmental or public law is involved; and if final judgment be rendered against CLALLAM, its officers, agents, and employees, or any of them, or jointly against CLALLAM and SAN JUAN and their respective officers, agents, and employees, or any of them, SAN JUAN shall satisfy the same.

In executing this Agreement, CLALLAM does not assume liability or responsibility for or in any way release SAN JUAN from any liability or responsibility, which arises in whole or in part from the existence or effect of any SAN JUAN ordinance, rule, or regulation. If any cause, claim, suit, action or administrative proceeding related to this agreement is commenced against CLALLAM in which the enforceability and/or validity of a SAN JUAN ordinance, rule, or regulation is at issue, SAN JUAN shall defend the same at its sole expense and if judgment is entered or damages are awarded against CLALLAM, SAN JUAN shall satisfy the same, including all chargeable costs and attorney's fees.

16. Detention Rules and Regulations: At the time that the custody of the juvenile offender from SAN JUAN is transferred to CLALLAM, the juvenile offender shall be subject to all applicable rules, regulations, and standards governing operation of the CLALLAM County Juvenile Corrections Facility.
17. Property: The parties will neither acquire nor hold real or personal property pursuant to this agreement. Thus, there will not be a need to dispose of any property in the event this agreement is terminated.

18. Duration of Agreement: This agreement shall be effective beginning July 1, 2020, and expire on June 30, 2022, unless terminated sooner consistent with the terms of this agreement.
19. Termination: Either party may terminate this Agreement with a minimum of thirty (30) days written notice. In the event of termination, SAN JUAN will be liable for costs incurred up to and including the effective date of termination.
20. Designated Administrators: CLALLAM'S Juvenile Services Director, in consultation with SAN JUAN'S Juvenile Services Director shall administer this Agreement pursuant to RCW 39.34.030 (4)(a).
21. Entire Agreement and Amendments: This Agreement contains the entire agreement of the parties and may be modified only by mutual written agreement of the parties hereto.

**SAN JUAN COUNTY JUVENILE COURT SERVICES:**

  
10/21/2020  
Linnea C. Anderson, Juvenile Court Administrator

  
11/06/2020  
Ron Krebs, Sheriff

APPROVED AS TO FORM ONLY  
San Juan County Prosecuting Attorney  
Randall K. Gaylord

  
Date: 11/5/20

FINAL APPROVAL  
San Juan County Manager  
Mike Thomas

  
Date: 11/9/2020

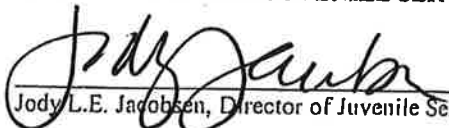
**CLALLAM COUNTY COMMISSIONERS:**

\_\_\_\_\_  
Mark Ozias, Chair

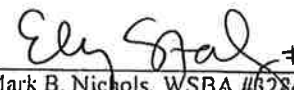
ATTEST:

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

**CLALLAM COUNTY JUVENILE SERVICES:**

  
Jody L.E. Jacobsen, Director of Juvenile Services

APPROVED AS TO FORM:

  
#51061  
Mark B. Nichols, WSBA #62848  
Deputy Prosecuting Attorney



## AGENDA ITEM SUMMARY

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

2b  
10/12/21

Department: Health & Human Services

WORK SESSION ☒ Meeting Date: October 4, 2021

REGULAR AGENDA ☒ Meeting Date: October 12, 2021

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 # 11301-21-KPHD-TOB |                                      |
| <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:

This contract is between Clallam County HHS and Kitsap County for the provision for Youth Marijuana Prevention and Education Program and the Commercial Tobacco Prevention Program. The period of performance is from July 1, 2021 to Dec. 31, 2021. This is a continuation of Youth Marijuana program tasks we have been contracting with since 2018. Maximum consideration for Youth Marijuana is \$21,122.00.

This is a continuation of Commercial Tobacco Prevention Program prevention and cessation tasks we have been contracting with since 2018. Funding sources for this grant are Tobacco & Vapor Product Prevention funds. Maximum consideration for CTPP is \$6,259.00.

**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?** ☒

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)  
Approve and move to regular board meeting for final signatures.

County Official signature & print name:  KEVIN L. PICCOLLO

Name of Employee/Stakeholder attending meeting: Christine Dunn

Relevant Departments: Health & Human Services

Date submitted: September 29, 2021

- \* 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)

2021-22 Agenda Item Summary  
Revised: 3-04-2019

## **Youth Marijuana Prevention & Education Program**

I began working under this contract in October of 2018.

Olympic YMPEP Goal: To embolden youth not to use marijuana and other substances by ensuring that policies protect youth, by strengthening community bonds around youth, and by creating environments that make it the easy choice not to use substances.

**3/1/2019 – 6/30/2019** I worked with local youth from Sequim and Joyce to put together a video documenting what they choose to do instead of using marijuana. This video was played before each movie that was shown at the Deer Park Cinema for a total of four months.

**4/17/2019** I worked with Washington State Department of Health to have the ability to tailor a “You Can, Marijuana Can’t” image into a billboard for a four month period. This billboard depicted a young person at graduation.

**4/30/2019** CCHHS/YMPEP hosted the trainer “Tall Cop Says Stop”. This presentation is from a former law enforcement officer and covers such topics as; Drug Concealment & Paraphernalia, Stash Compartments, Drug & Alcohol Clothing, E Cigarettes/Vape Pens, New Marijuana Products, Marijuana Wax & Oils, Opioid Trends, Synthetic Drugs and Concentrates & Inhalants.

**8/15/19** CCHHS/YMPEP hosted Dr. Esther Chung to present “ Legal Does Not Mean Safe: What Every Clinician Should Know”. Dr. Chung from the University of Washington, discussed such topics as; The known harmful effects of marijuana on health, described the potential for adverse neurodevelopmental outcomes on fetuses and newborns exposed to marijuana and considerations for hospital policies related to marijuana use in pregnancy.

**8/2019**The Olympic Region YMPEP (Kitsap, Clallam & Jefferson) completed a Community Readiness Assessment. The data from this assessment is being used to help guide future activities. The Olympic Region YMPEP also completed a follow-up mini-assessment in April of 2021.

**2019-2020** Established a relationship with local retailers. The main goal was to offer any requested educational materials that the retailer or their customers may want. Emphasis was placed on discussing locking up their marijuana with customers. CCHHS/YMPEP purchased lock

boxes specific to marijuana and made them available for a short period of time. Discussed how the retailer could maintain this moving forward. (This was stopped due to COVID-19 restrictions. Possible to move forward again as things open up).

**2019-2021** The Olympic Region YMPEP worked on the potential for local policy, systems and environmental changes (PSE's). The initial work was to determine what was already in place at the State and Local levels as well as research what other states had done. Each county in the Olympic Region gathered together a small workgroup to review the information gathered and to determine if there was a PSE that could be implemented within the county. It was decided that we could reach out to local Driver's Education Schools and offer additional materials around marijuana and driving. After several attempts were made and no response, I reached out to the Washington State Department of Licensing to ask what the current curriculum consisted of in relations to substances. My contact at DOL was on board for adding supplemental materials on substance use and its effects on driving ability statewide. I then reached out to prevention partners across the state to assess their willingness to work on this project and add materials related to substances other than marijuana. This project is still being worked on.

**7/2020 – Current** The Olympic Region YMPEP has participated in a statewide group where the focus was youth marijuana prevention and education and advocacy with legislators at the state level. "Prevention Voices" was created to help educate law-makers and decision-makers on marijuana and its effects on youth as it pertains to potential new legislation. Additionally, we will be working with youth this year to help them speak with decision-makers and legislators. We feel it is important to give them a voice to speak to what is important to them. The topics of substance use prevention and mental health will be discussed, but ultimately the youth will decide what is most important to them.

These are just some of the main projects that have been worked on in Clallam County and the Olympic Region. All of the work that we do is in keeping with the expectations laid out by WA DOH.

**PROFESSIONAL SERVICES AGREEMENT**  
**Between**  
**KITSAP PUBLIC HEALTH DISTRICT**  
**And**  
**CLALLAM COUNTY HEALTH & HUMAN SERVICES**

This Professional Services Agreement ("Agreement") is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as "District," and Clallam County Health & Human Services, hereinafter referred to as "Subrecipient." The parties mutually agree as follows:

1. **Period of Performance:** The period of performance of this Agreement shall begin July 1, 2021 and be completed no later than December 31, 2021, unless terminated sooner or extended as provided for herein.
2. **Purpose:** The District requires the expertise of this Subrecipient to develop and implement coordinated tobacco, vapor product, and marijuana intervention strategies to prevent and reduce commercial tobacco, vapor, and marijuana use by youth in Clallam County.
3. **Qualifications/Eligibility:** Subrecipient shall have the qualifications necessary to successfully complete the objectives of this Agreement. The Subrecipient hereby affirms that he/she is eligible to work in the United States as set forth in the Immigration Reform and Control Act (IRCA).
4. **Statement of Work and Budget:** Subrecipient shall furnish the necessary personnel, equipment material, and / or services and otherwise do all things necessary for or incidental to the performance of the work set forth in **ATTACHMENT A and ATTACHMENT B**, attached hereto and incorporated herein. **ATTACHMENT A** contains the Scope of Work and Budget concerning commercial tobacco and vaping prevention activities. **ATTACHMENT B** contains the Scope of Work and Budget for marijuana prevention activities.
5. **Compensation:** This Agreement is funded by state funds. The District agrees to pay Subrecipient a total sum of \$27,381 in state funds during the Agreement. The District shall reimburse Subrecipient for travel as applicable at the federally approved rate. Compensation will be based on invoices submitted by Subrecipient itemizing a detailed description of services performed per the agreed upon Scopes of Work and Budgets set forth respectively in **ATTACHMENTS A and B**.

Subrecipient shall submit a Monthly Expenditure Report and Request for Reimbursement (Form A-19) invoice voucher, hereto attached and herein incorporated as **ATTACHMENT C**, to the District for payment.

6. **Performance Requirements and Notices:** The assigned District staff shall monitor the performance of this Agreement, approve billings submitted by Subrecipient, and determine the acceptability of any reports provided by Subrecipient. District staff shall provide and facilitate assistance and guidance to Subrecipient as necessary.

The District reserves the right to conduct periodic performance and billing reviews after the execution of this Agreement in order to evaluate unspent/unclaimed funds. The District reserves for itself the authority to reallocate funding pending the outcome of such a review.

Subrecipient shall send programmatic communications, such as reports, via the communication method established by the District. Formal notices pursuant to this Agreement shall be sent to the staff responsible for project coordination as follows:

If to the District:

Kitsap Public Health District  
Attn: Yolanda Fong  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 728-2275  
[Yolanda.Fong@kitsappublichealth.org](mailto:Yolanda.Fong@kitsappublichealth.org)

If to the Subrecipient:

Clallam County HHS  
Attn: Kevin LoPiccolo  
111 E. 3<sup>rd</sup> Street  
Port Angeles, WA 98362  
(360) 417-2523  
[klopiccolo@co.clallam.wa.us](mailto:klopiccolo@co.clallam.wa.us)

7. **Special Billing Requirements:** Billings to the District shall be submitted no more frequently than every 30 days, and shall be quarterly at a minimum. Billings for services on a monthly fraction of the budget will not be accepted or approved. Billings shall be sent to:

Kitsap Public Health District  
Melissa Laird  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 728-2283

Authorized and allowable program expenditures will be reimbursed upon receipt and approval of the monthly A-19 must be provided to the District by the 20<sup>th</sup> of each month in order to receive reimbursement for the previous month. If the District does not receive the A-19 by the 20<sup>th</sup> of the month with the required deliverables, the District may withhold approval and payment at its discretion.

The District will pay Subrecipient all allowable costs incurred as evidenced by proper invoice of Subrecipient submitted to the District on a timely basis, insofar as those allowable and allocable costs do not exceed the amount appropriated or otherwise available for such purposes as stated herein or in subsequent amendments.

Backup documentation will be provided to the District with invoice. Backup documentation can include, but is not limited to: receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Failure to provide the required information may result in nonpayment of invoices or termination of this Agreement.

This is a subrecipient contract. All expenditures incurred, and reimbursements made for performance under this Agreement will be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this Agreement. Unexpended funds in each fiscal year may not be carried forward into the new budget period unless otherwise approved by the District.

For information in determining allowable costs, indirect rates and pass through agency requirements, such as fiscal monitoring of Subrecipients, please reference the document titled "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards:" (2 Code of Federal Regulation CFR 200).

Email submission of invoices, electronic reports, and deliverables is encouraged. However, original hardcopy of the A-19 is required and shall be mailed to the District.

Upon expiration of the Agreement, any claim for payment not already made shall be submitted to the District within 20 days after the expiration date.

8. **Independent Capacity:** Subrecipient and its employees or agents who are engaged in the performance of this Agreement shall continue to be employees or agents of Subrecipient and shall not be considered to be employees or agents of the District for any purpose.
9. **Rights in Data:** Unless otherwise provided, data which originates from this Agreement shall be "works for hire" as defined by the U.S. Copyright act of 1976 and shall be owned by the District. Data shall include, but not 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. The District maintains all rights to the license to publish, translate, reproduce, modify, deliver, dispose of the data, and to authorize others to do so.
10. **Indemnification:** Subrecipient shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the Subrecipient in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. However, that in the case of negligence of both the District and the Subrecipient, any damages allowed shall be levied in proportion to the percentage of negligence attributable to each party. Solely for the purposes of this provision, Subrecipient waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.
11. **Insurance:** Subrecipient shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Subrecipient, its agents, representatives, or employees.

**No Limitation.** Subrecipient's maintenance of insurance as required by the Agreement shall not be construed to limit the liability of Subrecipient to the coverage provided by such insurance, or otherwise limit the District's recourse to any remedy available at law or in equity.

#### A. Minimum Scope of Insurance

Subrecipient shall obtain insurance of the types described below:

1. **Automobile Liability** insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.
2. **Commercial General Liability** insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors and personal injury and advertising injury. The District shall be named as an insured under Subrecipient's Commercial General Liability insurance policy with respect to the work performed for the District.

3. Workers' Compensation coverage as required by the Industrial Insurance laws of the state of Washington.
4. Professional Liability insurance appropriate to the Subrecipient's profession. Subrecipient shall provide the District with proof of liability insurance or professional errors and omissions coverage as appropriate.

B. Minimum Amounts of Insurance

Subrecipient shall maintain the following insurance limits:

1. Automobile Liability insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident
2. Commercial General Liability insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
3. Professional Liability insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Automobile Liability, Professional Liability and Commercial General Liability insurance:

1. Subrecipient's insurance coverage shall be primary insurance as respect the District. Any insurance, self-insurance, or insurance pool coverage maintained by the District shall be excess of Subrecipient's insurance and shall not contribute with it.
2. Subrecipient's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the District.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

E. Verification of Coverage

Subrecipient shall furnish the District with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of Subrecipient before commencement of the work.

12. **Safeguarding of Information and Privacy:** The use or disclosure by any party of any information concerning a client obtained in providing service under this Agreement shall be subject to Chapter 42.56 RCW and Chapter 70.02 RCW, as well as 45 CFR Parts 160 and 164 and any other applicable federal and state statutes and regulations. Personal information collected, used or acquired in connection with this Agreement shall be used solely for the purposes of this Agreement. Subrecipient agrees not to release, divulge, publish, transfer, sell or otherwise make known to

unauthorized persons personal information without the express written consent of the agency or as provided by law.

Subrecipient agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to personal information. Any unauthorized access or use of confidential information must be reported to the District Privacy Officer at (360) 728-2232. The notification must be made in the most expedient time possible (usually within 24 hours of discovery) and without unreasonable delay, consistent with the legitimate needs of law enforcement, or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the data system.

The District reserves the right to monitor, audit, or investigate the use of personal information collected, used, or acquired by Subrecipient through this Agreement. The monitoring, auditing, or investigating may include but is not limited to "salting" by the District. Salting is the act of placing a record containing unique but false information in a database that can be used later to identify inappropriate disclosure of data contained in the database.

Subrecipient shall certify the return or destruction of all personal information upon expiration of the Agreement.

13. **Records Retention and Inspection:** The parties to this Agreement shall 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 shall be subject to the 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 shall have full access and the right to examine any of these materials during this period.

