Kitsap Public Health District
Consent Agenda Agreement Summary
June 2015

KPHD Contract Number	Their Contract Number	Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Contractor
1417	____	**Quileute Tribe** *Emergency Training and Exercise*	Interagency Agreement	03/01/2015-06/11/2015	$0	$5,000
Description: Regional emergency exercise to test the Olympic Regional Tribal Public Health Mutual Aid Agreement.						
1416	20150361	**Washington Office of Superintendent of Public Instruction**	Interlocal Agreement	06/02/2015 – 08/31/2015	$1,417	$0
Description: Food and Living Environment Program staff will conduct health and sanitation evaluations of on-site food preparation facilities, central kitchen facilities, and feeding sites serving meals prepared elsewhere.						
1392 Amendment 1	____	**Port Gamble S'Klallam Tribe** *Emergency Training and Exercise*	Interagency Agreement	03/01/2015-06/11/2015	$0	$5,000
Description: Extends end date and modifies Scope of Work to require that the contractor send a representative to act as a co-presenter at the final presentation session.						
1391 Amendment 1	____	**Makah Tribe** *Emergency Training and Exercise*	Interagency Agreement	03/01/2015-06/11/2015	$0	$5,000
Description: Extends end date and modifies Scope of Work to require that the contractor send a representative to act as a co-presenter at the final presentation session.						

KPHD Contract Number	Their Contract Number	Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Contractor
1354	___	**Kitsap Public Health District** *Olympic Community of Health Project Manager*	Professional Services Agreement (Subcontract)	05/15/2015-01/31/2016	$0	$96,000
Description: Professional services agreement with Browning Solutions (Peter Browning) to serve as the Project Manager for the Olyjmpic Community of Health. Agreement is a subcontract under the District's Accountable Community of Health Design Grant with the Washington State Health Care Authority.						
1180 Amendment 1	___	**Kitsap County** *Juvenile Detention Healthcare*	Interlocal Agreement	Extends end date through 06/30/2015	Increase of $157,320	$0
Description: The District is continuing to provide medical services at the Kitsap County Juvenile Detention facility while the 2015 contract is under negotiation. This amendment amends the budget and extends the end date of the Interlocal Agreement.						

Green shading indicates these agreements required priority pre-approval. They were verbally approved on May 12, 2015, by Board Chair Rob Gelder and Vice-Chair Becky Erickson and are on the May Consent Agenda for Board affirmation.

INTERAGENCY AGREEMENT FOR OLYMPIC REGIONAL TRIBAL PUBLIC HEALTH MUTUAL AID AGREEMENT TRAINING AND EXERCISE PROJECT

This Interagency Agreement ("Agreement") is entered into between the Kitsap Public Health District ("KPHD") and Quileute Tribe ("Tribe").

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

1. Services. A representative(s) designated by the Tribe will participate in meetings with KPHD, Clallam County Health and Human Services, Jefferson County Public Health, and other Tribes in the Olympic and Kitsap Peninsulas as part of a workgroup to design and conduct a regional emergency exercise to test the Olympic Regional Tribal Public Health Mutual Aid Agreement. Representatives designated by the Tribe will also participate in a refresher training on the Olympic Regional Tribal Public Health Mutual Aid Agreement.

2. Compensation and Payment. KPHD agrees to reimburse the Tribe for actual expenses for the work described in Section 1 of this Agreement, including travel expenses. The total amount payable under this Agreement by KPHD to the Tribe shall not exceed $5,000. The Tribe shall submit up to one invoice per month to KPHD. The final invoice must be received by June 5, 2015. Each invoice will itemize hours worked with a description of services performed. Travel expenses incurred by the Tribe's staff for services described in this agreement will be paid at actual cost. Subject to other provisions of this Agreement, KPHD generally will pay the invoice within thirty (30) days of receipt. The Tribe shall submit invoices to KPHD at 345 6th Street, Suite 300, Bremerton, WA 98337, Attention: Jessica Guidry.

3. Period of Performance. The period of performance of this Agreement is March 1, 2015, through May 30, 2015.

4. Notices. Any notice, invoice, proof of insurance, or payment required or permitted under this Agreement will be addressed as follows:

KPHD Contract Representative	Tribe Contract Representative
Jessica Guidry, Program Manager	Sabrina Bees, Grants & Contracting Officer
Kitsap Public Health District	Quileute Tribe
345 6th Street, Suite 300	PO Box 279
Bremerton, WA 98337	La Push, WA 98350

5. Indemnification. Each party agrees to defend and indemnify the other party and its elected and appointed officials, officers, employees, and agents against all claims, losses, damages, suits, and expenses, including reasonable attorneys' fees and costs, to the extent they arise out of, or result from, the negligence or willful misconduct of the indemnitor or its elected or appointed officials, employees, and agents in the performance of this Agreement. This provision will survive the termination of this Agreement.

6. Insurance. The Tribe shall obtain and keep in force during the terms of the Agreement, or as otherwise required

A. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than $1,000,000 each occurrence. The Tribe shall provide proof of insurance to KPHD, in care of the KPHD Contract Representative.

B. The Tribe maintains self-insured Worker's Compensation coverage.

7. Termination. This Agreement may be terminated by either party upon giving at least 30 days' advance written notice to the other party.

8. 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.

9. Amendment. This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.

10. No Waiver. This failure of either party to insist upon strict performance of any term or condition of this Agreement will not be construed to be a waiver, unless expressly so stated in a writing signed by an authorized representative of that party.

11. Legal Effect. Each party warrants that it has taken all actions necessary for this Agreement to take legal effect and that the person signing on its behalf has full legal authority.

12. Legal Compliance. The parties agree to comply with all applicable federal, state, and local laws in the performance of this Agreement.

KITSAP PUBLIC HEALTH DISTRICT

By: _____
Scott Daniels
Administrator

Date: _____

QUILEUTE TRIBE

By: _____
Larry Burtness
Acting Executive Director

Date: _____

INTERLOCAL AGREEMENT
Agreement No. 20150361

between

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Old Capitol Building, P.O. Box 47200
Olympia, WA 98504-7200

and

KITSAP PUBLIC HEALTH DISTRICT
(hereinafter referred to as Health District)
345 - 6th Street, Suite 300
Bremerton, WA 98337-1866

Federal Identification #42-1689063
Unified Business Identifier #601-139-034

THIS AGREEMENT is made and entered into by and between the Kitsap Public Health District, hereinafter referred to as "Health District," and the Office of Superintendent of Public Instruction, hereinafter referred to as "OSPI."

PURPOSE OF THIS AGREEMENT
This Agreement is necessary for the successful implementation and operation of health and sanitation evaluations of food service management companies (vendors), sponsor food preparation facilities and feeding sites operating under the U.S. Department of Agriculture (USDA) Summer Food Service Program (SFSP) during the summer of 2015 as required by 7 CFR Part 225 as a condition to the allocation and expenditure of USDA SFSP funding.

THEREFORE, IT IS MUTUALLY AGREED THAT:

STATEMENT OF WORK
The Health District 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 below to the satisfaction of the Superintendent's designee, Jennifer Mitchell:

In accordance with the applicable local Health District rules and regulations, Health District agrees to perform periodic health and sanitation evaluations, as determined by the Health District in said Health District's jurisdiction. This shall include two (2) on-site preparation facilities, three (3) central kitchen facilities, and eight (8) feeding sites that serve meals that have been prepared elsewhere.

Sponsors will contact the Health District if they intend to operate the program this year. OSPI will provide the Health District with a list of approved sponsors. The Health District shall contact the sponsor(s) for feeding site and preparation locations prior to inspection. OSPI will report to the Health District any health-related problems discovered on routine visits conducted by site monitors for Health District follow-up, if necessary. The Health District shall submit copies of the inspection(s) to both the sponsor and OSPI along with the invoice to OSPI by September 30, 2015.

PERIOD OF PERFORMANCE
Subject to its other provisions, the period of performance of this Agreement shall commence on June 2, 2015, or date of execution, whichever is later, and be completed on August 31, 2015, unless terminated sooner as provided herein.

PAYMENT
Compensation for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34. The parties have determined that the cost of accomplishing the work herein will not exceed a total of one thousand, four hundred and seventeen dollars ($1,417). Payment for satisfactory performance of the work shall not exceed this amount unless the parties mutually agree to a higher amount.

Compensation for services shall be based on the following rates:

- Two (2) on-site preparation facilities at a rate of one hundred nine dollars ($109) per inspection/evaluation.
- Three (3) central kitchen facilities at a rate of one hundred nine dollars ($109) per inspection/evaluation.
- Eight (8) feeding sites that serve meals that have been prepared elsewhere at a rate of one hundred nine dollars ($109) per inspection/evaluation.