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 that party a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

14. **Written Policies and Procedures/Documents on File:** Written policies and procedures, consistent with federal and state regulations, as applicable, will be kept on file in the office of the Subrecipient and available for review at the request of District staff. Such policies and procedures will include, but not be limited to, as appropriate:

- Job Descriptions
- Confidentiality Policy
- Community Needs Assessment
- 5-Year Regional Strategic Plan (includes biennial work plan)

**Special Instructions:**

- a. Subrecipient must conduct criminal background checks for those staff, volunteer, contractor, or subcontractor working directly with youth (ages 0-17).

- b. Subrecipient must prohibit any staff, volunteer, contractor, or subcontractor with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this Agreement. This requirement is consistent with existing RCW 9.96A.020.

In addition, Subrecipient will keep on file and make available for review by District staff documents consistent with federal and state regulations that will include but are not limited to the latest agency audit and Subrecipient agreements. Subrecipient will include these requirements in all approved subcontracts.

15. **Required Reports:** Subrecipient will submit required reports using required forms according to procedures issued by the District.

Subrecipient will be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

Subrecipient will include all requirements listed above in all approved subcontracts.

Due dates outside the Budget Period are for reporting only. Subrecipient may not bill for work done outside the Budget Period.

16. **Statutory and Regulatory Compliance:** Subrecipient shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
17. **Compliance with State and Federal Confidentiality Laws:** Subrecipient shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of RCW 70.02, RCW 42.56, the Health Information Portability and Accountability Act, commonly known as HIPAA, or any regulations enacted pursuant to its provisions. An excerpt of certifications and assurances is herein attached as **ATTACHMENT D**.
18. **Certification Regarding Suspension and Debarment:** Subrecipient, by completing and returning to the District the "Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form," and completing, signing and returning to the District the "Certification Regarding Debarment, Suspension, Ineligibility or Voluntary Exclusion for Lower Tier Covered Transactions" form, (to be supplied to lower tier participants; see **ATTACHMENT E**), certifies that it is not debarred, suspended, or proposed for debarment by any federal agency.
19. **Federal Funding Restrictions and Limitations:** Please see **ATTACHMENTS A and B** for restrictions and limitations.
20. **Suspension of Performance and Resumption of Performance:** In the event contract funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to normal completion, the District may give notice to Subrecipient to suspend performance as an alternative to termination. The District may elect to give written notice to Subrecipient to suspend performance when the District determines that there is a reasonable

likelihood that the funding insufficiency may be resolved in a timeframe that would allow performance to be resumed prior to the end date of this Agreement. Notice may occur by facsimile or email to Subrecipient's representative. Subrecipient shall suspend performance on the date stated in the written notice to suspend. During the period of suspension of performance, each party may

inform the other of any conditions that may reasonably affect the potential for resumption of performance.

When the District determines that the funding insufficiency is resolved, the District may give Subrecipient written notice to resume performance and a proposed date to resume performance. Upon receipt of written notice to resume performance, Subrecipient will give written notice to the District as to whether it can resume performance, and if so, the date upon which it agrees to resume performance. If Subrecipient gives notice to the District that it cannot resume performance, the parties agree that the Agreement will be terminated retroactive to the original date of termination. If the date Subrecipient gives notice it can resume performance is not acceptable to the District, the parties agree to discuss an alternative acceptable date. If an alternative date is not acceptable to the District, the parties agree that the Agreement will be terminated retroactive to the original date of termination.

21. **Non-Discrimination:** Subrecipient shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
22. **Waiver:** A failure by either party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under his Agreement unless stated to be such in writing, signed by an authorized representative of the party and attached to the original Agreement.
23. **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 District, which consent shall not be unreasonably withheld.
24. **Amendments and Changes in Work:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.

In the event of any errors or omissions by Subrecipient in the performance for any work required under this Agreement, Subrecipient will make all necessary corrections without additional compensation. All work submitted by Subrecipient will be certified by Subrecipient and checked by Subrecipient for errors and omissions. Subrecipient will continue to be responsible for the accuracy of work even after the work is accepted by the District.

25. **Termination:** This Agreement may be terminated by either party upon giving at least 30 days advance written notice to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.
26. **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 15 working days. If the failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved part to the other.

27. **Termination for Funding:** If funding for the Agreement or matter is withdrawn, reduced or limited in any way after the Agreement is signed or becomes effective, the Parties may summarily terminate the Agreement notwithstanding any other termination provision in the Agreement. Termination under this provision will be effective upon the date specified in the written notice of termination. No costs incurred after the effective date of the termination will be paid.
28. **Choice of Law:** This Agreement is entered into pursuant to and under the authority granted by the laws of the State of Washington and applicable federal laws, both as to its interpretation and performance. The provisions of this Agreement shall be construed to conform to those laws. Any action at law, suit in equity, or judicial proceeding arising out of this Agreement shall be instituted and maintained only in any of the courts of competent jurisdiction in Kitsap County, Washington.
29. **Dispute Resolution:** In the event that a dispute or conflict arises under the Agreement that the Parties are unable to resolve with good faith efforts, they shall allow the dispute to be decided by a Dispute Panel in the following manner: A Mediator shall be mutually appointed by both parties, and each party shall appoint an additional member to the Dispute Panel. The Dispute Panel shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Panel shall be final and binding on the Parties hereto. The Parties shall equally share the costs, if any, for the services of the Dispute Panel.
30. **Severability:** If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall 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.
31. **Survival:** Those provisions of the Agreement that by their sense and purpose should survive expiration or termination of the Agreement shall so survive. Those provisions include, but are not necessarily limited to, the following: Indemnification, Termination, Disputes, Confidentiality, Choice of Law, Waiver, Records Inspection and Retention, and Severability.
32. **Subcontracting:** Subrecipient shall not enter into subcontracts for any of the work contemplated under this Agreement without prior written approval of the District. In no event shall the existence of the subcontract operate to release or reduce the liability of Subrecipient to the Department for any breach in the performance of Subrecipient's duties. This clause does not include contracts of employment between Subrecipient and personnel assigned to work under this Agreement.

Subrecipient is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Agreement are carried forward to any subcontracts. Subrecipient agrees not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons personal information without the express written consent of the District or as provided by law.

If at any time during the progress of the work, the District determines in its sole judgment that any contractor is incompetent, the District shall notify Subrecipient, and Subrecipient shall take immediate steps to terminate its Subrecipient's involvement in the work. The rejection or approval

by the District of any Subrecipient or the termination of a Subrecipient shall not relieve Subrecipient of any of its responsibilities under the Agreement, nor be the basis for additional charges to the District.

33. **Entire Agreement:** This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

KITSAP PUBLIC HEALTH DISTRICT

By:   
Keith Grellner, Administrator

Date: 7/7/2021

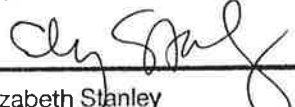
CLALLAM COUNTY  
BOARD OF COMMISSIONERS

By: \_\_\_\_\_  
Mark Ozias, Chair

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

| Funding Source                                                          |
|-------------------------------------------------------------------------|
| Program: CH<br>Federal Contract/Grant: DOH Con Con CLH18248 (KPHD 1749) |

Approved as to form only by:

  
Elizabeth Stanley  
Civil Deputy Prosecuting Attorney  
Clallam County

**ATTACHMENT A – COMMERCIAL TOBACCO PREVENTION PROGRAM**  
**Scope of Work and Budget**  
**Clallam Health and Human Services, Public Health Services**  
**July 1, 2021 – December 31, 2021**

As a subrecipient of KPHD under the Washington Department of Health funded *Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*, Clallam County agrees to the following activities for Commercial Tobacco Prevention funded in full or part by the associated budget.

| <i>Activity</i>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Planning</b>       | Participate in statewide commercial tobacco prevention coalition meetings as established.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Implementation</b> | <p><i>2021-2022 DOH Regional Requirements:</i></p> <ol style="list-style-type: none"> <li>1. In collaboration with priority population contractors, engage and educate internal and external decision makers, stakeholders, and community leaders about: <ol style="list-style-type: none"> <li>a. The value of local control in preventing initiation and continued use of commercial tobacco products that lead to tobacco-related health issues and health disparities.</li> <li>b. The value of a comprehensive tobacco prevention program to prevent the initiation of commercial tobacco product use among youth and young adults.</li> <li>c. Evidence-based and promising policy options to address the appeal of commercial tobacco products to youth and young adults, including the impact of commercial tobacco product flavors (including menthol) on youth initiation and use.</li> </ol> </li> <li>2. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing interventions.</li> <li>3. Plan and conduct a minimum of one meeting with the prevention-intervention lead at your region's Educational Service District to establish a connection, build relationships, and share resources.</li> <li>4. Promote the Washington State Quitline and self-help options for TUDT (Tobacco Use, Dependence, Treatment), including 2Morrow Health app (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco.</li> <li>5. In collaboration with CTPP, incorporate 2022-2022 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency communications, and report efforts in a template provided by the CTPP as part of the monthly reporting requirement.</li> <li>6. Disseminate TUDT resources provided by CTPP and/or developed locally to community-based organizations, centers, and networks supporting disparately affected communities that address emerging tobacco/e-cigarettes and are culturally &amp; linguistically appropriate, trauma-informed, &amp; equity-based.</li> <li>7. Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies; technical</li> </ol> |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <p>assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses; and to technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies.</p> <p>8. Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.</p> <p>Specific Clallam County activities are described in the 2021-2022 CTPP workplan. Workplans are subject to change. Any changes will be approved by both parties.</p> |
| <b>Monitoring and Reporting</b> | Monitor progress for each activity as appropriate; submit monthly narrative and data reports as requested by KPHD on the 5 <sup>th</sup> of every month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Midterm Evaluation</b>       | By February 1, 2022 report progress to CTPP Regional Coordinator. If needed, adjust activities to ensure spend down. Conduct a mid-year workplan reevaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Calls/Meetings</b>           | Participate in monthly conference call with KPHD and attend webinars as scheduled; respond to correspondences related to CTPP from the Department of Health; respond to activity assessments/surveys administered by KPHD as appropriate per scope of work.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Invoicing</b>                | Submit monthly invoices by the 20 <sup>th</sup> of the month following the month in which costs were incurred, except for the Final Expenditure Report and Request for Reimbursement in each federal fiscal year (due July 1, 2022). Invoices must include supporting documentation such as timecards for staff time and copies of invoices paid for goods and services.                                                                                                                                                                                                                                                      |

**Budget July 1, 2021 – December 31, 2021**

|                      | <i>Cost</i>       | <i>Description</i>                                             |
|----------------------|-------------------|----------------------------------------------------------------|
| Staff Salary         | \$3,000.00        | Prevention Specialist & Supervisor                             |
| Benefits             | \$1,300.00        |                                                                |
| Indirect             | \$1,020.00        | 34% of Salaries                                                |
| Goods & Services     | \$500.00          | Supplies, Outreach/Educ. Materials/Advertising/Comm. Trainings |
| Mileage              | \$250.00          | Mileage for Meetings                                           |
| Travel/Training      | \$189.00          | Training Expenses For Staff                                    |
| <b>Total Clallam</b> | <b>\$6,259.00</b> |                                                                |

**Funding Source**

| Chart of Accounts Program Name or Title | CFDA# | BARS Code | 7/1/21-12/31/21 |
|-----------------------------------------|-------|-----------|-----------------|
| Youth Tobacco Prevention (YTVPP)        |       |           | \$6,259         |
| <b>Total to Clallam</b>                 |       |           | <b>\$6,259</b>  |

**Subrecipient DUNS Number: 07-573-9235**  
**Subrecipient Indirect Rate: 34% of salary**  
**Research and Development: No**

**Federal Funding Accountability and Transparency Act (FFATA):** The Statement of Work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA) or the Transparency Act. The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and to be eligible to perform the activities in this statement of work, the Local Health Jurisdiction (LHJ) must have a Data Universal Numbering System (DUNS) number. Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://USASpending.gov) by DOH as required by P.L. 109-282.

**Federal Funding Restrictions and Limitations:**

- Recipient may not use federal funds for lobbying.
- Recipient may not use funds for research.
- Recipient may not use funds for clinical care.
- Recipient may not use funds to supplant existing state funding or to supplant funds from federal or state sources.
- Recipient may use funds only for reasonable program purposes, including personnel, travel, supplies, and sources.
- Recipient are the direct and primary recipients in a cooperative agreement program and must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipient are generally not allowed to use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Recipient may not be reimbursed for pre-award costs.

- i. Recipient may only use funds for evidence-based tobacco control interventions, strategies, and activities.
- j. Recipient may not use funds to provide direct cessation services or other direct services other than those through evidence-based quit line services.
- k. Recipient may not use funds to purchase nicotine replacement therapy or other products used for cessation.
- l. Recipient may not use funds to purchase K-12 school curricula.
- m. Recipient may not use funds for construction.

**ATTACHMENT B – YOUTH MARIJUANA PREVENTION**  
**Scope of Work and Budget**  
**Clallam Health and Human Services, Public Health Services**  
**July 1, 2021 – December 31, 2021**

As a subrecipient of KPHD under the Washington State funded *Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*, Clallam County agrees to the following Youth Marijuana Prevention activities funded in full or part by the associated budget.

| <i>Activity</i>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Planning</b>                 | Participate in Regional Network, hold a position on the Strategic Planning Team. As a member of the Strategic Planning Team, help to: <ol style="list-style-type: none"> <li>1. Update the 2022-2023 Olympic Region YMPEP Needs Assessment, including the Community Readiness Assessment.</li> <li>2. Update the 2022-2023 Olympic Region YMPEP Strategic Plan, per DOH guidance.</li> </ol>                                                                                                                                                                                                                                                                                                              |
| <b>Education</b>                | Participate in a minimum of one skill enhancement opportunity per month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Implementation</b>           | <ol style="list-style-type: none"> <li>1. <i>2021-2022 DOH Approved Regional Strategies:</i> <ul style="list-style-type: none"> <li>• PSE Priority 1: Local Laws &amp; Ordinances</li> <li>• PSE Priority 2: Community Norms</li> <li>• PSE Priority 3: Retailer Consumer Education</li> <li>• PSE Priority 4: Health Care Policy &amp; Procedures</li> </ul> </li> <li>2. Specific Clallam County activities are described in the 2021-2022 YMPEP workplan. Work plans are subject to change. Any changes will be approved by both parties.</li> <li>3. Participate in statewide collaboration on the strategies listed above. More detail for how to participate is listed within work plan.</li> </ol> |
| <b>Monitoring and Reporting</b> | Monitor progress for each activity as appropriate; submit monthly narrative and data reports as requested by KPHD on the 5 <sup>th</sup> of every month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Calls/Meetings</b>           | Participate in monthly check-in call with regional lead. Attend and participate in Regional Network and Planning Team meetings; review correspondences related to YMPEP; respond to activity assessments/surveys administered by KPHD as appropriate per scope of work. Attend at least one statewide All-Providers Meeting or Practice Collaborative Meeting.                                                                                                                                                                                                                                                                                                                                            |
| <b>Mid-Year Evaluation</b>      | By February 1, 2022 report progress to YMPEP Regional Coordinator. If needed, adjust activities to ensure spend down. Conduct a work plan reevaluation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Invoicing</b>                | Submit monthly invoices by the 20 <sup>th</sup> of the month following the month in which costs were incurred, except for the Final Expenditure Report and Request for Reimbursement in each federal fiscal year (due July 1, 2022). Invoices must include supporting documentation such as timecards for staff time and copies of invoices paid for goods and services.                                                                                                                                                                                                                                                                                                                                  |

**Budget July 1, 2021 – December 31, 2021**

|                      | <i>Cost</i>     | <i>Description</i>                                             |
|----------------------|-----------------|----------------------------------------------------------------|
| Staff Salary         | \$10,750        | Prevention Specialist & Supervisor                             |
| Benefits             | \$4,250         |                                                                |
| Indirect             | \$3,900         | 34% of Salaries                                                |
| Goods & Services     | \$1,722         | Supplies, Outreach/Educ. Materials/Advertising/Comm. Trainings |
| Training/Travel      | \$500           | Mileage for Meetings and Training Expenses For Staff           |
| <b>Total Clallam</b> | <b>\$21,122</b> |                                                                |

**Funding Source**

| Chart of Accounts ProgramName or Title | CFDA# | BARS Code | 7/1/21-12/31/21 |
|----------------------------------------|-------|-----------|-----------------|
| SFY22 Marijuana Tobacco Edu            | n/a   | 334.04.93 | \$21,122        |

**Community Resources:** Subrecipient shall make a reasonable and ongoing effort, throughout the period of performance, to secure and/or leverage resources from private and public entities to supplement the administrative, operational, and implementation costs under this program. Documentation of any collaborative efforts and securing of resources that benefit this project shall be kept current and on file in the office of the Subcontractor and be available for review upon request by District staff.

**Funding Restrictions and Limitations:**

- a. Recipient may not use funds for research.
- b. Recipient may not use funds for clinical care.
- c. Recipient may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- d. Recipient may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by the District.
- e. Recipient may not use funding for construction.
- f. Recipient must comply with District guidance on food, incentives and use of District or DOH logo outlined in YMPEP Regional Implementation Guide and should not exceed federal per diem rates.
- g. Reimbursement of pre-award costs is not allowed.

| FORM<br>A 19-1A<br>(Rev. 1/91)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | STATE OF WASHINGTON<br>INVOICE VOUCHER | EXHIBIT C<br>Page A-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
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| AGENCY NAME<br><br><b>Kitsap Public Health District<br/>Attn: Melissa Laird<br/>345 6th St, Suite 300<br/>Bremerton, WA 98337-1866</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">AGENCY NO.</td> <td style="width: 33%;">LOCATION CODE</td> <td style="width: 33%;">P.R. OR AUTH NO.</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                     | AGENCY NO.  | LOCATION CODE | P.R. OR AUTH NO. |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| AGENCY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LOCATION CODE                                                                     | P.R. OR AUTH NO.                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| VENDOR OR CLAIMANT (Warrant is to be payable to)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                        | <p>INSTRUCTION TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.</p> <p>VENDOR'S CERTIFICATE. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.</p> |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                        | BY _____<br><br>_____ (DATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                        | RECEIVED BY<br>_____<br>_____ (DATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">DATE</th> <th style="width: 40%;">DESCRIPTION</th> <th style="width: 10%;">QUANTITY</th> <th style="width: 10%;">UNIT</th> <th style="width: 15%;">UNIT PRICE</th> <th style="width: 15%;">AMOUNT</th> <th style="width: 10%;">FOR AGENCY USE</th> </tr> <tr> <td></td> <td>Services provided in performance of contract</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Billing period: _____ to _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>Total Tobacco Expenses</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>YMPEP Expenses</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>TOTAL DUE:</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$ -</td> <td></td> </tr> </table> |                                                                                   |                                        | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DESCRIPTION | QUANTITY      | UNIT             | UNIT PRICE | AMOUNT | FOR AGENCY USE |  | Services provided in performance of contract |  |  |  |  |  |  | Billing period: _____ to _____ |  |  |  |  |  |  | <b>Total Tobacco Expenses</b> |  |  |  |  |  |  | <b>YMPEP Expenses</b> |  |  |  |  |  |  | <b>TOTAL DUE:</b> |  |  |  | \$ - |  | DATE RECEIVED<br>_____<br>_____ (DATE) |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DESCRIPTION                                                                       | QUANTITY                               | UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UNIT PRICE  | AMOUNT        | FOR AGENCY USE   |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Services provided in performance of contract                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Billing period: _____ to _____                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Total Tobacco Expenses</b>                                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>YMPEP Expenses</b>                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TOTAL DUE:</b>                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | \$ -          |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| PREPARED BY<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                        | TELEPHONE NUMBER<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| DATE<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                        | AGENCY APPROVAL<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| DOC. DATE<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                        | PMT DUE DATE<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| CURRENT DOC. NO.<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                        | REF. DOC. NO.<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| VENDOR NUMBER<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                        | VENDOR MESSAGE/USE TAX<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| UBI NUMBER<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                        | INVOICE NUMBER<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| AMOUNT<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                        | WARRANT TOTAL<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |
| WARRANT NO.<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                        | ACCOUNTING APPROVAL FOR PAYMENT<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |               |                  |            |        |                |  |                                              |  |  |  |  |  |  |                                |  |  |  |  |  |  |                               |  |  |  |  |  |  |                       |  |  |  |  |  |  |                   |  |  |  |      |  |                                        |

## ATTACHMENT D HIPAA BUSINESS ASSOCIATE AGREEMENT

This Agreement (“Agreement”) is entered into by and between the Kitsap Public Health District (“Covered Entity”) and Clallam County Health & Human Services (“Business Associate”).

### **Section I: Purpose**

Performance of the Underlying Agreement may require Business Associate to use or disclose protected health information that is subject to provisions of the Health Insurance Portability and Accountability Act of 1996, set forth in 45 C.F.R. Parts 160 and 164 (commonly known as the “HIPAA Rules”).

The purpose of this Agreement is to set forth the obligations of the Parties with regard to the way in which protected health information is created, used, disclosed, maintained, provided or received on behalf of Covered entity by the Business Associate.

### **Section II. Definitions**

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Health Information, and Use.

#### Specific Definitions:

1. Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to this Agreement shall mean Clallam County Health & Human Services.
2. Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” in 45 CFR 160.103, and in reference to the party in this Agreement shall mean the Kitsap Public Health District.
3. HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and 164.

### **Section III. Obligations and Activities of Business Associate**

Business Associate agrees to:

1. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law.
2. Use appropriate safeguards, and comply with Subpart C of 45 CFR, Part 164 with respect to protected electronic health information and to prevent use or disclosure of protected health information other than as provided for by this Agreement.

3. Report to Covered Entity any use or disclosure of protected health information not provided for by this Agreement of which it becomes aware, including breaches of unsecured protected health information as required by 45 CFR 164.410, and any security incident of which it becomes aware.

Business Associate agrees to promptly notify covered entity following the discovery of a Breach of unsecured PHI. A Breach is considered “discovered” as of the first day on which the Breach is known, or reasonably should have been known, to Business Associate or any employee, officer or agent of Business Associate, other than the individual committing the Breach. Any notice of a Security Incident or Breach of Unsecured PHI shall include the identification of each Individual whose PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such Security Incident or Breach as well as any other relevant information regarding the Security Incident or Breach.

4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information.
5. Business Associate agrees to mitigate, to the extent possible, any harmful resulting from use or disclosure of PHI by Business Associate or its agents or subcontractors, in violation of the requirements of this Agreement.
6. Maintain and make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.524.

If an Individual makes a request for access to the protected health information directly to Business Associate, business associate shall notify covered entity within three (3) business days of such request and shall cooperate with the Covered Entity to send the response to the Individual.

7. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.526.

If an Individual makes a request for amendment to the protected health information directly to Business Associate, Business Associate shall notify Covered Entity within three (3) business days of such request and shall cooperate with the Covered Entity to send the response to the Individual.

8. Maintain and make available the information required to provide to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528.

If an Individual makes a request for accounting of disclosures directly to Business Associate, Business Associate shall notify Covered Entity within three (3) business days of such request and shall cooperate with the Covered Entity to send the response to the Individual.

9. To the extent the Business Associate is to carry out one or more of Covered Entity's obligations(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
10. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

#### **Section IV. Permitted Uses and Disclosures by Business Associate**

1. Business Associate may only use or disclose protected health information as necessary to perform the services as outlined in the underlying agreement.
2. Business Associate is not authorized to use protected health information to de-identify the information in accordance with 45 CFR 164.514(a)-(c).
3. Business Associate may use or disclose protected health information as required by law.
4. Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.

Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity except for the specific uses and disclosures set forth below:

- a) Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- b) Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

## **Section V. Termination**

1. Term. The Agreement shall terminate on June 30, 2022 or on the date Covered Entity terminates for cause, whichever is sooner.
2. Termination for Cause. Business Associate authorizes termination of the Agreement if Covered Entity determines Business Associate has violated a material term of the Agreement and has not cured the breach or ended the violation within the time specified by Covered Entity.
3. Obligations of Business Associate Upon Termination. Upon termination of this Agreement for any reason Business Associate shall return or destroy all protected health information received from Covered Entity, or created or received by Business Associate on behalf of Covered entity. This provision shall apply to protected health information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the protected health information.

In the event that Business Associate determines that returning or destroying the protected health information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of protected health information is infeasible, Business Associate shall extend the protections of this Agreement to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such protected health information.

4. The obligations of Business Associate under this section shall survive the termination of this Agreement.

## **Section VI. Miscellaneous**

1. A reference in this agreement to a section in the HIPAA Rules means the section as in effect or amended.
2. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the HIPAA Rules and any other applicable law.
3. Any ambiguity in this Agreement shall be resolved to permit compliance with the HIPAA Rules.

## FEDERAL COMPLIANCE AND STANDARD FEDERAL CERTIFICATIONS AND ASSURANCES

In the event federal funds are included in this agreement, added by future amendment(s), or redistributed between fund sources resulting in the provision of federal funds, the following sections apply: I. Federal Compliance and II. Standard Federal Assurances and Certifications. In the instance of inclusion of federal funds as a result of an amendment, the Contractor may be designated as a subrecipient and the effective date of the amendment shall also be the date at which these requirements go

- 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. (Refer to Catalog of Domestic Assistance number(s) cited in the "Payment" section of this contract for requirements specific to that fund source.) For clarification regarding any of these elements or details specific to the federal funds in this contract, contact

Compliance and Internal Control Officer  
Office of Financial Services  
Department of Health  
Post Office Box 47901  
Olympia, Washington 98504-7901

1. **UNIFORM ADMINISTRATIVE GUIDANCE** – The Uniform Administrative Guidance (Supercircular) became effective December 26, 2014 and combines numerous OMB Circulars into one document. This document establishes requirements which govern expenditure of federal funds. These requirements apply to the Department of Health, as the primary recipient of federal funds, and then follow the funds to the subrecipient. The Uniform Administrative Guidance provides the applicable administrative requirements, cost principles and audit requirements are identified by subrecipient organization type.

### COMPLIANCE MATRIX

| OMB CIRCULAR                                                        |                             |                      |                     |
|---------------------------------------------------------------------|-----------------------------|----------------------|---------------------|
| ENTITY TYPE                                                         | ADMINISTRATIVE REQUIREMENTS | COST PRINCIPLES      | AUDIT REQUIREMENTS  |
| State, Local and Indian Tribal Governments & Governmental Hospitals | 2 CFR 200 Subpart D         | 2 CFR 200 Subpart E  | 2 CFR 200 Subpart F |
| Non-Profit Organizations                                            | 2 CFR 200 Subpart D         | 2 CFR 200 Subpart E  | 2 CFR 200 Subpart F |
| Hospitals                                                           | 2 CFR 200 Subpart D         | 45 CFR 74 Appendix E | 2 CFR 200 Subpart F |
| Colleges or Universities & Affiliated Hospitals                     | 2 CFR 200 Subpart D         | 2 CFR 200 Subpart E  | 2 CFR 200 Subpart F |

2. **CITIZENSHIP/ALIEN VERIFICATION/DETERMINATION** - The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (PL 104-193) states that federal public benefits should be made available only to U.S. citizens and qualified aliens. Entities that offer a service defined as a "federal public benefit" must make a citizenship/qualified alien determination/ verification of applicants at the time of application as part of the eligibility criteria. Non-US citizens and unqualified aliens are not eligible to receive the services. PL 104-193 also includes specific reporting requirements. Exemptions from the determination/verification requirement is afforded the following programs offered by the Department of Health: Family Planning, Breast & Cervical Health Program (BCHP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), WIC Farmers Market Program, Immunization Programs, and Ryan White CARE Act programs and other communicable disease treatment and diagnostic programs.
  3. **CIVIL RIGHTS AND NONDISCRIMINATION** - During the performance of this agreement, the Contractor 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.).
  4. **SINGLE AUDIT ACT** - A subrecipient (including private, for-profit hospitals and non-profit institutions) shall adhere to the federal Uniform Administrative Guidance (subpart F) as well as all applicable federal and state statutes and regulations. 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 2 CFR 200 Subpart F
- II. **STANDARD FEDERAL CERTIFICATIONS AND ASSURANCES** - Following are the Assurances, Certifications, and Special Conditions that apply to all federally funded (in whole or in part) agreements administered by the Washington State Department of Health.

## CERTIFICATIONS

### 1. 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:

- A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- B. 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;
- C. 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 paragraph (b) of this certification; and
- D. 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 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 titled *Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions* 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.

## **2. 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:

- A. 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;
- B. 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;
- C. 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 (a) above;
- D. Notifying the employee in the statement required by paragraph (a), 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 calendar days after such conviction;
- E. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d) (2) 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;
- F. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (ii), 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;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

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

Compliance and Internal Control Officer  
Office of Grants Management  
WA State Department of Health  
PO Box 47905  
Olympia, WA 98504-7905

### 3. 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 agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non- Federal (nonappropriated) funds. These requirements apply to grants and cooperative agreements 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:

- A. 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 agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- B. 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 agreement, 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.)
- C. 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 agreements) and that all subrecipients 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.

### 4. 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.

## **5. 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 subrecipients 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.

## **6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS INSTRUCTIONS FOR CERTIFICATION**

By signing and submitting this proposal, the prospective contractor is providing the certification set out below.

- A. 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.
- B. 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.
- C. 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.

- D. 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.
- E. 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 DOH.
- F. The prospective contractor further agrees by submitting this contract that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction, provided by HHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- G. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- H. 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.
- I. 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, DOH may terminate this transaction for cause or default.

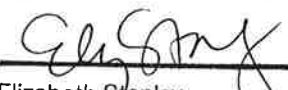
**7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS**

- A. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
- i. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - ii. Have not within a three-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;
  - iii. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - iv. Have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.
- B. Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this contract.

**CONTRACTOR'S SIGNATURE IS REQUIRED**

|                                             |       |
|---------------------------------------------|-------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| Please also print or type name:             |       |
| ORGANIZATION NAME: (if applicable)          | DATE  |

Approved as to form only by:

  
Elizabeth Stanley  
Civil Deputy Prosecuting Attorney  
Clallam County

Attachment E

**FEDERAL ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

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**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the contractor, I certify that the contractor:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728 - 4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the

Education Amendments of 1972, as amended (20 U.S.C. §§1681 -1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§1501 -1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the

Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead- based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, Audits of States, Local Governments, and Non-Profit Organizations.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

**CONTRACTOR'S SIGNATURE IS REQUIRED**

|                                             |       |
|---------------------------------------------|-------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |
| Please also print or type name:             |       |
| ORGANIZATION NAME: (if applicable)          | DATE  |

Approved as to form only by:

  
Elizabeth Stanley  
Civil Deputy Prosecuting Attorney  
Clallam County

SEP 08 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted: 9/8/21 Budget Hearing/Meeting Date: 10/26/21

- ☒ **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. | 11301.511 ✓ | Budget Name | HHS Operations ✓ |
|--------------------------|-------------|-------------|------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION      | AMOUNT   |
|-----------------------------|------------------|------------------------------|--------------------------|----------|
| 11301.511 ✓                 | HHS Operations ✓ | 33393.75.0000 ✓              | DOH Tobacco Federal      | 6,259    |
| 11301.511 ✓                 | HHS Operations ✓ | 33404.93.0070 ✓              | DOH Marijuana Prevention | 21,122   |
|                             |                  |                              |                          |          |
|                             |                  |                              |                          |          |
| Total                       |                  |                              |                          | 27,381 ✓ |

## EXPENDITURES

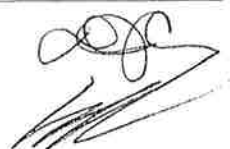
| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT   |
|-----------------------------|------------------|------------------------------|---------------------|----------|
| 11301.511 ✓                 | HHS Operations ✓ | 56210.31.0020 ✓              | Operating Supplies  | 2,222    |
| 11301.511 ✓                 | HHS Operations ✓ | 56210.43.0010 ✓              | Travel Business     | 939      |
| 11301.511 ✓                 | HHS Operations ✓ | 50800.00.0000 ✓              | Ending Fund Balance | 24,220   |
|                             |                  |                              |                     |          |
|                             |                  |                              |                     |          |
|                             |                  |                              |                     |          |
| Total                       |                  |                              |                     | 27,381 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Funding is being received from Kitsap County to provide tobacco and marijuana prevention activities. These are state and federal funding allocations that are being passed down from the Department of Health, through Kitsap County.