Funds for the payment of this contract are provided by federal program Summer Food Service Program (SFSP), Catalog of Federal Domestic Assistance (CFDA) #10.559.

BILLING PROCEDURE
The Health District shall submit an invoice to the Superintendent's designee, Jennifer Mitchell, no later than September 30, 2015, for those inspections/evaluations actually performed for the SFSP. Invoices received after September 30, 2015 WILL NOT BE PAID.

The invoice shall include the Agreement number and document to the Superintendent's designee's satisfaction a description of the work performed and payment requested. Within approximately thirty (30) working days of the Superintendent's designee receiving and approving the invoice, payment will be mailed or electronically transferred to the Health District by Agency Financial Services, OSPI.

AGREEMENT ALTERATIONS AND AMENDMENTS
This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

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

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY
If federal funds are the basis for this Agreement, the Health District certifies that neither it nor its principals are debarred, suspended, proposed for debarment, or voluntarily excluded from participation in transactions by any federal department or agency. The Health District further certifies that they will ensure that potential subcontractors or subrecipients or any of their principals are not debarred, suspended, proposed for debarment, or voluntarily excluded from participation in "covered transactions" by any federal department or agency. "Covered transactions" include procurement

contracts for goods or services awarded under a non-procurement transaction (e.g. grant or cooperative agreement) that are expected to equal or exceed twenty-five thousand dollars ($25,000), and sub-awards to subrecipients for any amount. The Health District may do so by obtaining a certification statement from the potential subcontractor or subrecipient or by checking the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs" provided on-line by the General Services Administration.

CONTRACT MANAGEMENT
The following shall be the contact person for all communications and billings regarding the performance of this Agreement.

Kitsap Public Health District	**OSPI**
James Zimny Food Program Manager 345 6th Street, Suite 300 Bremerton, WA 98337-1866 Phone: (360) 337-5623 Fax: (360) 337-5294 Email: jim.zimny@kitsappublichealth.org	Jennifer Mitchell Supervisor, Summer Food & Special Projects Old Capitol Building, P.O. Box 47200 Olympia, WA 98504-7200 Phone: (360) 725-6056 Fax: (360) 664-9397 Email: jennifer.mitchell@k12.wa.us

DISPUTES
In the event that a dispute arises under this Agreement, it shall be determined by a Dispute Board in the following manner: Each party to this Agreement shall appoint one member to the Dispute Board. The members so appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Board shall be final and binding on the parties hereto.

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

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

- Applicable state and federal statutes and rules.
- Statement of work.
- Any other provisions of the Agreement, including materials incorporated by reference.

INDEPENDENT CAPACITY
The employees or agents of each party who are engaged in the performance of this Agreement shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

RECORDS MAINTENANCE
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 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 (6) 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 it 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.

RESPONSIBILITIES OF THE PARTIES
Each party to this Agreement hereby assumes responsibility for claims and/or damages to persons and/or property resulting from any act or omission on the part of itself, its employees, its officers, and its agents. Neither party assumes any responsibility to the other party for the consequences of any claim, act or omission of any person, agency, firm, or corporation not a party to this Agreement.

RIGHTS IN DATA
Copyright in all material created by Health District and paid for by OSPI as part of this Agreement shall be the property of the State of Washington. Both OSPI and Health District may use these materials, and permit others to use them, for any purpose consistent with their respective missions as agencies of the State of Washington. This material includes, but is not limited to: books, computer programs, documents, films, pamphlets, reports, sound reproductions, studies, surveys, tapes, and/or training materials. Material which Health District provides and uses to perform this Agreement but which is not created for or paid for by OSPI shall be owned by Health District or such other party as determined by Copyright Law and/or Health District's internal policies; however, for any such materials, Health District hereby grants (or, if necessary and to the extent reasonably possible, shall obtain and grant) a perpetual, unrestricted, royalty free, non-exclusive license to OSPI to use the material for OSPI internal purposes.

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.

TERMINATION
Either party may terminate this Agreement upon thirty (30) days' prior written notification 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.

TERMINATION DUE TO FUNDING LIMITATIONS
In the event 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, OSPI may, without advance notice and without liability for damages, terminate this Agreement by providing written notice to Health District. The termination shall be effective on the date specified in the termination notice.

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 fifteen (15) working days. If failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

TERMINATION PROCEDURE
Upon termination of this Agreement, OSPI, in addition to other rights provided in this Agreement, may require Health District to deliver to OSPI any property specifically produced or acquired for the performance of such part of this Agreement as has been terminated.

OSPI shall pay to Health District the agreed upon price, if separately stated, for completed work and services accepted by OSPI and the amount agreed upon by Health District and OSPI for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services which are accepted by OSPI, and (d) the protection and preservation of the property, unless the termination is for cause, in which case OSPI shall determine the extent of the liability. Failure to agree with such determination shall be a dispute within the meaning of the "Disputes" clause for this Agreement. OSPI may withhold from any amounts due to Health District such sum as OSPI determines to be necessary to protect OSPI against potential loss or liability.

The rights and remedies of OSPI provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law under this Agreement.

After receipt of a notice of termination, and except as otherwise directed by OSPI, Health District shall:

a. Stop work under this Agreement on the date and to the extent specified, in the notice;

b. Place no further orders or subcontractors for materials, services or facilities except as may be necessary for completion of such portion of the work under the Agreement that is not terminated;

c. Assign to OSPI, in the manner, at the times, and to the extent directed by OSPI, all rights, title, and interest of Health District under the orders and subcontracts in which case OSPI has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts;

d. Settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of OSPI to the extent OSPI may require, which approval or ratification shall be final for all the purposes of this clause;

e. Transfer title to OSPI and deliver, in the manner, at the times and to the extent as directed by OSPI, any property which, if the Agreement had been completed, would have been required to be furnished to OSPI;

f. Complete performance of such part of the work not terminated by OSPI; and

g. Take such action as may be necessary, or as OSPI may direct, for the protection and preservation of the property related to this Agreement which, in is in the possession of Health District and in which OSPI has or may acquire an interest.

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 this Agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original Agreement.

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

IN WITNESS WHEREOF, the parties have executed this Agreement.

Kitsap Public Health District	Superintendent of Public Instruction State of Washington
Signature Title	Sheryl Turner, Contracts Administrator
Print Name Date	Date
Who certifies that he/she is the Contractor identified herein, OR a person duly qualified and authorized to bind the Contractor so identified to the foregoing Agreement.	Approved as to FORM ONLY by the Assistant Attorney General

AMENDMENT TO AGREEMENT 1392

This Amendment ("Amendment") to Kitsap Public Health District Contract 1392 Interagency Agreement for Olympic Regional Tribal Public Health Mutual Aid Agreement Training and Exercise Project (the "Contract"), is entered into between the Port Gamble S'Klallam Tribe ("Tribe") and the Kitsap Public Health District ("District").

RECITALS

WHEREAS, the parties entered into the Interagency Agreement effective April, 23, 2015; and

WHEREAS, both parties have agreed that it is necessary to extend the term of the Contract to complete the Scope of Work and additional activity;

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

I. Amendment of Contract Section 1 Services: The following sentence will be added to the end of this section: "The Tribe will also send a representative to be a co-presenter at a presentation session describing the activities under this Contract at the 2015 Tribal Public Health Emergency Preparedness Conference."

II. Amendment of Contract Section 2 Compensation and Payment: The following sentence will be struck from this section "The final invoice must be received by June 5, 2015." It will be replaced with this sentence: "The final invoice must be received by June 15, 2015."

III. Amendment of Contract Section 3 Period of Performance: This section shall be struck in its entirety and replaced with this sentence: "The period of performance of this Agreement is March 1, 2015 through June 11, 2015."

IV. Other Provisions Unchanged. The other provisions of the Agreement remain unchanged.

V. Effective Date. This Amendment is effective upon signing.

IN WITNESS WHEREOF, the parties have subscribed their names hereto.

Dated this _____ day of _____, 2015.

KITSAP PUBLIC HEALTH DISTRICT

_____

Scott Daniels
Administrator

Dated this _____ day of _____, 2015.

PORT GAMBLE S'KLALLAM TRIBE

_____

Kara Wright
Administrative Director, Tribal Services

AMENDMENT TO AGREEMENT 1392

This Amendment ("Amendment") to Kitsap Public Health District Contract 1391 Interagency Agreement for Olympic Regional Tribal Public Health Mutual Aid Agreement Training and Exercise Project (the "Contract"), is entered into between the Makah Tribe ("Tribe") and the Kitsap Public Health District ("District").

RECITALS

WHEREAS, the parties entered into the Interagency Agreement effective April, 23, 2015; and

WHEREAS, both parties have agreed that it is necessary to extend the term of the Contract to complete the Scope of Work and additional activity;

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

I. Amendment of Contract Section 1 Services: The following sentence will be added to the end of this section: "The Tribe will also send a representative to be a co-presenter at a presentation session describing the activities under this Contract at the 2015 Tribal Public Health Emergency Preparedness Conference."