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



133



## AGENDA ITEM SUMMARY

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

2C  
10/12/21

**Department:** Health & Human Services

**WORK SESSION** ☒ **Meeting Date:** October 4, 2021

**REGULAR AGENDA** ☒ **Meeting Date:** October 12, 2021

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

**Item summary:**

- |                                                |                                                            |                                                             |
|------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Call for Hearing      | <input checked="" type="checkbox"/> Contract/Agreement/MOU | <input checked="" type="checkbox"/> Contract # 11331-21-LTP |
| <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:**

The attached DSHS Long Term Payable Agreement renews "advance" funds from the State to make payments to local providers for Developmental Disabilities Services without spending down local funds prior to reimbursement. This Agreement is from July 1, 2021 - June 30, 2022.

**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?** ☐

No budgetary impact.

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

Please approve and sign.

**County Official signature & print name:**  KEVIN LoPiccolo

**Name of Employee/Stakeholder attending meeting:** Kevin LoPiccolo & Kelley Lawrence

**Relevant Departments:** Health & Human Services

**Date submitted:** September 28, 2021

\* 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)

11331-21-LTP

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                                          |                                     |                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | <b>COUNTY</b><br><br><b>PROGRAM AGREEMENT</b><br><br><b>Working Advance Long-Term Payable</b>            |                                     | DSHS Agreement Number<br><br>2163-23528                                    |
| This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below, and is issued in conjunction with a County and DSHS Agreement On General Terms and Conditions, which is incorporated by reference.                                                                                                                                                                                                                             |                                                                    |                                                                                                          |                                     | Administration or Division Agreement Number<br><br>County Agreement Number |
| DSHS ADMINISTRATION<br><br>Facilities, Finance and Analytics Administration                                                                                                                                                                                                                                                                                                                                                                                                                                      | DSHS DIVISION<br><br>Financial Services                            | DSHS INDEX NUMBER<br><br>1215                                                                            | DSHS CONTRACT CODE<br><br>8030CS-63 |                                                                            |
| DSHS CONTACT NAME AND TITLE<br><br>Rebecca Doane<br>Office Chief                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | DSHS CONTACT ADDRESS<br><br>PO Box 45842<br><br>Olympia WA 98504-5842                                    |                                     |                                                                            |
| DSHS CONTACT TELEPHONE<br>(360)763-2977                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DSHS CONTACT FAX<br>Click here to enter text.                      | DSHS CONTACT E-MAIL<br>rebecca.doane@dshs.wa.gov                                                         |                                     |                                                                            |
| COUNTY NAME<br><br>Clallam County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COUNTY ADDRESS<br><br>111 East 3rd Street<br>Port Angeles WA 98362 |                                                                                                          |                                     |                                                                            |
| COUNTY CONTACT NAME<br><br>Kevin LoPiccolo                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                                                          |                                     |                                                                            |
| COUNTY CONTACT TELEPHONE<br>(360) 417-2523                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COUNTY CONTACT FAX<br>Click here to enter text.                    | COUNTY CONTACT E-MAIL<br>Click here to enter text. <i>KLoPiccolo@Co.Clallam, WA, US</i>                  |                                     |                                                                            |
| IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT?<br><br>No                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | CFDA NUMBERS                                                                                             |                                     |                                                                            |
| PROGRAM AGREEMENT START DATE<br>07/01/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PROGRAM AGREEMENT END DATE<br>06/30/2022                           | MAXIMUM PROGRAM AGREEMENT AMOUNT<br><b>Based on Annual Review</b>                                        |                                     |                                                                            |
| The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below represent that they have read and understand this Contract, and have the authority to execute this Contract. This Contract shall be binding on DSHS only upon signature by DSHS. |                                                                    |                                                                                                          |                                     |                                                                            |
| COUNTY SIGNATURE(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    | PRINTED NAME(S) AND TITLE(S)                                                                             |                                     | DATE(S) SIGNED                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                                                          |                                     |                                                                            |
| DSHS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | PRINTED NAME AND TITLE<br><br>Kerra Lynch, Contract Manager<br>DSHS Central Contracts and Legal Services |                                     | DATE SIGNED                                                                |

Approved as to form only by:

  
 Elizabeth Stanley  
 Civil Deputy Prosecuting Attorney  
 Clallam County

## SPECIAL TERMS AND CONDITIONS

### 1. Definitions

- a. "Commingle" is the act of mixing the funds and/or Long-Term Payables for one program with the funds of another program.
- b. "Documentation of Funds form" (DOF) is a form provided to the County each year by DSHS on which the County records qualifying previous year expenditures from which DSHS can appraise and evaluate the amount of the existing Long-Term Payable or appropriate adjustments.
- c. "Long-Term Payable" means funds provided by DSHS to the County in anticipation of specific client services provided by the County. The County shall not be allowed to retain any overage of the Long-Term Payable funds if the County does not actually provide the anticipated services during the given timeframe. Long-Term Payable funds are to be reconciled by April 30 of each year and any funds not fully utilized shall be refunded to DSHS by **May 31** of each year.

### 2. Purpose

- a. It is the purpose of this Agreement to specify the procedure by which DSHS will assess and, if necessary, adjust the Long-Term Payable it provides to the County.
- b. Funds to support contracts for the following DSHS programs may be included in a Long-Term Payable: Developmental Disabilities Administration (DDA) and/or Aging and Long-Term Support Administration (AL TSA).

### 3. Statement of Work

#### a. County Responsibilities

- (1) The County shall submit to DSHS, on forms provided by DSHS and by a date determined by DSHS, a completed Documentation of Funds form (DOF) from which DSHS shall assess whether or not an adjustment to the amount of the Long-Term Payable provided to the County is warranted.
- (2) The County shall exclude all amounts related to its Prepaid Inpatient Health Plan expenditures from its DOF.
- (3) The County shall repay to DSHS all of the Long-Term Payable funds received from DSHS that exceed the amount that DSHS determines is warranted. Repayment requirements shall be based upon DSHS assessment of the most recent annual DOF submitted by the County to DSHS. Any Long-Term Payable funds not fully utilized by the County, as determined by DSHS through the DOF process, shall be refunded to DSHS by **May 31** of each year.
- (4) The County shall only utilize Long-Term Payable funds for the DSHS program or service for which the funds were originally designated. Long-Term Payable funds may not be commingled between or among programs or services.
- (5) Any interest the County earns on the Long-Term Payable funds shall only be utilized for the DSHS programs or services for which the funds were originally designated. Long-Term Payable interest shall not be used for programs or services unrelated to the client services anticipated by this Agreement.
- (6) The County shall record the Long-Term Payables in its financial records.

## **SPECIAL TERMS AND CONDITIONS**

### **b. DSHS Responsibilities**

- (1) DSHS shall assess the DOF submitted by the County to determine if, during the term of this Agreement, any adjustment to the original two month Long-Term Payable provided to the County is warranted.
- (2) Adjustment may include DSHS request for repayment by County of any Long-Term Payable amounts previously paid to County that are in excess of the amount currently warranted.

### **4. Termination**

In the event that this Agreement, or a program contract listed in 2.b. above, is terminated prior to completion, DSHS shall take all available steps to recover any Long-Term Payable determined to be an overpayment and the County shall fully cooperate during the recovery process.



## AGENDA ITEM SUMMARY

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

3a  
10/12/21

Department: BOCC

WORK SESSION ☒ Meeting Date: 10-04-21

REGULAR AGENDA ☒ Meeting Date: 10-12-21

### 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:

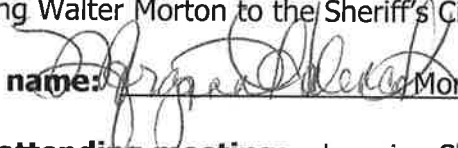
Vacancies exist on the Sheriff's Citizens Advisory Board due to expirations of terms. A press release was issued during the month of August 2021 soliciting applications from interested citizens. One application was received.

The Clallam County Sheriff supports the appointment of Walter Morton.

**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 resolution appointing Walter Morton to the Sheriff's Citizens Advisory Board.

**County Official signature & print name:**  Morgann Halencak, Deputy Clerk

**Name of Employee/Stakeholder attending meeting:** Lorraine Shore/Bill Benedict

**Relevant Departments:** Sheriff's Office/BOCC

**Date submitted:** 09-24-21

\* 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)

Appointing Walter Morton 10-12-21  
Revised: 3-04-2019



RESOLUTION \_\_\_\_\_, 2021

APPOINTING A MEMBER TO THE  
SHERIFF'S CITIZENS ADVISORY COMMITTEE

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

1. Vacancies exist on the Sheriff's Citizens Advisory Board due to expirations of terms.
2. A press release was issued during the month of August 2021 soliciting applications from interested citizens. One application was received.
3. The Clallam County Sheriff supports the appointment of Walter Morton.

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

1. **Walter Morton** is appointed to serve as the representative of Clallam Bay/Seki for a term ending December 31, 2024.

PASSED AND ADOPTED this twelfth day of October 2021

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mark Ozias, Chair

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

\_\_\_\_\_  
Bill Peach

ATTEST:

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

A22.21  
Appointee(s)  
Sheriff



## AGENDA ITEM SUMMARY

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

3b  
10/12/21

**Department:** Sheriff's Department

**WORK SESSION** ☒ **Meeting Date:** October 11, 2021

**REGULAR AGENDA** ☒ **Meeting Date:** October 12, 2021

**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 Proposal for Equipment Grant |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

The WA State Commerce Department has issued a Request For Proposals regarding the procurement for less-than-lethal equipment. The Sheriff's Department proposes to mitigate its curtailed access to less-than-lethal equipment by virtue of RCW 10.116.040's equipment restrictions by proposing to purchase ten (10) Conducted Energy Weapons (TASER X2's) and necessary accessories (ammunition, batteries, holsters) which will provide its patrol and correction deputies with greater ability to employ less-than-lethal force in situations where the only other available option would be lethal force. As the contracting authority, we seek Board approval to submit this grant proposal which is a no match grant of \$21, 417.82. The proposal is due to be submitted by October 15, 2021.

**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?) BOCC approval to submit grant proposal, signature by Board on Letter of Submittal and signature of Commissioner Ozias on Exhibit A.

**County Official signature & print name:**

*W. Benedict*

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

*Chief Criminal Deputy King*

**Relevant Departments:** Sheriff

**Date submitted:** October 6, 2021

\* 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 Less than lethal Grant  
Revised: 3-04-2019

# Clallam County

## Grant Application Information

DEPARTMENT: **Sheriff's Department** DATE SUBMITTED TO W/S: **10/6/21**  
GRANT NAME: **Less-Than-Lethal Equipment** APPLICATION DEADLINE: **10/15/21**  
ISSUING AGENCY: **WA State Dep't Commerce** IS THIS A RENEWAL? **No**  
LENGTH OF GRANT: **Single Purchase/6/30/22** RENEWAL POSSIBLE? **No**  
TOTAL AWARD: **\$21, 417.82** ANNUAL AMOUNT: **\$21, 417.82**  
MATCH REQUIRED? **NO** MATCH AMOUNT: **N/A**

### DESCRIPTION OF GRANT AND PURPOSE:

The WA State Department of Commerce has issued a Request For Proposals regarding the procurement of less-than-lethal equipment. The Clallam County Sheriff's Department proposes to mitigate its curtailed access to less-than-lethal equipment by virtue of RCW 10.116.040's equipment restrictions by proposing to purchase ten (10) Conducted Energy Weapons (TASER X2's) and necessary accessories (ammunition, batteries, holsters) which will provide its patrol and correction deputies with greater ability to employ less-than-lethal force in situations where the only other available option would be lethal force.

### EXPLAIN HOW THIS GRANT WILL BE USED FOR THE GOOD OF CLALLAM COUNTY CITIZENS:

The purchase of ten (10) additional TASER X2 devices for the use of less-than-lethal means for both our patrol and correction operations will better protect the public, and address inmate and suspect resistance with a measured use of force continuum.

### DOES THE GRANT ACTIVITY FURTHER THE DEPARTMENT'S MISSION OR CORE FUNCTIONS? HAS IT BEEN A PART OF LONG TERM DEPARTMENT OR COUNTY GOALS?

Yes, this device provides for increased officer safety and allows the Sheriff's Department to better serve our community.

### DOES THE GRANT ACTIVITY INCREASE AN EXISTING SERVICE OR ADD A NEW SERVICE? TO WHAT DEGREE? IF THE GRANT WERE NOT AVAILABLE, WOULD THE SERVICE HAVE BEEN NECESSARY?

No

### WHAT MEASUREMENTS (PERFORMANCE MEASURES) WILL BE USED TO EVALUATE THE SUCCESS OF THE ACTIVITIES PROVIDED BY THE GRANT? WILL PERFORMANCE MEASURES BE DEVELOPED?

The use of the TASER X2 devices in the field and outcomes of its deployment are documented by the Clallam County Sheriff's Department.

### DOES THE GRANT ACTIVITY CREATE A NEW SERVICE OR LEVEL OF SERVICE WHICH IS EXPECTED

**TO BE CONTINUED FROM LOCAL FUNDING AT THE END OF THE GRANT PERIOD? No**

**IF MATCHING FUNDS ARE REQUIRED, WHERE WILL THEY COME FROM? DOES THE DEPARTMENT HAVE EXISTING RESOURCES TO COVER MATCH REQUIREMENTS? FROM WHERE?**  
None Required.

**WILL THE ACTIVITY IN THIS GRANT HAVE IMPACTS ON OTHER DEPARTMENTS? HAS THIS BEEN DISCUSSED? DO OTHER DEPARTMENTS HAVE SUFFICIENT RESOURCES TO DEAL WITH ADDITIONAL IMPACTS?**  
No impacts on other departments.

**WILL NEW POSITIONS BE ADDED? IF SO, HOW MANY AND WHAT TYPE ARE EXPECTED? ARE ALL WAGES AND BENEFITS PAID IN THE GRANT? WHAT WILL HAPPEN TO THE POSITIONS WHEN THE GRANT PERIOD ENDS?**  
No new positions will be added.

**DOES YOUR DEPARTMENT HAVE SUFFICIENT RESOURCES TO ADMINISTER THE GRANT? PROVIDE FOR TIMELY REIMBURSEMENT AND ACTIVITY REPORTS?**  
This is a one-time purchase of equipment. The grant requires a minimal report concerning the equipment.

**ARE THERE IMPACTS TO THE COUNTY IF THE GRANT IS NOT RECEIVED? WHAT ARE THEY?**  
Yes, this equipment is being sought to mitigate the life-safety risks of deputies, suspects, inmates and the public.

**ARE INDIRECT COSTS ALLOWABLE ON THIS GRANT? IF SO, ARE THERE LIMITATIONS? WILL THEY BE CHARGED AND ALLOCATED AS INDIRECT?**  
No.

**ARE THERE OTHER ACTIVITIES (GRANT OR OTHERWISE) THAT ARE BUDGETED FOR THIS YEAR THAT WILL NOT BE COMPLETED IF THIS GRANT IS APPROVED?**  
No.

**WHAT BUDGET CHANGES ARE NECESSARY? INCLUDE REVENUES AND EXPENDITURES.**  
No budget changes are necessary.

**OTHER COMMENTS**

*Wf Benedict*

**ELECTED OFFICIAL/DEPARTMENT HEAD SIGNATURE**

**Rich Sill, ADMINISTRATOR**

**APPROVAL**

Submit in **duplicate** to the Board of Commissioners for Work Session discussion and approval by the Administrator prior to application for any grant. The approved form must be included with the grant contract when it is submitted to the Board for approval. Refer to Administrative Policies 120 and 562.



# 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@co.clallam.wa.us](mailto:commissioners@co.clallam.wa.us)

**MARK OZIAS, District 1, Chair**

**RANDY JOHNSON, District 2**

**BILL PEACH, District 3**

**RICH SILL, County Administrator**

File:RFP No. 19-31440-1

12 October 2021

## **LETTER OF SUBMITTAL REGARDING PROPOSAL OF CLALLAM COUNTY SHERIFF'S OFFICE**

State of Washington Department of Commerce  
Ms. Abigail Snyder  
RFP Coordinator

Dear Ms. Snyder,

Pursuant to the State of Washington Department of Commerce ("Commerce") Request For Proposals No. 19-31440-1 (the "RFP"), the Clallam County Board of Commissioners, as the contracting authority, hereby provides this Letter of Submittal regarding the Proposal of the Clallam County Sheriff's Office to Commerce for the procurement of certain less-than-lethal equipment.

Attached to this Letter of Submittal is (1) the Information Attachment specified under 3.1 A-E of the RFP, (2) Exhibit A to the RFP entitled Certifications and Assurances, signed by Commissioner Ozias, (3) the Clallam County Sheriff's Office Technical Proposal (including Attachment 1), (4) the Clallam County Sheriff's Office Cost Proposal and (5) Exhibit B to the RFP entitled Worker's Rights Certification signed by Mr. Tom Reyes, Deputy County Administrator.

We hope you look upon this proposal favorably.

Sincerely,

BOARD OF CLALLAM COUNTY COMMISSIONERS

---

Mark Ozias, Chair

---

Randy Johnson

---

Bill Peach

## INFORMATION ATTACHMENT TO LETTER OF SUBMITTAL

- A. Legal Contracting Entity: Clallam County, Clallam County Sheriff's Office, 223 E. 4<sup>th</sup> Street, Suite 12, Port Angeles, WA 98362, 360-417- 2459, bking@clallam.wa.us
- B. Principal Officers: Clallam County Board of Commissioner and Board Chair Mark Ozias, 223 E. 4<sup>th</sup> Street Port Angeles WA 98362, 360 417-2233; Clallam County Sheriff W.L. Benedict, 223 E. 4<sup>th</sup> Street, Port Angeles WA 98362, 360 417-2464.
- C. DUNS Number: 075739235; Federal Employer Tax Identification Number: 91-6001298; Washington Uniform Business Identification Number; 054-004559; Statewide Vendor Number issued by the State of Washington Department of Revenue: SWV0000200, Suffix 15
- D. Applicant's main operational facility: 223 E. 4<sup>th</sup> Street, Port Angeles, WA 98362
- E. Former state employees who are currently employed in the Clallam County Sheriff's Office:
  - 1. Susan Bernstein, Steve Brooks, Raymond Cooper, Devin Dahl, Gary Gort, Jeremy Morgan, Nate Pence and Mark Raemer, formerly with the Washington State Department of Corrections, each of these individuals are employed as a Clallam County Corrections Deputy, responsibilities of assisting in overseeing the daily activities in the jail, maintaining the safety and security of facility, inmates, the public
  - 2. Jeff Finley, formerly with Washington State Department of Corrections, is employed as a Clallam County Corrections Sergeant, responsibilities of overseeing the daily activities in the jail, maintaining the safety and security of facility, inmates, the public
  - 3. Jason Earls, David Fletcher, formerly Washington State Department of Corrections and Torri Middlekauff, Chris Moon, Matthew Murphy, formerly Washington State Patrol, are all employed as Clallam County Patrol Deputies, responsibilities of law enforcement and investigative work to maintain law and order in the County
  - 4. John Hollis, formerly with Washington State Department of Corrections, is employed as a Clallam County Patrol Sergeant, responsibilities include overseeing Patrol Deputies
  - 5. Brian Clerici, formerly with Washington State Department of Corrections, is employed as a Clallam County Sheriff's Office Administrative Specialist II, responsibilities of administrative duties
  - 6. Jackie Koon, formerly Washington State Department of Education, is employed as Clallam County Sheriff's Office Accountant, responsibilities of accounting functions

CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 60 days following receipt, and it may be accepted by COMMERCE without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that COMMERCE will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of COMMERCE, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Proposer and will not be knowingly disclosed by him/her prior to opening, directly or indirectly, to any other Proposer or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant COMMERCE the right to contact references and others who may have pertinent information regarding the ability of the Applicant and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

**We (check one):**

- ☐ **are** submitting proposed Contract exceptions. (See Section 2.12, Contract and General Terms and Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.
- ☒ **are not** submitting proposed Contract exceptions (*default if neither are checked*).

On behalf of the Applicant submitting this proposal, my signature below attests to the accuracy of the above statement as well as my authority to bind the submitting organization.

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date

**MARK OZIAS**

\_\_\_\_\_  
Printed Name

**CLALLAM County Commissioner**

\_\_\_\_\_  
Title



**CLALLAM COUNTY SHERIFF'S OFFICE TECHNICAL PROPOSAL  
TO COMMERCE RFP NO. 19-31440-1, LESS-THAN-LETHAL EQUIPMENT**

## **TECHNICAL PROPOSAL OF THE CLALLAM COUNTY SHERIFF'S OFFICE**

Consistent with the requirements specified in the State of Washington Department of Commerce ("Commerce") Request For Proposals No. 19-31440-1, Less-Than-Lethal Equipment, the Clallam County Sheriff's Office, a law enforcement agency serving the citizens and community of Clallam County, submits the following technical proposal:

### **A. Project Approach/Methodology**

As detailed below, the Clallam County Sheriff's Office proposes to mitigate its curtailed access to less-than-lethal equipment by virtue of RCW 10.116.040's equipment restrictions by proposing to purchase ten (10) Conducted Energy Weapons (TASER X2's) and necessary accessories (ammunition, batteries, holsters) which will provide its patrol and correction deputies with greater ability to employ less-than-lethal force in situations where the only other available option would be lethal force.

Like many law enforcement agencies, the Clallam County Sheriff's Office has a written "use-of-force continuum" policy that is also covered in training, where deputies learn to use suitable force levels depending on the situational circumstances. This continuum covers various levels of officer response, including verbal de-escalation, displaying a less-than-lethal device, physical restraints, deploying a less-than-lethal device, employing lethal force.

Under the provisions of RCW 10.116.040, a law enforcement agency in Washington State may no longer use or have in its possession .50 caliber or greater firearms and ammunition. Prior to enactment of RCW 10.116.040, the Clallam County Sheriff's Office deployed thirty-nine (39) shotguns that could fire bean bag projectiles, OC (Oleoresin Capsicum) pepper spray projectiles and/or tear gas. These shotguns have a caliber that precludes them from being used or possessed by our Sheriff's Office under RCW 10.116.040. During hostage, barricade or inmate aggressive incidents or other crisis situations, the loss of these shotguns have negatively impacted our ability to apply a use-of-force continuum because we no longer are able to deploy bean bag, OC or tear gas less-than-lethal force.

The Clallam County Sheriff's Office has certain TASER X2 capability, but we do not have sufficient numbers of TASERS to deploy to each of our correction deputies on deck for any given shift. That means that certain of our correction deputies have no less-than-lethal force option during inmate disturbances. In addition, it has been our experience that these TASERS can break after lengthy deployment, become inoperable and need to be replaced. We presently have four (4) inoperable TASERS that were previously deployed to our patrol deputies. The Sheriff's Command Staff have analyzed the situation and believe that access to ten (10) additional TASER X2 devices is necessary for the use of less-than-lethal means for both our patrol and correction operations so as to better protect the public, and address inmate and suspect resistance with a measured use of force continuum.

The safety profile of the TASER device has stood the test of time and research. See National Institute of Justice, *Police Use of Force, Tasers and Other Less-Lethal Weapons*, Research in Brief, Washington, D.C.: U.S. Department of Justice, May 2011, NCJ 232215 (noting study by Wake Forest University that 99.7 percent of people who were shocked by CEDs suffered no injuries or minor injuries only); Kroll, M.W. (2019) , *Benefits, Risks, and Myths of TASER Handheld Electrical Weapons*, Human Factors and Mechanical Engineering for Defense and Safety, 3:7 (“Handheld conducted electrical weapons (CEWs) have been used 3.9 million times in the field in 107 countries. Prospective studies (including over 40 k uses of force) find a 65% reduction in subject injuries versus batons, manual control, and “pepper” spray. There is a 2/3 reduction in fatal shootings when CEW usage is not overly restricted.”).

The Clallam County Sheriff's Office is cognizant of both the benefits and risks of the TASER devices as a less-than-lethal measure and our deputies are trained by two certified in-house trainers to understand the capabilities, limitations and risks of deploying this device. The Clallam County Sheriff's Office has issued Policy 309 to its Policy Manual which outlines in detail our guidelines for the issuance and use of TASER™ devices. (Policy 309 attached hereto as Technical Proposal Attachment 1).

Assuming Commerce awards a contract with the Clallam County Sheriff's Office regarding this proposal, the only authority that will be required is approval “as to form” of the Contract by the Clallam County's Prosecuting Attorney's Office and submittal for approval of the Contract to the Clallam County Board of Commissioners (which requires a Monday Working Session and a following Tuesday Regular Board Meeting). Once the Contract is executed, we will immediately proceed with the equipment procurement process.

## **B. Work Plan**

The Clallam County Sheriff's Office will employ the following work plan shortly after contracting with Commerce concerning this RFP: an assigned sheriff's deputy will place a sales order based upon a quote we have already received from our Taser vendor for the following items: ten (10) TASER X2 Smart Weapon, ten (10) TASER X2 holsters, fifteen (15) TASER power mag batteries, one hundred (100) TASER X2 Smart Cart 25 foot live ammo, and thirty (30) TASER X2 Smart Cart 15 foot live ammo.

After receiving the TASER shipment, all TASER equipment will be promptly distributed by the assigned deputy in the following manner: four (4) TASER X2s and necessary accessories will be provided to the patrol deputies that currently have inoperable equipment, the remaining six (6) TASER X2s and necessary accessories will be deployed to the correction sergeant to be used while on deck during correction deputies' daily shifts. The remaining batteries and ammo will be properly secured by the assigned deputy for deployment at a later time.

If any deputy has not been trained on the TASER X2, that deputy will not be deployed a TASER X2 until that deputy has successfully completed department-approved training and has demonstrated satisfactory skill and proficiency in using the TASER device. The Clallam County Sheriff's Office has two certified TASER X2 instructors on its staff. One of these instructors will provide any required training. The Clallam County Sheriff's Office has Policy 309 entitled Conducted Energy Device, which governs the issuance and use of the TASER X2 device including guidelines on the following: issuance and carrying TASER devices, verbal and visual warnings, use of the device, special deployment considerations, targeting considerations, multiple applications of the device, actions following deployment, documentation of discharges, medical treatment protocols, and required training descriptions. All deputies are required to read and confirm that they will adhere to Policy 309 as well as undergo in-house training before being issued a TASER X2 device. Under Policy 309, "any personnel who have not carried the TASER device as part of their assignment for a period of six months or more shall be recertified by a department-approved TASER device instructor prior to again carrying or using the device."

The use of the TASER X2 devices in the field and outcomes of its deployment are documented by the Clallam County Sheriff's Office and will be available to Commerce at its request.

### **C. Project Schedule**

Assuming the Contract with Commerce is fully executed by the end of November, 2021, we expect to procure the ten (10) TASER X2 devices and necessary accessories for deployment to patrol and correction deputies by mid-February, 2022. Any deputies requiring training will be notified of a training date to occur within the month of January, 2022.

### **D. Outcomes and Performance Measurements**

The Clallam County Sheriff's Office presently monitors the use and outcomes obtained from deploying its TASER devices. See Policy 309 ("Deputies shall document all TASER device discharges in the related arrest/crime report and the Use of Force form. Notification shall also be made to a Supervisor in compliance with the Use of Force Policy. Unintentional discharges, pointing the device at a person, laser activation and arcing the device will also be documented on the report form.") Under any contract with Commerce, we assume that we will collect such data and provide that to Commerce in intervals specified under the contract. As previously discussed in the Project Approach/Methodology section, we believe that the procurement of these additional TASER devices will aid in our ability to use less-than-lethal force within a use of force continuum that may reduce fatal shootings, and reduce injuries to deputies, suspects and inmates during use of force events.

## **E. Risks**

The Clallam County Sheriff's Office sees little to no risk in obtaining and deploying the TASER X2 devices and accessories should the grant proposal be accepted by Commerce. Unlike certain other less-than-lethal devices, there is presently no supply chain disruption in obtaining this equipment and we already have a vendor quote and certified in-house training ability as needed.

## **F. Deliverables**

As its deliverables, the Clallam County Sheriff's Office will procure the following equipment under its contract with Commerce: ten (10) TASER X2 devices, ten (10) TASER X2 Holsters LH Black Hawk Model, fifteen (15) TASER Tact Performance Power batteries, one hundred (100) count of TASER X2 Smart Cart 25 foot live munition, and thirty (30) count of TASER X2 Smart Cart 15 foot live munition. Once procured, this equipment will be distributed by the Clallam County Sheriff's Office pursuant to the above detailed Work Plan and Project Schedule. As part of the contract terms, we anticipate that we will provide to Commerce a properly completed invoice of the equipment purchased and that we will submit data/performance/outcome reports at intervals agreed to by the parties.

## **G. Related Information**

During the past twenty-four (24) months, the following contracts were executed between the Applicant, the Clallam County Sheriff's Office and the State of Washington:

1. Washington State Police, Contract No. 811-19-09, Livescan User Agreement, executed 11/20/19
2. Washington State Department of Commerce, Contract No. 811-19-08, STOP Grant, executed 1/1/20
3. Washington Department of Natural Resources, Contract No. 11065-19-02, Ellis Lookout Site Lease executed 1/1/20
4. Washington State Military Department, Contract No. 817-20-06, EMPG COVID-19 Supplement Agreement, executed 1/27/20
5. Washington State Patrol, Contract No. 11065-20-01, Shared Use/Maintenance of PSRN, executed 2/1/20
6. Washington State Police, Contract No. 11008-20-01, Interlocal Multijurisdictional Drug Taskforce Agreement, executed 3/3/20
7. Washington State Military Department, Contract No. 817-20-08, FY20 EMPG Grant, executed 6/1/20
8. Washington State Department of Commerce, F17-31440-203, County Contract No, 11008-20-02, Multi-Jurisdictional Gang-Drug Grant, executed 7/1/20

9. Washington State Military Department, Contract No. 11061-20-01, E911 Reimbursement Agreement, executed 7/1/20
10. Washington State Military Department, Contract No. 817-20-07, FY20 SHSP Grant, executed 9/1/20
11. Washington State Military Department, Contract No. 11068-21-02, FY20 Operation Stonegarden Grant, executed 9/1/20
12. Washington Traffic Safety Commission, Contract No. 811-20-08, Target Zero Manager Position, executed 10/1/20
13. Washington Traffic Safety Commission, Contract No. 811-20-11, HVE Region 1 Target Zero Task Force Agreement, executed 10/01/20
14. Washington State Department of Corrections, Contract No. 815-20-03, Temporary Bed Rate Increase due to COVID-19, executed 12/21/20
15. Washington State Department of Commerce, Contract No. F18-31440-003, County Contract No. 11008-21-01, Multi-Jurisdictional Drug-Gang Task Force Program

The following current staff of the Applicant, the Clallam County Sheriff's Office, were previously employed at some time during the past twenty-four (24) months as a Washington State employee:

1. Brian Clerici, Washington State Department of Corrections, previous job held was Secretary Supervisor, HCU, separation date: 3/13/20
2. Jason Earls, Washington State Department of Corrections, previous job held was deputy, separation date was 3/2/20

The Applicant has not had a contract terminated for default in the last five years.



**CLALLAM COUNTY SHERIFF'S OFFICE TECHNICAL PROPOSAL**

**ATTACHMENT 1**

## Conducted Energy Device

### 309.1 PURPOSE AND SCOPE

This policy provides guidelines for the issuance and use of TASER (TM) devices.

### 309.2 POLICY

The TASER device is intended to control a violent or potentially violent individual, while minimizing the risk of serious injury. The appropriate use of such a device should result in fewer serious injuries to deputies and suspects.

### 309.3 ISSUANCE AND CARRYING TASER DEVICES

Only members who have successfully completed department-approved training and have demonstrated satisfactory skill and proficiency may be issued and carry the TASER device.

TASER devices are issued for use during a member's current assignment. Those leaving a particular assignment may be required to return the device to the department's inventory.

Deputies shall only use the TASER device and cartridges that have been issued by the Department. Uniformed deputies who have been issued the TASER device shall wear the device in an approved holster on their person. Non-uniformed deputies may secure the TASER device in the driver's compartment of their vehicle.