II. Amendment of Contract Section 2 Compensation and Payment: The following sentence will be struck from this section "The final invoice must be received by June 5, 2015." It will be replaced with this sentence: "The final invoice must be received by June 15, 2015."

III. Amendment of Contract Section 3 Period of Performance: This section shall be struck in its entirety and replaced with this sentence: "The period of performance of this Agreement is March 1, 2015 through June 11, 2015."

IV. Other Provisions Unchanged. The other provisions of the Agreement remain unchanged.

V. Effective Date. This Amendment is effective upon signing.

IN WITNESS WHEREOF, the parties have subscribed their names hereto.

Dated this _____ day of _____, 2015.

KITSAP PUBLIC HEALTH DISTRICT

Scott Daniels
Administrator

Dated this _____ day of _____, 2015.

MAKAH TRIBE

Timothy J. Greene, Sr.
Council Chairman

PROFESSIONAL SERVICES AGREEMENT
Between
KITSAP PUBLIC HEALTH DISTRICT
And
BROWNING SOLUTIONS

This Professional Services Agreement ("Agreement") is made and entered into between the Kitsap Public Health District, as the Backbone Agency for the Olympic Community of Health (OCOH) hereinafter referred to as "District", and Browning Solutions, hereinafter referred to as "Contractor" who will serve as the Project Manager for the OCOH. The parties mutually agree as follows:

I. **Period of Performance:** The period of performance of this Agreement shall begin May 12, 2015, and be completed no later than January 31, 2016, unless terminated sooner or extended as provided for herein.

II. **Services:** The District requires the expertise of the Contractor to provide project management services requested by the District on behalf of the OCOH, as described in the attached Scope of Work which is incorporated by reference into the Agreement as Attachment A.

III. **Qualifications/Eligibility:** The Contractor will have the qualifications necessary to successfully complete the objectives of this Agreement. The Contractor hereby affirms that he is eligible to work in the United States as set forth in the Immigration Reform and Control Act (IRCA) and has completed the Employment Eligibility Verification Form I-9 providing the District with appropriate identification.

IV. **Compensation:** The District agrees to pay Contractor $150.00 per hour not to exceed a total compensation of $96,000.00 during the Agreement. Compensation will be based on invoices submitted by Contractor itemizing hours worked with a detailed description of services performed under the Scope of Work. Mileage will be reimbursed at the current approved IRS mileage rate.

V. **Notices:** Notices pursuant to this agreement shall be sent to:

If to the District:
Kitsap Public Health District
Attn: Scott Daniels
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 337-5287

If to the Contractor:
Browning Solutions
Attn: Peter Browning
17258 Lakeview Boulevard
Mount Vernon, WA 98274
(360) 770-4321

VI. **Billings:** Billings to the District shall be submitted no more frequently than every 30 days, and shall be sent to:

Kitsap Public Health District
Attn: Scott Daniels, Administrator
345 6th Street, Suite 300
Bremerton, WA 98337

VII. **Independent Contractor:** Contractor and its employees or agents performing under this Agreement are not employees or agents of the District.

VIII. **Rights in Data:** Data and documents that are delivered under this Agreement are the OCOH's and District's property and shall be transferred fully to the OCOH and the District with all rights to the license to publish, translate, reproduce, modify, deliver, dispose of, and to authorize others to do so. Consultant reserves the right to maintain copies of data analyses and documents produced.

IX. **Indemnification:** Contractor shall defend, indemnify and hold the OCOH and 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 Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, the Contractor 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.

X. **Insurance:** The Contractor 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 Contractor, its agents, representatives, or employees.

No Limitation. Contractor's maintenance of insurance as required by the agreement shall not be construed to limit the liability of the Contractor 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

Contractor 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.

3. Workers' Compensation coverage as required by the Industrial Insurance laws of the State of Washington.

4. Professional Liability insurance appropriate to the Contractor's profession. The Contractor shall provide the District with proof of liability insurance or professional errors and omissions coverage as appropriate.

B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

1. Automobile Liability insurance with a $250,000 per person/$500,000 aggregate combined single limit for bodily injury and property damage of $300,000 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. The Contractor'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 the Contractor's insurance and shall not contribute with it.

2. The Contractor'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

Contractor 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 the Contractor before commencement of the work.

XI. **Safeguarding of Information:** The use or disclosure by Contractor of any information or documents obtained by the Contractor in the course of contract performance for any purpose not directly connected with Contractor's responsibilities under this Agreement is prohibited except as may be required by law.

XII. **Statutory and Regulatory Compliance:** Contractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.

XIII. **Compliance with State and Federal Confidentiality Laws:** The Contractor shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of the Health Information Portability and Accountability Act, commonly known as HIPAA, and any regulations enacted pursuant to its provisions and sign a Business Associate Agreement which is incorporated into this Agreement as Attachment B.

XIV. **Certification Regarding Suspension and Debarment:** The Contractor, 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 C, certifies that it is not debarred, suspended, or proposed for debarment by any federal agency.

XV. **Non-Discrimination:** Contractor 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.

XVI. **Amendment:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.

XVII. **Termination:** This Agreement may be terminated by either party upon giving at least thirty (30) days advance written notice to the other party.

XVIII. **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 _ **CONTRACTOR**

By: _____ By: _____
Scott Daniels Peter Browning
Administrator

Date: _____ Date: _____

Funding Source
Program: Admin Federal Contract/Grant: Washington State Health Care Authority – Accountable Community of Health (ACH) Design Grant through the Centers for Disease Control (CDC)

ATTACHMENT A

SCOPE OF WORK
FOR THE OLYMPIC COMMUNITY OF HEALTH PROJECT MANAGER

Introduction

The Olympic Community of Health (OCOH) Project Manager (Contractor) will assist the OCOH build the core functions of an Accountable Community of Health (ACH) including, but not limited to, governance, engagement, organizational capacity, and sustainability. The overall scope of work for the project is included in an ACH Design Grant (Grant) awarded to the Kitsap Public Health District (Awardee) by the Washington State Health Care Authority (HCA), HCA Contract Number K1434 (attached).

The OCOH is a newly forming ACH serving the Peninsula Regional Service Area, which includes Clallam, Jefferson, and Kitsap Counties. The key stakeholders in the process have a long history of meaningful partnership across county lines, and are committed to implementation of evidence-based practices and outcome measurements to ensure the Triple Aim (improve overall population health; reduce the cost of health care; and improve the quality of health care) envisioned by healthcare reform.

Summary of Required Activities

As outlined in the sections below, the Contractor will lead and manage efforts to ensure the OCOH demonstrates completion of the following deliverables through an ACH Readiness Proposal and a Final Narrative Report required in the Grant. The requirements for these deliverables will be developed in collaboration with the future HCA Technical Assistance Team and HCA ACH Advisory Workgroup.

- Formalized Governance and Engagement (Grant Section 4.a.i.1)
- Formalized Capacity and Backbone (Grant Section 4.a.ii)
- Regional Health Needs Inventory (Grant Section 4.a.iii)
- Pathway for Sustainability (Grant Section 4.a.iv)
- Design and/or early implementation of community or regional initiatives, if applicable (Grant Section 4.b.i)
- Participate and provide the appropriate information to inform regional, state and federal evaluation needs (Grant Section 4.b.ii)
- Participate in a statewide ACH learning network, partnering with the State and the other ACHs to promote shared learning across regions (Grant Section 4.b.iii)

Contractor will lead and manage efforts to complete all required project activities, set forth below, prior to the grant end date, January 31, 2016, in alignment with the detailed reporting requirements contained in the Grant, including:

Attachment A, Scope of Work (Continued)

ACH Readiness Proposal (Proposal): The Proposal is due to HCA on or before November 31, 2015, and will outline the Awardee's progress toward ACH designation. HCA will provide an initial template and guidance for the proposal which will, at a minimum, reflect the following required activities under the Grant:

- Formalized Governance and Engagement
- Formalized Capacity and Backbone
- Regional Health Needs Inventory
- Pathway for Sustainability

Final Narrative Report: The Final Narrative Report is due to HCA on or before February 29, 2016, and will outline completion of the required activities listed above. The ACH Readiness Proposal may be submitted independently or as an attachment to this final report. The following represent the required activities to be described in the final report:

- Design and/or early implementation of community or regional initiatives, if applicable.
- Participate and provide the appropriate information to inform regional, state and federal evaluation needs.
- Participate in a statewide ACH learning network, partnering with the State and the other ACHs to promote shared learning across regions.