Members carrying the TASER device should perform a spark test on the unit prior to every shift.

When carrying while in uniform, deputies shall carry the TASER device in a weak-side holster on the side opposite the duty weapon.

- (a) All TASER devices shall be clearly and distinctly marked to differentiate them from the duty weapon and any other device.
- (b) Whenever practicable, deputies should carry two or more cartridges on their person when carrying the TASER device.
- (c) Deputies shall be responsible for ensuring that their issued TASER device is properly maintained and in good working order.
- (d) Deputies should not hold both a firearm and the TASER device at the same time.

### 309.4 VERBAL AND VISUAL WARNINGS

A verbal warning of the intended use of the TASER device, such as "Taser, Taser, Taser", should precede its application, unless it would otherwise endanger the safety of deputies or when it is not practicable due to the circumstances. The purpose of the warning is to:

- (a) Provide the individual with a reasonable opportunity to voluntarily comply.
- (b) Provide other deputies and individuals with a warning that the TASER device may be deployed.

# Clallam County Sheriff's Office

## Clallam County SO Policy Manual

### Conducted Energy Device

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If, after a verbal warning, an individual is unwilling to voluntarily comply with a deputy's lawful orders and it appears both reasonable and feasible under the circumstances, the deputy may, but is not required to, display the electrical arc, or the laser in a further attempt to gain compliance prior to the application of the TASER device. The aiming laser should never be intentionally directed into the eyes of another as it may permanently impair his/her vision.

The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the deputy deploying the TASER device in the related report.

#### **309.5 USE OF THE TASER DEVICE**

The TASER device has limitations and restrictions requiring consideration before its use. The TASER device should only be used when its operator can safely approach the subject within the operational range of the device. Although the TASER device is generally effective in controlling most individuals, deputies should be aware that the device may not achieve the intended results and be prepared with other options.

##### **309.5.1 APPLICATION OF THE TASER DEVICE**

The TASER device may be used in any of the following circumstances, when the circumstances perceived by the deputy at the time indicate that such application is reasonably necessary to control a person:

- (a) The subject is violent or is physically resisting.
- (b) The subject has demonstrated, by words or action, an intention to be violent or to physically resist, and reasonably appears to present the potential to harm deputies, him/herself or others.

Mere flight from a pursuing deputy, without other known circumstances or factors, is not good cause for the use of the TASER device to apprehend an individual.

##### **309.5.2 SPECIAL DEPLOYMENT CONSIDERATIONS**

The use of the TASER device on certain individuals should generally be avoided unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the deputy, the subject or others, and the deputy reasonably believes that the need to control the individual outweighs the risk of using the device. This includes:

- (a) Individuals who are known to be pregnant.
- (b) Elderly individuals or obvious juveniles.
- (c) Individuals with obviously low body mass.
- (d) Individuals who are handcuffed or otherwise restrained.
- (e) Individuals who have been recently sprayed with a flammable chemical agent or who are otherwise in close proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

# Clallam County Sheriff's Office

Clallam County SO Policy Manual

## Conducted Energy Device

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- (f) Individuals whose position or activity may result in collateral injury (e.g., falls from height, operating vehicles).

Because the application of the TASER device in the drive-stun mode (i.e., direct contact without probes) relies primarily on pain compliance, the use of the drive-stun mode generally should be limited to supplementing the probe-mode to complete the circuit, or as a distraction technique to gain separation between deputies and the subject, thereby giving deputies time and distance to consider other force options or actions.

The TASER device shall not be used to psychologically torment, elicit statements or to punish any individual.

### 309.5.3 TARGETING CONSIDERATIONS

Reasonable efforts should be made to target lower center mass and avoid the head, neck, chest and groin. If the dynamics of a situation or officer safety do not permit the deputy to limit the application of the TASER device probes to a precise target area, deputies should monitor the condition of the subject if one or more probes strikes the head, neck, chest or groin until the subject is examined by paramedics or other medical personnel.

### 309.5.4 MULTIPLE APPLICATIONS OF THE TASER DEVICE

Deputies should apply the TASER device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of the TASER device against a single individual are generally not recommended and should be avoided unless the deputy reasonably believes that the need to control the individual outweighs the potentially increased risk posed by multiple applications.

If the first application of the TASER device appears to be ineffective in gaining control of an individual, the deputy should consider certain factors before additional applications of the TASER device, including:

- (a) Whether the probes are making proper contact.
- (b) Whether the individual has the ability and has been given a reasonable opportunity to comply.
- (c) Whether verbal commands, other options or tactics may be more effective.

Deputies should generally not intentionally apply more than one TASER device at a time against a single subject.

### 309.5.5 ACTIONS FOLLOWING TASER DEPLOYMENTS

Deputies shall notify a supervisor of all TASER discharges.

Taser darts which penetrate an individual's skin in non-sensitive areas will be removed by the TASER operator at the earliest practical opportunity.

Whenever a TASER weapon is deployed on an individual and the darts have penetrated sensitive areas (e.g., groin, female breast, head, neck, face) and/or there are other injuries, Fire Department

# Clallam County Sheriff's Office

## Clallam County SO Policy Manual

### Conducted Energy Device

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Aid, Medic Unit, or any qualified medical personnel shall be called to the scene to remove the probes.

Expendable TASER darts, cartridge(s), and probes should be submitted into evidence. The cartridge serial number should also be noted and documented on the property room report. If the TASER probes penetrated the skin, the evidence packaging shall be labeled a biohazard. Confetti tags (AFIDS) should be photographed.

Photographs of TASER probe penetration points and any injuries should be taken. A set of photographs will be forwarded with the case report and Use of Force Report.

All applications of a TASER will require a data-download only for the date of the incident. Data downloads shall be completed by the Department's Taser Instructor as soon as practical and the data shall be attached to the Use of Force Report.

#### 309.5.6 DANGEROUS ANIMALS

The TASER device may be deployed against an animal as part of a plan to deal with a potentially dangerous animal, such as a dog, if the animal reasonably appears to pose an imminent threat to human safety and alternative methods are not reasonably available or would likely be ineffective.

#### 309.5.7 OFF-DUTY CONSIDERATIONS

Deputies are not authorized to carry department TASER devices while off-duty.

Deputies shall ensure that TASER devices are secured while in their homes, vehicles or any other area under their control, in a manner that will keep the device inaccessible to others.

### 309.6 DOCUMENTATION

Deputies shall document all TASER device discharges in the related arrest/crime report and the Use of Force report form. Notification shall also be made to a supervisor in compliance with the Use of Force Policy. Unintentional discharges, pointing the device at a person, laser activation and arcing the device will also be documented on the report form.

#### 309.6.1 REPORTS

The deputy should include the following in the arrest/crime report:

- (a) Identification of all personnel firing TASER devices
- (b) Identification of all witnesses
- (c) Medical care provided to the subject
- (d) Observations of the subject's physical and physiological actions
- (e) Any known or suspected drug use, intoxication or other medical problems

### 309.7 MEDICAL TREATMENT

Consistent with local medical personnel protocols and absent extenuating circumstances, only appropriate medical personnel should remove TASER device probes from a person's body if the TASER probes have penetrated a sensitive area.

# Clallam County Sheriff's Office

Clallam County SO Policy Manual

## Conducted Energy Device

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Used TASER device probes shall be treated as a sharps biohazard, similar to a used hypodermic needle and handled appropriately. Universal precautions should be taken.

All persons who have been struck by TASER device probes or who have been subjected to the electric discharge of the device shall be medically assessed prior to booking. Additionally, any such individual who falls under any of the following categories should, as soon as practicable, be examined by paramedics or other qualified medical personnel:

- (a) The person is suspected of being under the influence of controlled substances and/or alcohol.
- (b) The person may be pregnant.
- (c) The person reasonably appears to be in need of medical attention.
- (d) The TASER device probes are lodged in a sensitive area (e.g., groin, female breast, head, face, neck).
- (e) The person requests medical treatment.

Any individual exhibiting signs of distress or who is exposed to multiple or prolonged applications (i.e., more than 15 seconds) shall be transported to a medical facility for examination or medically evaluated prior to booking. If any individual refuses medical attention, such a refusal should be witnessed by another deputy and/or medical personnel and shall be fully documented in related reports. If an audio recording is made of the contact or an interview with the individual, any refusal should be included, if possible.

The transporting deputy shall inform any person providing medical care or receiving custody that the individual has been subjected to the application of the TASER device.

### **309.8 SUPERVISOR RESPONSIBILITIES**

When possible, supervisors should respond to calls when they reasonably believe there is a likelihood the TASER device may be used. A supervisor should respond to all incidents where the TASER device was activated.

A supervisor should review each incident where a person has been exposed to an activation of the TASER device and ensure the device's onboard memory is downloaded through the data port by the Department's TASER instructor and saved with the related arrest/crime report.

Supervisors should ensure photographs of the probe sites are taken and witnesses interviewed.

### **309.9 TRAINING**

Personnel who are authorized to carry the TASER device shall be permitted to do so only after successfully completing the initial department-approved training and demonstrating satisfactory skill and proficiency. Any personnel who have not carried the TASER device as a part of their assignment for a period of six months or more shall be recertified by a department-approved TASER device instructor prior to again carrying or using the device.

# Clallam County Sheriff's Office

Clallam County SO Policy Manual

## *Conducted Energy Device*

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Proficiency training for personnel who have been issued TASER devices should occur every year. A reassessment of a deputy's knowledge and/or practical skill may be required at any time if deemed appropriate by the Training Sergeant. All training and proficiency for TASER devices will be documented in the deputy's training file.

Command staff, supervisors, and investigators should receive TASER device training as appropriate for the investigations they conduct and review.

Deputies who do not carry TASER devices should receive training that is sufficient to familiarize them with the device and with working with deputies who use the device.

The Training Sergeant is responsible for ensuring that all members who carry TASER devices have received initial and annual proficiency training. Periodic audits should be used for verification.

Application of TASER devices during training could result in injury to personnel and should not be mandatory for certification.

The Training Sergeant should ensure that all training includes:

- (a) A review of this policy.
- (b) A review of the Use of Force Policy.
- (c) Performing weak-hand draws or cross-draws to reduce the possibility of unintentionally drawing and firing a firearm.
- (d) Target area considerations, to include techniques or options to reduce the unintentional application of probes near the head, neck, chest, and groin.
- (e) Handcuffing a subject during the application of the TASER device and transitioning to other force options.
- (f) De-escalation techniques.
- (g) Restraint techniques that do not impair respiration following the application of the TASER device.



**CLALLAM COUNTY SHERIFF'S OFFICE COST PROPOSAL  
TO COMMERCE RFP NO. 19-31440-1, LESS-THAN-LETHAL EQUIPMENT**

**COST PROPOSAL FOR RFP NO. 19-31440-1**

The Clallam County Sheriff's Office submits the following cost proposal of \$ 21,417.82:

A. Identification of Proposed Costs

| <u>Conducted Energy Weapon</u>                                                                                 | <u>Quantity</u> | <u>Unit Price</u> | <u>Net Price</u> | <u>Sales Tax</u>  | <u>Total Price</u> |
|----------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------|-------------------|--------------------|
| TASER X2 Smart Weapon                                                                                          | 10              | \$1,275.00        | \$12,750.00      | \$1,122.00        | \$13,872.00        |
| TASER X2 Holster<br>LH Black Hawk Model                                                                        | 10              | \$81.75           | \$817.50         | \$71.94           | \$889.44           |
| TASER Tact Performance<br>Power Maga Battery                                                                   | 15              | \$68.00           | \$1,020.00       | \$89.76           | \$1,109.76         |
| TASER X2 Smart Cart<br>25 Foot Live                                                                            | 100 count       | \$39.70           | \$3,970.00       | \$349.36          | \$4,319.36         |
| TASER X2 Smart Cart<br>15 Foot Live [used for<br>Training]                                                     | 30 count        | \$37.60           | \$1,128.00       | \$99.26           | \$1,227.26         |
| Deputy TASER Training<br>Expenses [Performed in-house<br>by certified Instructors -- No<br>Charge to Commerce] | -----           | -----             | -----            | -----             | -----              |
|                                                                                                                |                 |                   |                  | <b>TOTAL COST</b> | <b>\$21,417.82</b> |

B. Computations

The following is provided as an additional computation of the above item costs for informational purposes:

|                  |                         |
|------------------|-------------------------|
| TASER X2 Devices | Total Cost: \$13,872.00 |
|------------------|-------------------------|

|                                |                        |
|--------------------------------|------------------------|
| TASER X2 Necessary Accessories | Total Cost: \$7,545.82 |
|--------------------------------|------------------------|

**TOTAL COST: \$21,417.82**

**CONTRACTOR CERTIFICATION  
EXECUTIVE ORDER 18-03 – WORKERS' RIGHTS  
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

*Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Commerce is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.*

Solicitation No.: 19-31440-1

I hereby certify, on behalf of the firm identified below, as follows (check one):

☒ NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ This firm certifies it has no employees.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: CHALLAM COUNTY  
Name of Contractor/Bidder – Print full legal entity name of firm

By: Tom Reyes TOM REYES  
Signature of authorized person Printed Name

Title: DEPUTY CO. ADMIN. Place: PORT ANGELES, WA  
Title of person signing certificate Print city and state where signed

Date: 9/21/2021

Return Contractor Certification to Procurement Coordinator as part of your complete response.



## AGENDA ITEM SUMMARY

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

4a  
10/12/21

Department: BOCC

WORK SESSION ☒ Meeting Date: 10/11/21

REGULAR AGENDA ☒ Meeting Date: 10/12/21

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 - Notice |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

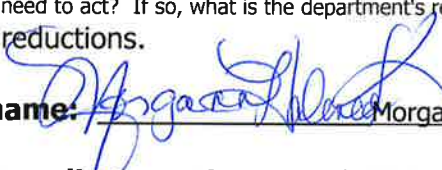
Board of Clallam County Commissioners will consider adopting by Resolution the attached budget reduction on October 26, 2021

Budget reductions – a reduction in revenues and/or expenditures.

**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?** ☐

Department of Community Development – Environmental Quality – (\$40,000)

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

**County Official signature & print name:**  Morgann Halencak, Deputy Clerk

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

**Relevant Departments:** All Departments

**Date submitted:** October 5, 2021

\* 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)



## NOTICE OF BUDGET REDUCTION

Notice is hereby given Clallam County will adopt by Resolution of the Board the budget reduction shown below on October 26, 2021 at 10 a.m. in the Commissioners' Meeting Room (160), Clallam County Courthouse.

Department of Community Development – Environmental Quality – Budget reduction due to funds from USFWS grant for McDonald Creek Barrier Removal will be used in the fall of 2022/(\$40,000)

A copy of the budget change form may be reviewed at the office of the Board of County Commissioners from 8 a.m. to 4:30 p.m., Monday through Friday.

BOARD OF CLALLAM COUNTY COMMISSIONERS

Date: October 12, 2021

\_\_\_\_\_  
Mark Ozias, Chair

Publish: October 17 and 24, 2021  
Bill: Commissioners' Office

c: Budget Director  
Department(s)  
Treasurer

# CLALLAM COUNTY BUDGET CHANGE FORM

RECEIVED  
CLALLAM CO. FINANCE

SEP 21 2021



Date Submitted: 9-20-21 ✓

Budget Hearing/Meeting Date: 10-26-21 ✓

- **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. | 00100.332 ✓ | <b>Budget Name</b> | DCD Env. Quality ✓ |
|---------------------------------|-------------|--------------------|--------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME          | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                     | AMOUNT   |
|-----------------------------|--------------------|------------------------------|-----------------------------------------|----------|
| 00100.332 ✓                 | DCD Env. Quality ✓ | 33115.60.8010 ✓              | USFWS McDonald Cr. Fish Barrier Removal | 40,000   |
|                             |                    |                              |                                         |          |
|                             |                    |                              |                                         |          |
|                             |                    |                              |                                         |          |
|                             |                    |                              |                                         |          |
| Total                       |                    |                              |                                         | 40,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME          | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION   | AMOUNT   |
|-----------------------------|--------------------|------------------------------|-----------------------|----------|
| 00100.332 ✓                 | DCD Env. Quality ✓ | 55491.31.0020 ✓              | Operating Supplies    | 2,000    |
| 00100.332 ✓                 | DCD Env. Quality ✓ | 55491.41.0020 ✓              | Professional Services | 36,500   |
| 00100.332 ✓                 | DCD Env. Quality ✓ | 55491.45.0015 ✓              | Vehicle Rental/Lease  | 700      |
| 00100.332 ✓                 | DCD Env. Quality ✓ | 55491.45.0020 ✓              | Equipment/Site Rental | 800      |
|                             |                    |                              |                       |          |
|                             |                    |                              |                       |          |
|                             |                    |                              |                       |          |
|                             |                    |                              |                       |          |
|                             |                    |                              |                       |          |
| Total                       |                    |                              |                       | 40,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Funds from USFWS grant #F18AC00619 for the McDonald Creek Barrier Removal will be used in the fall of 2022.