To accomplish this Scope of Work, the Contractor will:

- Focus on recruiting governance leaders representing content experts in multiple healthcare delivery specialties, individuals representing the geographic scope of the region, business leaders, philanthropically-minded individuals interested in improving overall public health and healthcare consumers.
- Spend the necessary time to forge working relationships with governing members, staff members, community partners, elected officials, policy makers, and other stakeholder groups.
- Establish lines of communication and trust across the broad array of constituencies in order for the OCOH to be successful.
- Manage and facilitate meetings of Olympic Community of Health stakeholders, and the Steering Committee.
- Organize and facilitate meetings of the OCOH's subcommittees to ensure completion of deliverables according to established timetables, including meetings of the Governance Subcommittee, Community Health Assessment and Planning Subcommittee (working collaboratively with Awardee epidemiology staff), and Sustainability Subcommittee.
- Lead efforts to strengthen stakeholder participation and outreach, including identification of missing stakeholders.
- Be the voice of the OCOH governing body in articulating its vision and programs.

Appendix A, Scope of Work (Continued)

- Be comfortable discussing additional funding from the current and future stakeholders to cover the costs of the ACH work beyond the amount funded through the Grant, and facilitate and implement the work of a Sustainability Subcommittee in developing a strategic and innovative funding plan.
- Report primarily to the OCOH Steering Committee until the OCOH governing body is established, and then answer to the OCOH governing body.
- Oversee implementation of the regional health needs inventory process, integrating Community Health Improvement processes in all three counties, and ensure the creation of a representative regional improvement plan focused on the Triple Aim. Work with Awardee's epidemiology staff to develop and complete this work and to develop representative and relevant outcome measures in line with the Washington State Common Measure Set, a system to collect and maintain OCOH data.
- Work with the OCOH to develop and implement a successful OCOH engagement plan and communications plan.
- Identify and present key findings, successes and challenges to OCOH governing body, Steering Committee, subcommittees, and other key stakeholder groups.
- Ensure adherence to the Awardee's Grant budget.
- With the Awardee, serve as a liaison between the OCOH and State partner agencies.
- Be responsible for participating in periodic check-in calls with HCA and the Awardee to discuss project progress, best practices, emerging issues, and other topics as needed.
- Attend statewide ACH meetings, as needed, as a representative of the OCOH.

Kitsap Public Health District

ATTACHMENT C

Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

Health District Contract Number 1354

NAME	Doing Business as (DBA)	
ADDRESS	Washington Uniform Business Identifier (UBI)	Federal Employer Tax Identification Number

Instructions for Certification Regarding Debarment, Suspension, Ineligibility or Voluntary Exclusion for Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds. This certification is submitted as part of a request to contract.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal 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 proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,'' without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. 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 proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, 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 List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. 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 activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(**Certification Statement and Signature Block on Back**)

Kitsap Public Health District

Certification

Regarding Debarment, Suspension, Ineligibility or Voluntary Exclusion for Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Bidder or Contractor Signature **Date**

Print Name and Title

FIRST AMENDMENT TO INTERLOCAL AGREEMENT FOR JUVENILE DETENTION FACILITY MEDICAL SERVICES

This First Amendment (this "First Amendment") to the Interlocal Agreement for Juvenile Detention Facility Medical Services (the "Interlocal Agreement"), is entered into between Kitsap County (the "County"), a political subdivision of the State of Washington, and the Kitsap Public Health District (the "District"), a public health district created and operating pursuant to chapter 70.46 RCW and chapter 9.52 KCC. The Interlocal Agreement, which was entered into for the period January 1, 2014 through December 31, 2014, is designated by the County as "KC-078-14" and by the District as "KPHD 1180."

The parties agree that the Interlocal Agreement shall be amended as follows:

1. Section 5 – Charges. This section is amended to reflect the following: The County shall pay the District for services rendered pursuant to this First Amendment in an amount not to exceed $157,320. District Health Officer services; Nursing Director services; Clinic Nurse services; Physician services; Medical Secretary services; and Med Pass Nurse services shall be for a total annual salary and benefits cost of $111,516.

2. Section 16 – Term. This Amendment extends the expiration date of the Interlocal Agreement to June 30, 2015.

3. Appendix A – Budget. Appendix A is amended as shown in Exhibit A to this First Amendment, which is incorporated herein by reference.

4. Other Provisions Unchanged. Except as expressly provided for herein, all other provisions of the Interlocal Agreement remain unchanged.

5. Counterparts. This First Amendment may be executed in one or more counterparts and by facsimile, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

6. Effective Date. This First Amendment shall be effective as of January 1, 2015.

KITSAP PUBLIC HEALTH DISTRICT

By_____
Scott Daniels, Administrator

Date_____

BOARD OF COMMISSIONERS
KITSAP COUNTY, WASHINGTON

_____
ROBERT GELDER, Chair

_____
EDWARD E. WOLFE, Commissioner

_____
CHARLOTTE GARRIDO, Commissioner

ATTEST:

_____
Dana Daniels, Clerk of the Board

Date_____

KITSAP COUNTY JUVENILE AND FAMILY COURT SERVICES

By_____
Michael S. Merringer, Director

Date_____

EXHIBIT A

Kitsap Public Health District
2015 BUDGET
JUVENILE DETENTION ADOLESCENT HEALTH PROGRAM

	ACTUAL 2012	ACTUAL 2013	BUDGET 2014	YTD ACTUAL 10/31/14	BUDGET 2015	BUDGET January - June 2015
REVENUES						
Kitsap County Juvenile Detention	$224,558	$203,785	$288,003	$239,996	$314,199	$157,100
DSHS Medicaid Match - Juvy	5,897	664	1,401	483	441	221
Harrison Medical Center - Centricity EMR	0	0	0	21,432	0	0
DIRECT PROGRAM REVENUES	**$230,455**	**$204,449**	**$289,404**	**$261,911**	**$314,640**	**$157,320**
State & Local Flexible Funding Needed to Balance	$9,407	$22,106	($7)	($33,340)	$0	$0
TOTAL REVENUES	**$239,862**	**$226,555**	**$289,397**	**$228,571**	**$314,640**	**$157,320**
EXPENDITURES						
Personnel Costs						
Salaries & Wages	$128,890	$128,469	$161,751	$111,775	$183,261	$91,631
Payroll Taxes	7,790	9,343	12,364	8,953	14,499	7,250
Benefits	21,602	19,301	24,607	16,260	24,305	12,153
Unemployment	0	0	968	0	966	483
Subtotal Personnel Costs	**$158,282**	**$157,113**	**$199,690**	**$136,988**	**$223,031**	**$111,516**
Non-Personnel Costs						
Supplies	$2,277	$2,108	$6,000	$2,165	$4,212	$2,106
Office Equipment <$5,000	0	468	0	0	0	0
Computer Software <$5,000	0	0	0	22,495	0	0
Computer Hardware <$5,000	748	0	60	2,461	0	0
Professional Services	0	0	0	3,825	0	0
Legal Services	0	0	1,200	0	1,200	600
Communications	423	390	396	390	504	252
Travel & Mileage	565	316	509	58	504	252
Parking & Commute Trip Reduction	0	0	0	0	0	0
Advertising	0	0	500	0	500	250
Rentals & Leases	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Utilities	0	0	0	0	0	0
Repairs & Maintenance	9,732	3,650	3,660	75	1,800	900
Operations & Maintenance: Government Center	0	0	0	0	0	0
Training	16	31	1,281	0	1,000	500
Miscellaneous	0	289	400	96	400	200
Equipment >$5,000	0	0	0	0	0	0
Computer Software >$5,000	0	0	0	0	0	0
Computer Hardware >$5,000	0	0	0	4,647	0	0
Subtotal Non-Personnel Costs	**$13,761**	**$7,252**	**$14,006**	**$36,212**	**$10,120**	**$5,060**
PROGRAM EXPENDITURES	**$172,043**	**$164,365**	**$213,696**	**$173,200**	**$233,151**	**$116,576**
Administrative Services Overhead	$67,819	$62,190	$75,701	$55,371	$81,489	$40,745
TOTAL EXPENDITURES	**$239,862**	**$226,555**	**$289,397**	**$228,571**	**$314,640**	**$157,320**

New or Renewed Contracts for the Period of 04/01/2015 through 04/30/2015

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	Payment Schedule	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (26 contracts)									
Bremerton Housing Authority									
ID: 1367	Community Health, Katie Eilers	Subcontract	Closed	Monthly	$5,000.00	04/07/15	01/01/15	09/30/15	N21102
Description: Subcontract: Community Lead Organization for Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program									
Dungeness Valley Health and Wellness Center									
ID: 1369	Community Health, Katie Eilers	Subcontract	Closed	Monthly	$7,000.00	04/07/15	01/01/15	09/30/15	N21102
Description: Subcontract: Community Lead Organization for Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program									
Hansine Fisher & Associates									
ID: 1363	Community Health, Leslie Hopkins	Amendment	Open Ended			04/28/15	01/01/06		
Description: Amendment 1: HIPPA Business Associate Addendum									
Jamestown S'Klallam									
ID: 1393	Public Health Emergency Preparedness and Response, Jessica Guidry	Subcontract	Closed		$5,000.00	04/27/15	03/01/15	05/30/15	
Description: Emergency Exercise Regional Tribal Public Health Mutual Aid Agreement									
Kitsap Community Foundation									
ID: 1360	Community Health, Katie Eilers	Facilities Agreement	Open Ended	In Kind		04/06/15	04/01/15		
Description: Office space lease - in kind									
Kitsap Community Resources									
ID: 1387	Community Health, Katie Eilers	Contract	Closed	Quarterly		04/13/15	01/01/15	12/31/15	
Description: Childcare Consultation Contract									
ID: 1361	Community Health, Katie Eilers	Agreement	Closed			04/01/15	07/01/14	06/30/15	
Description: Nursing Services Technical Assistance									
Kitsap Conservation District									
ID: 1356	PIC, Stuart Whitford	Amendment	Closed			04/08/15	07/01/12	12/31/14	
Description: Amendnment 1: PIC Yukon Harbor									
MailFinance									
ID: 1335	Administration, Judy Holt	Amendment	Closed	Monthly	$13,068.54	04/22/15	05/22/14	05/21/17	
Description: Postage Meter Lease									
Makah Indian Tribe									

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	Payment Schedule	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
ID: 1391	Public Health Emergency Preparedness and Response, Jessica Guidry	Subcontract	Closed	Fixed	$5,000.00	04/23/15	03/01/15	05/30/15	
Description: Emergency Exercise Regional Tribal Public Health Mutual Aid Agreement									
Olympic Educational Service District									
ID: 1390	Parent/Child Health, Katie Eilers	Amendment	Closed	Monthly	$32,500.00	04/13/15	02/01/15	10/31/15	
Description: Early Head Start Home Based Program									
Peninsula Community Health Services									
ID: 1373	Community Health, Katie Eilers	Subcontract	Closed	Monthly	$20,000.00	04/20/15	01/01/15	09/30/15	N21102
Description: Subcontract: Community Lead Organization for Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program									
Port Gamble S'Klallam Tribe									
ID: 1374	Community Health, Katie Eilers	Subcontract	Closed	Monthly	$20,000.00	04/21/15	01/01/15	12/15/18	N21102
Description: Subcontract: Community Lead Organization for Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program									
ID: 1392	Public Health Emergency Preparedness and Response, Jessica Guidry	Subcontract	Closed		$5,000.00	04/23/15	03/01/15	06/11/15	
Description: Emergency Exercise Regional Tribal Public Health Mutual Aid Agreement									
Qualis Health									
ID: 1396	Administration, Leslie Hopkins	Agreement	Closed	Invoice		04/06/15	04/01/15	12/31/15	
Description: Meaningful Use Technical Assistance									
Sophie Trettevick Indian Health Center									
ID: 1376	Community Health, Katie Eilers	Subcontract	Closed	Monthly	$20,000.00	04/21/15	01/01/15	09/30/15	N21102
Description: Subcontract: Community Lead Organization for Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program									
South Kitsap School District									
ID: 1380	Chronic Disease Prevention, Katie Eilers	MOU/MOA	Closed	No Cost	$0.00	04/07/15		12/31/15	
Description: Healthy Youth Survey Data sharing agreement for Banner Road Shoulders assessment									
Summit Law Group									
ID: 1386	Administration, Scott Daniels	Agreement				04/13/15	01/01/15	12/31/15	
Description: Legal Services Consulting									
University of Wisconsin - Green Bay									
ID: 1382	Community Health, Suzanne Plemmons	Agreement	Closed	In Kind	$0.00	04/14/15	04/01/15	03/31/17	
Description: Student Affiliation Agreement									
Volunteers in Medicine of the Olympics									
ID: 1378	Community Health, Katie Eilers	Subcontract	Closed	Monthly	$15,000.00	04/20/15	01/01/15	09/30/15	N21102
Description: Subcontract: Community Lead Organization for Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program									

New or Renewed Contracts for the Period of 04/01/2015 through 04/30/2015

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	Payment Schedule	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Washington Health Care Authority (HCA)									
ID: 1389	Administration, Scott Daniels	Grant	Closed		$100,000.00	04/15/15		01/31/16	K1434
Description: Accountable Community of Health Design Grant									
Washington State DOH									
ID: 1364	Administration, Scott Daniels	Amendment	Closed	Monthly	$639,103.00	04/13/15	01/01/15	12/31/17	C17113
Description: Amendment 1: Consolidated Contract									
Washington State Health Benefit Exchange									
ID: 1398	Clinical Services, Kerry Dobbelaere	Amendment	Closed	In Kind		04/07/15	01/01/14	12/31/18	K1118
Description: ACA Enrollment Assistance Specialists and Space Lease									
ID: 1381	Clinical Services, Kerry Dobbelaere	Amendment	Closed		$307,757.40	04/14/15	07/17/13	09/30/15	HBE-077
Description: Amendment 4: In Person Assister Program									
Washington State, Dept of Ecology									
ID: 1290	PIC, Eva Crim	Amendment	Closed	Monthly	$255,802.00	04/21/15	01/01/13	12/31/15	G1300087
Description: Amendment 1: Nutrient Reduction: Murden Cove									
YMCA of Pierce and Kitsap Counties									
ID: 1379	Community Health, Katie Eilers	Subcontract	Closed	Monthly	$20,000.00	04/27/15	01/01/15	09/30/15	N21102
Description: Subcontract: Community Lead Organization for Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program									

Kitsap Public Health Board Meeting
Date: June 2, 2015

CONSENT AGENDA ITEM: Warrant and EFT Registers

Approvals:

	Signature	Date
Administrator Scott Daniels		5-21-15
Finance Manager Tracey Kellogg		5/20/15

Recommended Motion: Approval

Items:

Type	Warrant/Electronic Fund Transfer Date	Beginning Warrant Number	Ending Warrant Number	Total Amount
Accounts Payable	4/27/2015	3646101	3646117	$8,147.78
Accounts Payable	4/27/2015	DD31299	DD31315	$4,519.34
Accounts Payable	4/20/2015	3645427	3645449	$15,065.46
Accounts Payable	4/20/2015	DD31069	DD31079	$5,849.85
Accounts Payable	4/13/2015	3644797	3644782	$55,648.45
Accounts Payable	4/13/2015	DD30849	DD30862	$12,066.11
Accounts Payable-VOID WARRANT	4/13/2015	3643602	-	($6.00)
Accounts Payable	4/6/2015	3644116	3644137	$34,582.61
Accounts Payable	4/6/2015	DD30595	DD30605	$10,817.99
Accounts Payable Total				$146,691.59
Payroll Benefits		3646416	3646435	$107,100.63
Payroll Benefits		DD31420	DD31420	$8,630.08
Payroll Benefits Total				$115,730.71
Payroll		N/A	N/A	$361,176.22
Payroll		N/A	N/A	$3,197.99
Payroll Total				$364,374.21
			Grand Total	**$626,796.51**

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	301358	ADVANCED MEDICAL IMAGING		1325373	001	3646101	PK	04/27/15	100.00
Warrant 3646101 total									100.00
	359327	CENTURYLINK (PO BOX 52187		1325377	001	3646102	PK	04/27/15	4.60
Warrant 3646102 total									4.60
	224151	CENTURYLINK (PO BOX 91155		1325376	001	3646103	PK	04/27/15	119.97
Warrant 3646103 total									119.97
	361253	CHLC - TREASURER		1325375	001	3646104	PK	04/27/15	300.00
Warrant 3646104 total									300.00
	375310	CONTROL SOLUTIONS, INC (O		1325378	001	3646105	PK	04/27/15	52.00
Warrant 3646105 total									52.00
	339396	GIUNTOLI, PAUL		1325365	001	3646106	PK	04/27/15	205.85
Warrant 3646106 total									205.85
	343697	GOVERNMENTJOBS.COM, INC.		1325379	001	3646107	PK	04/27/15	1,630.50
Warrant 3646107 total									1,630.50
	287477	HUDSON PHOTOGRAPHIC ARTIS		1325380	001	3646108	PK	04/27/15	141.30
Warrant 3646108 total									141.30
	12367	KING COUNTY FINANCE: ACCT		1325409	001	3646109	PK	04/27/15	406.00
Warrant 3646109 total									406.00