## County Official Approval:

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

*[Signature]*

*[Signature]*

129



4b  
10/12/21

## AGENDA ITEM SUMMARY

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

**Department:** BOCC

**WORK SESSION**     ☒ **Meeting Date:** 10/11/21

**REGULAR AGENDA**   ☒ **Meeting Date:** 10/12/21

**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 - Notice |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

Board of Clallam County Commissioner will consider adopting by Resolution the attached supplemental appropriations on October 26, 2021

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?** ☐

Sheriff – Operations - \$17,029

Sheriff – Operations - \$39,478

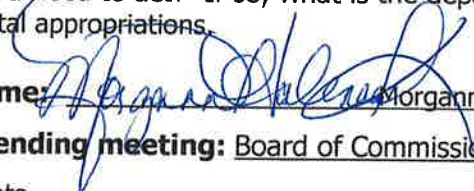
Health and Human Services – Operations - \$27,381

Clerk - \$28,820

Clerk - \$75,000

Juvenile Services - \$51,252

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

**County Official signature & print name:**  Morgann Halencak, Deputy Clerk

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

**Relevant Departments:** All Departments

**Date submitted:** October 5, 2021

\* 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)



## NOTICE OF SUPPLEMENTAL APPROPRIATIONS BUDGET MEETING

Notice is hereby given Clallam County will adopt by Resolution of the Board, the supplemental budget appropriations in the following funds pursuant to RCW 36.40.100, at 10 a.m. on October 26, 2021 in the Commissioners' Meeting Room (160) of the Clallam County Courthouse.

### Sheriff – Operations

- Receipt of State funding from FY2021-2022 Registered Sex Offender Address and Residency Verification Program that will be spent in FY2021. The remainder will be received and spent in FY2022/\$17,029
- Reimbursement from FY19 Operation Stonegarden Grants for patrol overtime and patrol mileage for June-September 2021/\$39,478

Health and Human Services – Operations - Adds funding from contract with Kitsap County to provide tobacco and marijuana prevention services/\$27,381

### Clerk

- Adds funding for costs related to the implementation of an eFile Portal for Superior Court filings with the Clerk to be reimbursed by Administrative Office of the Courts CARES Act funds/\$28,820
- Adds funding for reimbursement of Criminal Legal Financial Obligations as a result of the Supreme Court State v Blake decision/\$75,000

Juvenile Services – Adds funding from Community Prevention Wellness Initiative (CWPI) for direct and environmental substance use disorder prevention services for youth/\$51,252

Copies of the budget change forms may be viewed at the office of the Board of Clallam County Commissioners from 8 a.m. to 4:30 p.m., Monday through Friday.

BOARD OF CLALLAM COUNTY COMMISSIONERS

Date: 12 October 2021

\_\_\_\_\_  
Mark Ozias, Chair

Publish: October 17 and 24  
Bill: Commissioners

c: Budget Director  
Treasurer  
Department(s)

# CLALLAM COUNTY BUDGET CHANGE FORM

RECEIVED  
CLALLAM CO. FINANCE

SEP 08 2021



Date Submitted: 08/31/20 Budget Hearing/Meeting Date: 10/26/21

- ☒ **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 revisions within departments
- ☐ **Budget Reduction** – a reduction in revenues and/or expenditures

|                          |             |             |                        |
|--------------------------|-------------|-------------|------------------------|
| Budget Number xxxxx.xxx. | 00100.811 ✓ | Budget Name | Sheriff - Operations ✓ |
|--------------------------|-------------|-------------|------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION               | AMOUNT   |
|-----------------------------|------------------------|------------------------------|-----------------------------------|----------|
| 00100.811 ✓                 | Sheriff - Operations ✓ | 33406.90.0010 ✓              | Sex Offender Verification Program | 17,029   |
|                             |                        |                              |                                   |          |
|                             |                        |                              |                                   |          |
|                             |                        |                              |                                   |          |
|                             |                        |                              |                                   | 17,029 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                      | AMOUNT   |
|-----------------------------|------------------------|------------------------------|------------------------------------------|----------|
| 00100.811 ✓                 | Sheriff - Operations ✓ | 52122.41.0510 ✓              | Port Angeles Police Department           | 5,425    |
|                             |                        | 52122.41.0515 ✓              | Sequim Police Department                 | 904      |
|                             |                        | 52121.10.0500 ✓              | Overtime -- Detectives                   | 3,500    |
|                             |                        | 52123.10.0500 ✓              | Overtime -- Support Services             | 4,000    |
|                             |                        | 52121.45.0015 ✓              | Vehicle -- Repair and Maintenance Rental | 1,600    |
|                             |                        | 52123.41.4410 ✓              | Advertising                              | 500      |
|                             |                        | 52123.42.0020 ✓              | Postage                                  | 200      |
|                             |                        | 52123.43.0022 ✓              | Travel -- Training Support               | 900      |
|                             |                        |                              |                                          | 17,029 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Receipt of State funding from FY2021-2022 Registered Sex Offender Address and Residency Verification Program that will be spent in FY2021. Local City law enforcement agencies participating in this program receive a portion of the funding based upon the number of registered offenders residing in their jurisdiction. The remainder of the State funding will be received and spent in FY2022.

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



125

The seal of Glenn County, California, featuring a central image of a clock tower with a dome, surrounded by the text "GLENN COUNTY" at the top and "1854" at the bottom.

**Budget Hearing/Meeting Date:** 10/26/21

X **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 revisions within departments

— **Budget Reduction** – a reduction in revenues and/or expenditures

|                                 |             |                    |                      |
|---------------------------------|-------------|--------------------|----------------------|
| <b>Budget Number</b> xxxxx.xxx. | 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 - <i>Ops</i> | 34210.00.0000 ✓              | Law Enforcement Services | 39,478 |
|                             |                      |                              |                          |        |
|                             |                      |                              |                          |        |
|                             |                      |                              |                          |        |
|                             |                      |                              |                          |        |
|                             |                      |                              |                          | 39,478 |

## EXPENDITURES

| BUDGET NUMBER<br>XXXXX.XXX. | DEPT NAME     | BARS NUMBER<br>XXXXX.XX.XXXX | ACCOUNT DESCRIPTION  | AMOUNT |
|-----------------------------|---------------|------------------------------|----------------------|--------|
| 00100.811 ✓                 | Sheriff - Ops | 52122.10.0500 ✓              | Overtime             | 38,070 |
|                             |               | 52122.45.0015 ✓              | Vehicle Rental/Lease | 1,408  |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      |        |
|                             |               |                              |                      | 39,478 |

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

REASON FOR BUDGET ACTION:

Reimbursement from FY19 Operation Stonegarden Grants for patrol overtime and patrol mileage related to grant activities for the months of June-Sept 2021.

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

136

# CLALLAM COUNTY BUDGET CHANGE FORM

SEP 08 2021



Date Submitted: 9/8/21 Budget Hearing/Meeting Date: 10/26/21

- ☒ **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. | 11301.511 ✓ | Budget Name | HHS Operations ✓ |
|--------------------------|-------------|-------------|------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION      | AMOUNT   |
|-----------------------------|------------------|------------------------------|--------------------------|----------|
| 11301.511 ✓                 | HHS Operations ✓ | 33393.75.0000 ✓              | DOH Tobacco Federal      | 6,259    |
| 11301.511 ✓                 | HHS Operations ✓ | 33404.93.0070 ✓              | DOH Marijuana Prevention | 21,122   |
|                             |                  |                              |                          |          |
|                             |                  |                              |                          |          |
| Total                       |                  |                              |                          | 27,381 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT   |
|-----------------------------|------------------|------------------------------|---------------------|----------|
| 11301.511 ✓                 | HHS Operations ✓ | 56210.31.0020 ✓              | Operating Supplies  | 2,222    |
| 11301.511 ✓                 | HHS Operations ✓ | 56210.43.0010 ✓              | Travel Business     | 939      |
| 11301.511 ✓                 | HHS Operations ✓ | 50800.00.0000 ✓              | Ending Fund Balance | 24,220   |
|                             |                  |                              |                     |          |
|                             |                  |                              |                     |          |
|                             |                  |                              |                     |          |
|                             |                  |                              |                     |          |
| Total                       |                  |                              |                     | 27,381 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Funding is being received from Kitsap County to provide tobacco and marijuana prevention activities. These are state and federal funding allocations that are being passed down from the Department of Health, through Kitsap County.

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

133

SEP 14 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted: 09/20/2021

Budget Hearing/Meeting Date: 9/21/2021

- ☒ **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. | 00100.891 ✓ | Budget Name | Clerk ✓ |
|--------------------------|-------------|-------------|---------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION  | AMOUNT   |
|-----------------------------|-----------|------------------------------|----------------------|----------|
| 00100.891 ✓                 | Clerk ✓   | 33321.01.9030 ✓              | AOC CARES Technology | 28,820   |
|                             |           |                              |                      |          |
|                             |           |                              |                      |          |
|                             |           |                              |                      |          |
| Total                       |           |                              |                      | 28,820 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION          | AMOUNT   |
|-----------------------------|-----------|------------------------------|------------------------------|----------|
| 00100.891 ✓                 | Clerk ✓   | 51230.48.0050 ✓              | Computer Systems Maintenance | 28,820   |
|                             |           |                              |                              |          |
|                             |           |                              |                              |          |
|                             |           |                              |                              |          |
|                             |           |                              |                              |          |
|                             |           |                              |                              |          |
|                             |           |                              |                              |          |
| Total                       |           |                              |                              | 28,820 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

These unbudgeted funds are requested for an additional OnBase software license, maintenance, professional services and user fees to implement an E-filing Module for Superior Court filings with the Clerk. The Clerk has been granted pre-approval for CARES reimbursement funds through AOC under reference no. CARES341.

County Official Approval: N. Botnen  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

*[Handwritten signature]*

126

SEP 22 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted: 9/22/21 ✓

Budget Hearing/Meeting Date: 10/26/21 ✓

- ☒ **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. | 00100.891. ✓ | Budget Name | Clerk ✓ |
|--------------------------|--------------|-------------|---------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION      | AMOUNT   |
|-----------------------------|-----------|------------------------------|--------------------------|----------|
| 00100.891 ✓                 | Clerk ✓   | 33401.20.0075 ✓              | AOC Blake Reimbursements | 75,000   |
|                             |           |                              |                          |          |
|                             |           |                              |                          |          |
|                             |           |                              |                          |          |
|                             |           |                              |                          |          |
| Total                       |           |                              |                          | 75,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION   | AMOUNT   |
|-----------------------------|-----------|------------------------------|-----------------------|----------|
| 00100.891 ✓                 | Clerk ✓   | 51230.49.0190 ✓              | Blake LFO Settlements | 75,000   |
|                             |           |                              |                       |          |
|                             |           |                              |                       |          |
|                             |           |                              |                       |          |
|                             |           |                              |                       |          |
|                             |           |                              |                       |          |
|                             |           |                              |                       |          |
|                             |           |                              |                       |          |
|                             |           |                              |                       |          |
| Total                       |           |                              |                       | 75,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Budget change is needed to allow for reimbursement of Criminal Legal Financial Obligations as a result of the Supreme Court State v Blake Decision.

County Official Approval: N. Bohnen  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

134

OCT 01 2021

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 10/01/2021 ✓ Budget Hearing/Meeting Date: 10/26/2021 ✓

- ☒ **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. | 00100.851 ✓ | Budget Name | Juvenile Services |
|--------------------------|-------------|-------------|-------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME         | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT   |
|-----------------------------|-------------------|------------------------------|---------------------|----------|
| 00100.851 ✓                 | Juvenile Services | 34630.00.0055                | HCA CPWI            | 51,252   |
|                             |                   |                              |                     |          |
|                             |                   |                              |                     |          |
|                             |                   |                              |                     |          |
| Total                       |                   |                              |                     | 51,252 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME               | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION             | AMOUNT   |
|-----------------------------|-------------------------|------------------------------|---------------------------------|----------|
| 00100.293 ✓                 | General Fund Reserves ✓ | 50800.00.0000 ✓              | Ending Fund Balance             | 5,768    |
| 00100.851 ✓                 | Juvenile Services ✓     | 52760.10.0010 ✓              | Regular Time                    | 20,116   |
| 00100.851 ✓                 | Juvenile Services ✓     | 52760.20.0020 ✓              | Benefits                        | 10,140   |
| 00100.851 ✓                 | Juvenile Services ✓     | 52760.31.0020 ✓              | Operating Supplies              | 9,189    |
| 00100.851 ✓                 | Juvenile Services ✓     | 52760.31.0030 33             | Furnishings                     | 358      |
| 00100.851 ✓                 | Juvenile Services ✓     | 52760.31.0210 ✓              | Software License                | 4,734    |
| 00100.851 ✓                 | Juvenile Services ✓     | 52760.35.0010 ✓              | Small Tools and Minor Equipment | 947      |
|                             |                         |                              |                                 |          |
|                             |                         |                              |                                 |          |
| Total                       |                         |                              |                                 | 51,252 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Community Prevention Wellness Initiative(CPWI) grant funds will be used to increase the capacity to implement direct and environmental substance use disorder prevention services based on youth substance use in the community to prevent and reduce abuse of alcohol, tobacco, marijuana, opioids, and other drugs.

County Official Approval:

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

*[Signature]*

*[Signature]*

*[Signature]*

135



4C  
10/12/21

## AGENDA ITEM SUMMARY

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

Department: BOCC

WORK SESSION ☒ Meeting Date: 10/11/21

REGULAR AGENDA ☒ Meeting Date: 10/12/21

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 - Notice |

Documents exempt from public disclosure attached: ☐

**Executive summary:**

Board of Clallam County Commissioner will consider adopting by Resolution the attached debatable emergencies on October 26, 2021

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?** ☐

Non Departmental - Hotel/Motel Tax - \$50,000  
General Fund Reserves - \$50,000  
Sheriff – Operation Stonegarden - \$50,000  
Parks & Facilities - \$11,229  
Parks & Facilities - \$18,300  
Prosecuting Attorney – Coroner - \$40,000  
Treasurer - \$18,000  
Public Works – Roads - \$34,500  
Public Works – Clallam Bay-Seki Sewer - \$24,000  
Public Works – Solid Waste - \$14,000

**Recommended action:** (Does the Board need to act? If so, what is the department's recommendation?)  
Approve the attached notice of debatable emergencies.