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	10699	KITSAP COUNTY INFORMATION		1325410	001	3646110	PK	04/27/15	300.00
Warrant 3646110 total									300.00
	11624	KITSAP COUNTY PROSECUTING		1325411	001	3646111	PK	04/27/15	156.00
Warrant 3646111 total									156.00
	369036	ONE TIME PAYMENT		1325381	001	3646112	PK	04/27/15	40.89
Warrant 3646112 total									40.89
	368947	MAILFINANCE INC		1325412	001	3646113	PK	04/27/15	1,213.82
Warrant 3646113 total									1,213.82
	393428	OXFORD DIAGNOSTIC LABORAT		1325413	001	3646114	PK	04/27/15	52.00
Warrant 3646114 total									52.00
	195219	OZARK UNDERGROUND LABORAT		1325414	001	3646115	PK	04/27/15	2,242.00
Warrant 3646115 total									2,242.00
	379778	PRINT NW		1325415	001	3646116	PK	04/27/15	315.15
Warrant 3646116 total									315.15
	12382	UNITED BUSINESS MACHINES		1325419	001	3646117	PK	04/27/15	867.70
Warrant 3646117 total									867.70
Department 95969 total									8,147.78

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969									
00969 95969									
Kitsap Public Health Di	397906	BALTAZAR, ELYA		1325299	001	31299	PT	04/27/15	26.45
Warrant 31299 total									26.45
	10835	BREMERTON HOUSING AUTHORI		1325374	001	31300	PT	04/27/15	593.84
Warrant 31300 total									593.84
	400663	COLLINS, SARAH		1325303	001	31301	PT	04/27/15	66.24
Warrant 31301 total									66.24
	302204	CRAWFORD, KERRIE		1325304	001	31302	PT	04/27/15	390.50
Warrant 31302 total									390.50
	400843	DALLMANN, LAURA M.		1325307	001	31303	PT	04/27/15	67.28
Warrant 31303 total									67.28
	11589	DANIELS, SCOTT		1325342	001	31304	PT	04/27/15	330.30
Warrant 31304 total									330.30
	215766	EVANS, ERIC		1325364	001	31305	PT	04/27/15	290.95
Warrant 31305 total									290.95
	356354	GUIDRY, JESSICA		1325366	001	31306	PT	04/27/15	288.10
Warrant 31306 total									288.10
	317954	LINDEN, LISA		1325367	001	31307	PT	04/27/15	255.56

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Warrant 31307 total									255.56
	398573	MCKAY BEVERS, KAREN L.		1325301	001	31308	PT	04/27/15	102.00
Warrant 31308 total									102.00
	328673	OUTHWAITE, MINDI		1325368	001	31309	PT	04/27/15	238.05
Warrant 31309 total									238.05
	10979	QUAYLE, TIM		1325369	001	31310	PT	04/27/15	359.85
Warrant 31310 total									359.85
	397857	SPECTRA LABORATORIES - KI		1325417	001	31311	PT	04/27/15	338.88
Warrant 31311 total									338.88
	289067	TELELANGUAGE, INC		1325416	001	31312	PT	04/27/15	306.90
Warrant 31312 total									306.90
	339412	TOURIGNY, LINDA L		1325370	001	31313	PT	04/27/15	97.00
Warrant 31313 total									97.00
	23053	WESTERGAARD, RUTH		1325371	001	31314	PT	04/27/15	344.23
Warrant 31314 total									344.23
	218935	ZOLLWEG, DAVID A		1325372	001	31315	PT	04/27/15	423.21
Warrant 31315									

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									423.21

Department 95969 total									4,519.34

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	389139	ACRANET CBS BRANCH		1324050	001	3645427	PK	04/20/15	28.00
Warrant 3645427 total									28.00
	11347	CITY OF BREMERTON		1324051	001	3645428	PK	04/20/15	945.00
Warrant 3645428 total									945.00
	365071	COASTWIDE LABORATORIES		1324052	001	3645429	PK	04/20/15	410.66
Warrant 3645429 total									410.66
	20963	CULTURALLY SPEAKING LLC		1324053	001	3645430	PK	04/20/15	1,177.50
Warrant 3645430 total									1,177.50
	366503	CYTOCHECK LABORATORY, LLC		1324054	001	3645431	PK	04/20/15	420.35
Warrant 3645431 total									420.35
	237399	DEPT OF LABOR & INDUSTRIE		1324080	001	3645432	PK	04/20/15	21.04
Warrant 3645432 total									21.04
	11325	FARRELL'S HOME HEALTH (WH		1324055	001	3645433	PK	04/20/15	57.61
Warrant 3645433 total									57.61
	399856	FEDEX (PO BOX 94515)		1324056	001	3645434	PK	04/20/15	61.30
Warrant 3645434 total									61.30
	388109	FIRST BOOK NATIONAL BOOK		1324057	001	3645435	PK	04/20/15	37.80
Warrant 3645435 total									37.80

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	363194	GILL ELIZABETH A.		1324058	001	3645436	PK	04/20/15	425.00
Warrant 3645436 total									425.00
	10943	HANSSEN-KELLER, JOHANNA JK-K		1324042	001	3645437	PK	04/20/15	68.05
Warrant 3645437 total									68.05
	398013	HEALTHCO INFORMATION SYST		1324307	001	3645438	PK	04/20/15	1,228.31
Warrant 3645438 total									1,228.31
	402886	IRON MOUNTAIN PO BOX 271		1324060	001	3645439	PK	04/20/15	162.85
Warrant 3645439 total									162.85
	10699	KITSAP COUNTY INFORMATION		1324064	001	3645440	PK	04/20/15	6,862.94
Warrant 3645440 total									6,862.94
	262868	KITSAP SUN (AD & CLASSIFI		1324063	001	3645441	PK	04/20/15	89.13
Warrant 3645441 total									89.13
	8100	LIPPINCOTT WILLIAMS & WIL		1324077	001	3645442	PK	04/20/15	139.14
Warrant 3645442 total									139.14
	325212	MORGAN, NEWTON NM		1324046	001	3645443	PK	04/20/15	181.52
Warrant 3645443 total									181.52
	264199	OFFICE OF THE ADMININSTRA		1324065	001	3645444	PK	04/20/15	8.97
Warrant 3645444									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									8.97
	279396	POINT DEFIANCE AIDS PROJE		1324066	001	3645445	PK	04/20/15	2,280.78
Warrant 3645445 total									2,280.78
	398559	QUALIS HEALTH		1324067	001	3645446	PK	04/20/15	240.00
Warrant 3645446 total									240.00
	364774	STAPLES ADVANTAGE -(DEPT		1324070	001	3645447	PK	04/20/15	11.01
Warrant 3645447 total									11.01
	266447	ULINE		1324072	001	3645448	PK	04/20/15	140.90
Warrant 3645448 total									140.90
	393230	WALTHER, SUSAN B.		1324048	001	3645449	PK	04/20/15	67.60
Warrant 3645449 total									67.60
Department 95969 total									15,065.46

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	281133	ACOSTA, NANCY		1324041	001	31069	PT	04/20/15	45.67
Warrant 31069 total									45.67
	215766	EVANS, ERIC		1324303	001	31070	PT	04/20/15	331.34
Warrant 31070 total									331.34
	359597	JONES, KIMBERLY D.		1324044	001	31071	PT	04/20/15	175.00
Warrant 31071 total									175.00
	285101	LYTLE, ROSS		1324043	001	31072	PT	04/20/15	136.28
Warrant 31072 total									136.28
	387402	MCKINNON, BRYAN		1324045	001	31073	PT	04/20/15	99.28
Warrant 31073 total									99.28
	397857	SPECTRA LABORATORIES - KI		1324068	001	31074	PT	04/20/15	3,351.30
Warrant 31074 total									3,351.30
	397857	SPECTRA LABORATORIES - KI		1324069	001	31075	PT	04/20/15	179.44
Warrant 31075 total									179.44
	24869	STERICYCLE INC (PO BOX 6		1324071	001	31076	PT	04/20/15	436.41
Warrant 31076 total									436.41
	227445	STICKNEY, CHRISTINA		1324047	001	31077	PT	04/20/15	333.83
Warrant 31077 total									333.83

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	23053	WESTERGAARD, RUTH		1324049	001	31078	PT	04/20/15	184.58
Warrant 31078 total									184.58
	244803	WEX BANK		1324073	001	31079	PT	04/20/15	576.72
Warrant 31079 total									576.72
Department 95969 total									5,849.85

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969									
Kitsap Public Health Di	323752	BREMERTON GOVERNMENT CENT		1323095	001	3644767	PK	04/13/15	24,318.08
Warrant 3644767 total									24,318.08
	248763	CHANNING BETE COMPANY INC		1323096	001	3644768	PK	04/13/15	1,090.04
Warrant 3644768 total									1,090.04
	365071	COASTWIDE LABORATORIES		1323097	001	3644769	PK	04/13/15	29.64
Warrant 3644769 total									29.64
	391025	ENTERPRISE FM TRUST		1323099	001	3644770	PK	04/13/15	808.63
Warrant 3644770 total									808.63
	399856	FEDEX (PO BOX 94515)		1323100	001	3644771	PK	04/13/15	17.34
Warrant 3644771 total									17.34
	339396	GIUNTOLI, PAUL		1323079	001	3644772	PK	04/13/15	94.30
Warrant 3644772 total									94.30
	10871	KCDA PURCHASING COOPERATI		1323107	002	3644773	PK	04/13/15	83.55
	10871	KCDA PURCHASING COOPERATI		1323107	001	3644773	PK	04/13/15	395.07
Warrant 3644773 total									478.62
	231611	MICROSOFT SERVICES		1323110	001	3644774	PK	04/13/15	2,350.86
Warrant 3644774 total									2,350.86
	222931	OFFICE DEPOT (POB 70049)		1323117	001	3644775	PK	04/13/15	13.76

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Warrant 3644775 total									13.76
		VOID + RE-ISSUE							
	264199	OFFICE OF THE ADMININSTRA		1323853	001	3644776	PK	04/13/15	6.00
Warrant 3644776 total									6.00
	279396	POINT DEFIANCE AIDS PROJE		1323132	001	3644777	PK	04/13/15	14,384.61
Warrant 3644777 total									14,384.61
	195092	PORT TOWNSEND LEADER		1323133	001	3644778	PK	04/13/15	61.63
Warrant 3644778 total									61.63
	327756	THERACOM		1323137	001	3644779	PK	04/13/15	1,274.00
Warrant 3644779 total									1,274.00
	327504	US BANK (JUNIOR DISTS ONL		1323292	002	3644781	PK	04/13/15	739.24
	327504	US BANK (JUNIOR DISTS ONL		1323292	001	3644781	PK	04/13/15	10.00
	327504	US BANK (JUNIOR DISTS ONL		1323291	002	3644781	PK	04/13/15	2,013.48
	327504	US BANK (JUNIOR DISTS ONL		1323291	001	3644781	PK	04/13/15	120.10
	327504	US BANK (JUNIOR DISTS ONL		1323289	002	3644781	PK	04/13/15	648.65
	327504	US BANK (JUNIOR DISTS ONL		1323289	001	3644781	PK	04/13/15	47.88
	327504	US BANK (JUNIOR DISTS ONL		1323282	002	3644781	PK	04/13/15	1,556.17
	327504	US BANK (JUNIOR DISTS ONL		1323282	001	3644781	PK	04/13/15	52.59
	327504	US BANK (JUNIOR DISTS ONL		1323276	001	3644781	PK	04/13/15	355.82
	327504	US BANK (JUNIOR DISTS ONL		1323260	002	3644781	PK	04/13/15	2,429.85
	327504	US BANK (JUNIOR DISTS ONL		1323260	001	3644781	PK	04/13/15	163.75
	327504	US BANK (JUNIOR DISTS ONL		1323240	002	3644781	PK	04/13/15	270.45
	327504	US BANK (JUNIOR DISTS ONL		1323240	001	3644781	PK	04/13/15	18.25

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	327504	US BANK (JUNIOR DISTS ONL		1323238	002	3644781	PK	04/13/15	432.07
	327504	US BANK (JUNIOR DISTS ONL		1323238	001	3644781	PK	04/13/15	449.08
	327504	US BANK (JUNIOR DISTS ONL		1323237	001	3644781	PK	04/13/15	1,088.40
Warrant 3644781 total									10,395.78
	11119	US POSTMASTER-MAIN BRNCH-		1323138	001	3644782	PK	04/13/15	325.16
Warrant 3644782 total									325.16
Department 95969 total									55,648.45

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	226171	BROWN, STEVEN		1323074	001	30849	PT	04/13/15	487.60
Warrant 30849 total									487.60
	393436	CHANG DAYNA		1323076	001	30850	PT	04/13/15	503.54
Warrant 30850 total									503.54
	400663	COLLINS, SARAH		1323077	001	30851	PT	04/13/15	112.76
Warrant 30851 total									112.76
	17216	KNOOP, MELINA		1323086	001	30852	PT	04/13/15	449.65
Warrant 30852 total									449.65
	397102	NELSON, ISABEL CALDERA		1323116	001	30853	PT	04/13/15	700.00
Warrant 30853 total									700.00
	217750	NICOLAISEN, NIELS		1323087	001	30854	PT	04/13/15	266.81
Warrant 30854 total									266.81
	388608	PHILLIPS, LYNN J.		1323090	001	30855	PT	04/13/15	96.60
Warrant 30855 total									96.60
	385955	QUALITY BUSINESS SYSTEMS,		1323135	001	30856	PT	04/13/15	1,259.46
Warrant 30856 total									1,259.46
	10979	QUAYLE, TIM		1323092	001	30857	PT	04/13/15	155.82
Warrant 30857 total									155.82

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	339412	TOURIGNY, LINDA L		1323093	001	30858	PT	04/13/15	60.38
Warrant 30858 total									60.38
	10993	TURNER, DENISE		1323094	001	30859	PT	04/13/15	64.73
Warrant 30859 total									64.73
	268891	VERIZON WIRELESS		1323140	001	30860	PT	04/13/15	1,242.08
Warrant 30860 total									1,242.08
	268891	VERIZON WIRELESS		1323141	001	30861	PT	04/13/15	291.68
Warrant 30861 total									291.68
	10566	WA STATE DEPT OF ECOLOGY		1323142	001	30862	PT	04/13/15	6,375.00
Warrant 30862 total									6,375.00
Department 95969 total									12,066.11

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	15023	ANALYTICAL RESOURCES, INC		1322290	001	3644116	PK	04/06/15	1,990.00
Warrant 3644116 total									1,990.00
	7661	BLUE SKY PRINTING		1322291	001	3644117	PK	04/06/15	59.57
Warrant 3644117 total									59.57
	224151	CENTURYLINK (PO BOX 91155		1322306	001	3644118	PK	04/06/15	534.62
Warrant 3644118 total									534.62
	366503	CYTOCHECK LABORATORY, LLC		1322307	001	3644119	PK	04/06/15	842.05
Warrant 3644119 total									842.05
	17992	DELL MARKETING L.P. (CHIC		1322308	001	3644120	PK	04/06/15	1,272.88
Warrant 3644120 total									1,272.88
	200490	DEPARTMENT OF RETIREMENT		1322340	001	3644121	PK	04/06/15	40.59
Warrant 3644121 total									40.59
	11325	FARRELL'S HOME HEALTH (WH		1322309	001	3644122	PK	04/06/15	57.61
Warrant 3644122 total									57.61
	399856	FEDEX (PO BOX 94515)		1322312	001	3644123	PK	04/06/15	43.78
Warrant 3644123 total									43.78
	260294	HARRISON MEDICAL CENTER		1322313	001	3644124	PK	04/06/15	110.88
Warrant 3644124 total									110.88

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	398013	HEALTHCO INFORMATION SYST		1322315	001	3644125	PK	04/06/15	1,228.31
Warrant 3644125 total									1,228.31
	12367	KING COUNTY FINANCE: ACCT		1322319	001	3644126	PK	04/06/15	599.00
Warrant 3644126 total									599.00
	16054	KITSAP COUNTY DEPT OF ADM		1322323	001	3644127	PK	04/06/15	25,438.00
Warrant 3644127 total									25,438.00
	357913	KITSAP GOLF & COUNTRY CLU		1322320	001	3644128	PK	04/06/15	575.00
Warrant 3644128 total									575.00
	240545	LABORATORY CORP OF AMERIC		1322326	001	3644129	PK	04/06/15	302.25
Warrant 3644129 total									302.25
	222931	OFFICE DEPOT (POB 70049)		1322327	001	3644130	PK	04/06/15	198.15
Warrant 3644130 total									198.15
	11896	OLYMPIC MEDICAL IMAGING C		1322328	001	3644131	PK	04/06/15	25.00
Warrant 3644131 total									25.00
	393428	OXFORD DIAGNOSTIC LABORAT		1322330	001	3644132	PK	04/06/15	52.00
Warrant 3644132 total									52.00
	264230	SANOFI PASTEUR, INC.		1322335	001	3644133	PK	04/06/15	423.72
Warrant 3644133									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									423.72
	12381	STANDARD REGISTER		1322333	001	3644134	PK	04/06/15	652.20
Warrant 3644134 total									652.20
	369036	ONE TIME PAYMENT SUGAR COAT dba Sweet Dahlia Baking		1322332	001	3644135	PK	04/06/15	12.00
Warrant 3644135 total									12.00
	251241	WSALPHO		1322339	001	3644136	PK	04/06/15	25.00
Warrant 3644136 total									25.00
	277244	WSEHA		1322338	001	3644137	PK	04/06/15	100.00
Warrant 3644137 total									100.00
Department 95969 total									34,582.61