**County Official signature & print name:** Morgann Halencak Morgann Halencak, Deputy Clerk

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

**Relevant Departments:** All Departments

**Date submitted:** October 5, 2021

- \* 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 10-12-21  
Revised: 3-04-2019



BUDGET RESOLUTION \_\_\_\_\_, 2021

CALL FOR HEARING FOR DEBATABLE EMERGENCIES IN THE FUNDS LISTED BELOW

THE BOARD OF CLALLAM COUNTY COMMISSIONERS finds as follows:

1. Pursuant to RCW 36.40.140, the following facts constitute a public emergency that could not reasonably have been foreseen at the time of making the budget:

Non Departmental – Hotel/Motel Tax – Additional funding for the Olympic Peninsula Visitor Bureau per resolution 74, 2021 to be used toward their 2021 fall marketing campaign/\$50,000

General Fund Reserves – Transfer of funding from General Fund Reserves to Sheriff – Operation Stonegarden to provide working capital to allow for timely payment to vendors (1 of 2)/\$50,000

Sheriff – Operation Stonegarden – Transfer of funding from General Fund Reserves to Sheriff – Operation Stonegarden to provide working capital to allow for timely payment to vendors (2 of 2)/\$50,000  
Parks and Facilities

- Additional funding for expenses related to COVID-19 for goods and services expenditures incurred in September, 2021 expected to be reimbursed through FEMA/\$11,229
- Additional funding for emergency infrastructure repairs to Salt Creek Recreation Area Park Manger Residence/\$18,300

Prosecuting Attorney – Coroner – Additional funds due to cost increases for expenses related to services provided by contract funeral homes, pathologists and other partner agencies/\$40,000

Treasurer – Additional funding for salary and benefits of new position of Fiscal Specialist II for October through December/\$18,000

Public Works – Roads – Additional funding to pay for four employees' departure vacation and sick pay-outs/\$34,500

Public Works – Clallam Bay-Seki Sewer – Additional funding for overtime of Senior Wastewater Treatment Operator for June 2 through August 16, 2021/\$24,000

Public Works – Solid Waste – Additional funding for equipment rent and risk insurance payments not budgeted for 2021/\$14,000

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

1. A public hearing on the debatable emergencies listed above will be held October 26, 2021 at 10:30 a.m. in Room 160 of the Clallam County Courthouse.
2. A copy of the budget change forms may be viewed at the office of the Board of Clallam County Commissioners from 8 a.m. to 4:30 p.m., Monday through Friday.

PASSED AND ADOPTED this 12<sup>th</sup> day of October 2021

BOARD OF CLALLAM COUNTY COMMISSIONERS

\_\_\_\_\_  
Mark Ozias, Chair

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

\_\_\_\_\_  
Bill Peach

ATTEST:

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

Publish: October 17, 2021

Bill: Commissioners

c: Budget Director  
Treasurer  
Department(s)

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 9/22/2021 ✓

Budget Hearing/Meeting Date: 10/26/2021 ✓

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- X **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. | 19925.291 ✓ | Budget Name | 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 –<br>Hotel/Motel Tax ✓ | 50800.00.0000 ✓              | Ending Fund Balance | 50,000   |
|                             |                                |                              |                     |          |
|                             |                                |                              |                     |          |
| Total                       |                                |                              |                     | 50,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                      | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION              | AMOUNT   |
|-----------------------------|--------------------------------|------------------------------|----------------------------------|----------|
| 19925.291 ✓                 | NonDept –<br>Hotel/Motel Tax ✓ | 55730.41.0121 ✓              | Olympic Peninsula Visitor Bureau | 50,000   |
|                             |                                |                              |                                  |          |
|                             |                                |                              |                                  |          |
| Total                       |                                |                              |                                  | 50,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Additional funding for the Olympic Peninsula Visitor Bureau per Resolution 74, 2021 in the amount of \$50,000 to be used toward their 2021 fall marketing campaign.

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

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

A handwritten signature in black ink, appearing to be "J. Cook", written over a horizontal line.

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 9/21/2021

Budget Hearing/Meeting Date: 10/26/2021

- ☐ **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. | 00100.293 | Budget Name | General Fund Reserves |
|--------------------------|-----------|-------------|-----------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME             | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT |
|-----------------------------|-----------------------|------------------------------|---------------------|--------|
| 00100.293                   | General Fund Reserves | 50800.00.0000                | Ending Fund Balance | 50,000 |
|                             |                       |                              |                     |        |
|                             |                       |                              |                     |        |
| Total                       |                       |                              |                     | 50,000 |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME             | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION               | AMOUNT |
|-----------------------------|-----------------------|------------------------------|-----------------------------------|--------|
| 00100.293                   | General Fund Reserves | 59773.00.0010                | Transfer to Operation Stonegarden | 50,000 |
|                             |                       |                              |                                   |        |
|                             |                       |                              |                                   |        |
| Total                       |                       |                              |                                   | 50,000 |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Transfer of funding from General Fund Reserves to Sheriff – Operation Stonegarden in order to give this fund some working capital. This funding source is set up as reimbursement only with expenses processed before reimbursement can be made. Reimbursement must be received before paying vendors. This creates quite a delay in getting vendors paid. This working capital allows for payment to vendors timely while awaiting the reimbursement of expenses. (1 of 2)

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

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

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# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 9/21/2021

Budget Hearing/Meeting Date: 10/26/2021

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- X **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. | 11068.811 | Budget Name | Sheriff - Operation Stonegarden |
|--------------------------|-----------|-------------|---------------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                       | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION                 | AMOUNT |
|-----------------------------|---------------------------------|------------------------------|-------------------------------------|--------|
| 11068.811                   | Sheriff - Operation Stonegarden | 39773.00.0010                | Transfer from General Fund Reserves | 50,000 |
|                             |                                 |                              |                                     |        |
|                             |                                 |                              |                                     |        |
| Total                       |                                 |                              |                                     | 50,000 |

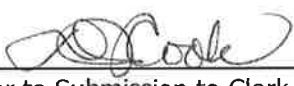
## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                       | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT |
|-----------------------------|---------------------------------|------------------------------|---------------------|--------|
| 11068.811                   | Sheriff - Operation Stonegarden | 50800.00.0000                | Ending Fund Balance | 50,000 |
|                             |                                 |                              |                     |        |
|                             |                                 |                              |                     |        |
| Total                       |                                 |                              |                     | 50,000 |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Transfer of funding from General Fund Reserves to Sheriff – Operation Stonegarden in order to give this fund some working capital. This funding source is set up as reimbursement only with expenses processed before reimbursement can be made. Reimbursement must be received before paying vendors. This creates quite a delay in getting vendors paid. This working capital allows for payment to vendors timely while awaiting the reimbursement of expenses. (2 of 2)

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


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SEP 21 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted: September 20, 2021 Budget Hearing/Meeting Date: October 26, 2021 ✓

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- X ✓ **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. | 00100.911. ✓ | <b>Budget Name</b> | Parks & Facilities ✓ |
|---------------------------------|--------------|--------------------|----------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME               | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT      |
|-----------------------------|-------------------------|------------------------------|---------------------|-------------|
| 00100.293 ✓                 | General Fund Reserves ✓ | 50800.00.0000 ✓              | Ending Fund Balance | \$ 11,229   |
|                             |                         |                              |                     |             |
|                             |                         |                              |                     |             |
|                             |                         |                              |                     |             |
| Total                       |                         |                              |                     | \$ 11,229 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME            | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION              | AMOUNT      |
|-----------------------------|----------------------|------------------------------|----------------------------------|-------------|
| 00100.911. ✓                | Parks & Facilities ✓ | 57680.31.0035 ✓              | Cleaning and Sanitation Supplies | \$ 2,562    |
| 00100.911. ✓                | Parks & Facilities ✓ | 57680.31.0045 ✓              | Building Supplies and Materials  | \$ 60       |
| 00100.911. ✓                | Parks & Facilities ✓ | 57680.41.1030 ✓              | Personnel Services               | \$ 8,607    |
|                             |                      |                              |                                  |             |
|                             |                      |                              |                                  |             |
| Total                       |                      |                              |                                  | \$ 11,229 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

To pay for additional expenses related to the Covid 19 virus event in Clallam County that were paid from the Parks and Facilities budget in 2021. This is to cover the goods and services expenditures incurred in September 2021, and are expected to be reimbursed through FEMA reimbursements.

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

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

*[Handwritten signatures]*

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OCT 01 2021

# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: October 1, 2021 ✓

Budget Hearing/Meeting Date: October 26, 2021 ✓

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- X ✓ **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> | 00100.911. ✓ | <b>Budget Name</b> | Parks and Facilities ✓ |
|---------------------------------|--------------|--------------------|------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME               | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT     |
|-----------------------------|-------------------------|------------------------------|---------------------|------------|
| 00100.293 ✓                 | General Fund Reserves ✓ | 50800.00.0000 ✓              | Ending Fund Balance | \$18,300   |
|                             |                         |                              |                     |            |
|                             |                         |                              |                     |            |
|                             |                         |                              |                     |            |
| Total                       |                         |                              |                     | \$18,300 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION            | AMOUNT     |
|-----------------------------|------------------------|------------------------------|--------------------------------|------------|
| 00100.911. ✓                | Parks and Facilities ✓ | 57680.48.0020 ✓              | Outside Repair and Maintenance | \$18,300   |
|                             |                        |                              |                                |            |
|                             |                        |                              |                                |            |
|                             |                        |                              |                                |            |
| Total                       |                        |                              |                                | \$18,300 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Emergency infrastructure repairs to Salt Creek Recreation Area Park Manager Residence as a result of water leaks, HVAC system failure and resulting rodent mitigation.

County Official Approval: \_\_\_\_\_ 10/1/2021  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

*[Signature]*

*[Signature]*

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# CLALLAM COUNTY BUDGET CHANGE FORM



Date Submitted: 09/15/2021 ✓

Budget Hearing/Meeting Date: 10/26/2021 ✓

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- X ✓ **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 revisions within departments
- **Budget Reduction** – a reduction in revenues and/or expenditures

|                                 |             |                    |                                  |
|---------------------------------|-------------|--------------------|----------------------------------|
| <b>Budget Number</b> xxxxx.xxx. | 00100.843 ✓ | <b>Budget Name</b> | Prosecuting Attorney - Coroner ✓ |
|---------------------------------|-------------|--------------------|----------------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME              | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT      |
|-----------------------------|------------------------|------------------------------|---------------------|-------------|
| 00100.293 ✓                 | General Fund Reserve ✓ | 50800.00.0000 ✓              | Ending Fund Balance | \$40,000.   |
|                             |                        |                              |                     |             |
|                             |                        |                              |                     |             |
|                             |                        |                              |                     |             |
|                             |                        |                              |                     |             |
| Total                       |                        |                              |                     | \$40,000. ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                        | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT     |
|-----------------------------|----------------------------------|------------------------------|---------------------|------------|
| 00100.843 ✓                 | Prosecuting Attorney - Coroner ✓ | 56320.41.0030 ✓              | Coroner Services    | \$40,000.  |
|                             |                                  |                              |                     |            |
|                             |                                  |                              |                     |            |
|                             |                                  |                              |                     |            |
|                             |                                  |                              |                     |            |
|                             |                                  |                              |                     |            |
|                             |                                  |                              |                     |            |
|                             |                                  |                              |                     |            |
| Total                       |                                  |                              |                     | \$40,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

The additional funds requested under the Coroner Services line within the coroner budget will cover expenses related to services provided by our contract funeral homes, pathologists, and other partner agencies. This year has seen a cost increase related to coroner cases, an increase in cases that require autopsies outside of the county, and additional expenses related to the pandemic. Our county is required to pay for these services per RCW 68.50.104 (1): "The cost of autopsy shall be borne by the county in which the autopsy is performed..."

County Official Approval: Mark Milif  
(Obtain Budget Office Approval Prior to Submission to Clerk of the Board)

OCT 04 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted:

10/4/2021 ✓

Budget Hearing/Meeting Date: Oct 26, 2021 ✓

**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.

00100.231 ✓

Budget Name

Treasurer ✓

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME               | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT     |
|-----------------------------|-------------------------|------------------------------|---------------------|------------|
| 00100.293 ✓                 | General Fund Reserves ✓ | 50800.00.000 ✓               | Ending Fund Balance | \$18,000   |
|                             |                         |                              |                     |            |
|                             |                         |                              |                     |            |
|                             |                         |                              |                     |            |
| Total                       |                         |                              |                     | \$18,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT     |
|-----------------------------|-----------|------------------------------|---------------------|------------|
| 00100.231                   | Treasurer | 51422.10.0010 ✓              | Regular Time        | \$11,830   |
| 00100.231                   | Treasurer | 51422.20.0020 ✓              | Benefits            | \$6,170    |
|                             |           |                              |                     |            |
|                             |           |                              |                     |            |
|                             |           |                              |                     |            |
|                             |           |                              |                     |            |
|                             |           |                              |                     |            |
|                             |           |                              |                     |            |
| Total                       |           |                              |                     | \$18,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

BOCC has approved the Treasurer's request to hire Fiscal Specialist II, approved during BOCC Work Session on 9/27/21. Additional funding is needed to cover the position from October – December (remaining fiscal year)

County Official Approval:

*Jerena Marchi*

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

*[Signature]*

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OCT 01 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted: 10.01.21 ✓

Budget Hearing/Meeting Date: 10.26.21 ✓

— **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> | 10101.611 ✓ | <b>Budget Name</b> | Public Works – Roads ✓ |
|---------------------------------|-------------|--------------------|------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME    | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT     |
|-----------------------------|--------------|------------------------------|---------------------|------------|
| 10101.611 ✓                 | PW – Roads ✓ | 50800.00.0000                | Ending Fund Balance | \$34,500   |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
| Total                       |              |                              |                     | \$34,500 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME    | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT     |
|-----------------------------|--------------|------------------------------|---------------------|------------|
| 10101.611 ✓                 | PW – Roads ✓ | 54490.10.0010 ✓              | Regular Time        | \$34,500   |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
|                             |              |                              |                     |            |
| Total                       |              |                              |                     | \$34,500 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

4 employees' departure vacation and sick pay-outs.

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

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

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OCT 01 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted: 10/1/2021 09/30/21

Budget Hearing/Meeting Date: 10/26/21

- ☐ **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. | 41401.611 ✓ | Budget Name | Public Works – Clallam Bay-Sekiu Sewer ✓ |
|--------------------------|-------------|-------------|------------------------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                      | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT              |
|-----------------------------|--------------------------------|------------------------------|---------------------|---------------------|
| 41401.611 ✓                 | PW – Clallam Bay-Sekiu Sewer ✓ | 50800.00.0000 ✓              | Ending Fund Balance | \$24,000            |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
| Total                       |                                |                              |                     | <del>\$36,000</del> |

24,000

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME                      | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT              |
|-----------------------------|--------------------------------|------------------------------|---------------------|---------------------|
| 41401.611 ✓                 | PW – Clallam Bay-Sekiu Sewer ✓ | 53580.10.0050<br>0500        | Overtime            | \$24,000            |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
|                             |                                |                              |                     |                     |
| Total                       |                                |                              |                     | <del>\$36,000</del> |

24,000

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

The unexpected departure of the junior Wastewater Treatment operator created an unexpected overtime issue with the Senior Wastewater Treatment Operator from June 2, 2021 until a replacement was hired on August 16, 2021.

County Official Approval:

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

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OCT 01 2021



# CLALLAM COUNTY BUDGET CHANGE FORM

Date Submitted: 10/11/2021  
~~09/24/21~~

Budget Hearing/Meeting Date: 10/26/21 ✓

- **Supplemental Appropriation** – increased expenditures due to unanticipated federal, state, or local funds
- X ✓ **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. | 40201.611 ✓ | Budget Name | Public Works – Solid Waste ✓ |
|--------------------------|-------------|-------------|------------------------------|

## REVENUE/SOURCE

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME          | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION | AMOUNT     |
|-----------------------------|--------------------|------------------------------|---------------------|------------|
| 40201.611 ✓                 | PW – Solid Waste ✓ | 50800.00.0000 ✓              | Ending Fund Balance | \$14,000   |
|                             |                    |                              |                     |            |
|                             |                    |                              |                     |            |
|                             |                    |                              |                     |            |
|                             |                    |                              |                     |            |
| Total                       |                    |                              |                     | \$14,000 ✓ |

## EXPENDITURES

| BUDGET NUMBER<br>xxxxx.xxx. | DEPT NAME          | BARS NUMBER<br>xxxxx.xx.xxxx | ACCOUNT DESCRIPTION             | AMOUNT     |
|-----------------------------|--------------------|------------------------------|---------------------------------|------------|
| 40201.611 ✓                 | PW – Solid Waste ✓ | 53710.41.7777 ✓              | PW – Other services and charges | \$14,000   |
|                             |                    |                              |                                 |            |
|                             |                    |                              |                                 |            |
|                             |                    |                              |                                 |            |
|                             |                    |                              |                                 |            |
|                             |                    |                              |                                 |            |
|                             |                    |                              |                                 |            |
|                             |                    |                              |                                 |            |
| Total                       |                    |                              |                                 | \$14,000 ✓ |

Revenue/Source and Expenditure totals must agree.

## REASON FOR BUDGET ACTION:

Equipment rent and risk insurance payments that were not budgeted for 2021.

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

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

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