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	281133	ACOSTA, NANCY		1322277	001	30595	PT	04/06/15	342.00
Warrant 30595 total									342.00
	397906	BALTAZAR, ELYA		1322279	001	30596	PT	04/06/15	16.10
Warrant 30596 total									16.10
	341969	EVANS, KELLY		1322317	001	30597	PT	04/06/15	56.94
Warrant 30597 total									56.94
	200487	JEFFERSON CO. HEALTH/HUMA		1322318	001	30598	PT	04/06/15	3,156.48
Warrant 30598 total									3,156.48
	359597	JONES, KIMBERLY D.		1322281	001	30599	PT	04/06/15	186.88
Warrant 30599 total									186.88
	9147	KITSAP MENTAL HEALTH SERV		1322322	001	30600	PT	04/06/15	2,365.00
Warrant 30600 total									2,365.00
	285101	LYTLE, ROSS		1322284	001	30601	PT	04/06/15	117.88
Warrant 30601 total									117.88
	397857	SPECTRA LABORATORIES - KI		1322337	001	30602	PT	04/06/15	3,741.30
Warrant 30602 total									3,741.30
	397857	SPECTRA LABORATORIES - KI		1322341	001	30603	PT	04/06/15	460.89
Warrant 30603 total									460.89

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	24869	STERICYCLE INC (PO BOX 6		1322334	001	30604	PT	04/06/15	293.23
Warrant 30604 total									293.23
	401074	TURNER, SUSAN MD.		1322287	001	30605	PT	04/06/15	81.29
Warrant 30605 total									81.29
Department 95969 total									10,817.99

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	5628	AMERICAN FAMILY LIFE COUN		1324644	010	3646416	PK	04/30/15	3,935.95
Warrant 3646416 total									3,935.95
	383135	HEALTH EQUITY		1324705	001	3646417	PK	04/30/15	283.33
Warrant 3646417 total									283.33
	6831	NACO DEFERRED COMP XPH		1324656	001	3646418	PK	04/30/15	5,925.50
Warrant 3646418 total									5,925.50
	394347	PEAK 1 ADMINISTRATION, LL		1324712	001	3646419	PK	04/30/15	1,670.00
Warrant 3646419 total									1,670.00
	6811	PROF & TECHNICAL ENG XPH		1324651	001	3646420	PK	04/30/15	3,049.76
Warrant 3646420 total									3,049.76
	6825	UNITED WAY		1324655	004	3646421	PK	04/30/15	379.00
Warrant 3646421 total									379.00
	400958	VOYA RETIREMENT INSURANCE		1324717	002	3646422	PK	04/30/15	3,091.00
Warrant 3646422 total									3,091.00
	376566	WA HEALTH CARE AUTHORITY		1324701	001	3646423	PK	04/30/15	3,208.55
Warrant 3646423 total									3,208.55
	376567	WA HEALTH CARE AUTHORITY		1324702	001	3646424	PK	04/30/15	15,670.66
Warrant 3646424 total									15,670.66

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	376565	WA HEALTH CARE AUTHORITY		1324700	001	3646425	PK	04/30/15	40,690.39
Warrant 3646425 total									40,690.39
	6779	WA STATE LABOR & IND INS		1324646	002	3646426	PK	04/30/15	3,887.70
Warrant 3646426 total									3,887.70
	6837	WA STATE TREASURER		1324657	006	3646427	PK	04/30/15	8,564.00
Warrant 3646427 total									8,564.00
	383133	WASHINGTON STATE TREASURE		1324704	001	3646428	PK	04/30/15	4,366.20
Warrant 3646428 total									4,366.20
	5606	WCIF STANDARD ACCIDENT		1324643	004	3646429	PK	04/30/15	223.73
Warrant 3646429 total									223.73
	5601	WCIF STANDARD BASIC LIFE		1324640	003	3646430	PK	04/30/15	737.45
Warrant 3646430 total									737.45
	341372	WCIF STANDARD LIFE INSURA		1324691	001	3646431	PK	04/30/15	1,650.92
Warrant 3646431 total									1,650.92
	360635	WCIF STANDARD STD		1324695	001	3646432	PK	04/30/15	123.30
Warrant 3646432 total									123.30
	5605	WCIF STANDARD VTL		1324642	005	3646433	PK	04/30/15	2,263.15
Warrant 3646433									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									2,263.15
	368370	WHIT-DELTA DENTAL OF WASH		1324696	001	3646434	PK	04/30/15	6,796.44
Warrant 3646434 total									6,796.44
	368371	WHIT-WILLIAMETTE		1324697	001	3646435	PK	04/30/15	583.60
Warrant 3646435 total									583.60
Department 95969 total									107,100.63

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969									
00969 95969									
Kitsap Public Health Di	299482	HRA VEBA TRUST		1324684	003	31420	PT	04/30/15	8,630.08
Warrant 31420 total									8,630.08
Department 95969 total									8,630.08

Company - Home . . 00969 Kitsap Public Health District
Home Bus. Unit . . 95969 Kitsap Public Health District

EMPLOYEE Number	Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I C	Err Msg
4563	ABNEY, BEVERLY M.	173.36	4,197.00	1,151.83	4,197.00			2,872.56	8037675	N	
278956	ACOSTA, NANCY M.	173.34	6,105.00	1,268.50	6,105.00			3,957.19	8037676	N	
398446	AL-AGBA, NIRAN S.	10.00	1,500.00	1.49	1,500.00			1,306.17	8037677	N	
275982	ARTHUR, ELLEN C.	69.00	2,430.18	10.29	2,430.18			1,941.79	8037678	N	
397902	BALTAZAR, ELYA	104.00	2,366.00	925.85	2,418.00			1,473.82	8037680	N	
215189	BANIGAN, LESLIE B.	155.98	5,411.00	895.07	5,411.00			3,964.61	8037681	N	
328436	BAZZELL, RICHARD L.	173.33	5,453.00	1,545.41	5,473.00			3,692.26	8037683	N	
230914	BERNI, GRETCHEN C.	86.66	3,885.00	584.19	3,885.00			1,196.00	8037684	N	
398569	BONSELL, KRISTINA S	173.26	3,493.00	1,079.94	3,545.00			2,724.80	8037685	N	
2058	BOYSEN-KNAPP, KAREN	138.65	4,398.00	799.19	4,398.00			3,150.30	8037686	N	
2882	BRAINERD, DANA G.	173.34	6,105.00	1,320.50	6,157.00			4,070.80	8037687	N	
245475	BROWER, JANET L.	173.31	7,248.00	1,425.77	7,300.00			4,145.34	8037688	N	
271677	BROWN, STEVEN J.	173.36	6,012.00	1,043.02	6,064.00			4,227.85	8037689	N	
1777	BURRER, LAURINE M.	83.00	3,302.73	12.38	3,302.73			2,590.65	8037690	N	
393427	CHANG, DAYNA R.	173.26	3,668.00	1,096.05	3,720.00			2,701.69	8037691	N	
400650	COLLINS, SARAH	167.51	3,546.27	1,084.84	3,598.27			2,603.90	8037692	N	
301566	CRAWFORD, KERRIE L.	173.36	6,012.00	1,687.96	6,064.00			4,079.06	8037693	N	
299534	CRIM, EVA M.	173.32	6,588.00	1,845.76	6,640.00			4,426.06	8037694	N	
400655	DALLMANN, LAURA M.	173.34	5,072.00	1,173.36	5,072.00			3,547.21	8037695	N	
246639	DALTON, MELANIE A.	173.32	6,718.00	1,436.02	6,770.00			5,251.12	8037696	N	
1226	DANIELS, SCOTT C.	173.34	11,035.00	2,590.99	11,087.00			6,665.08	8037697	N	
17665	DEGRACIA, PATRICIA	138.66	3,834.00	765.60	3,834.00			2,351.69	8037698	N	
359180	DENSON, DAYDRA D.	173.30	5,161.00	1,169.85	5,181.00			3,579.66	8037699	N	
23825	DOBBELAERE, KERRY J	173.34	7,842.00	1,290.51	7,894.00			4,934.46	8037700	N	
279990	DREW, MICHAEL E.	173.35	5,419.00	1,738.10	5,471.00			4,013.75	8037701	N	
223648	EAKES, DEANNA L.	173.29	3,504.00	760.03	3,504.00			2,390.29	8037702	N	
395244	EILERS, KATHARINE	173.34	7,842.00	1,862.50	7,894.00			5,973.03	8037703	N	
389848	ELPEDES, JESSICA R.	32.00	1,280.00	4.77	1,280.00			1,054.88	8037704	N	
4565	EVANS, ERIC V.	173.35	6,871.00	2,149.49	6,871.00			4,135.12	8037705	N	
340919	EVANS, KELLY A.	173.32	3,846.00	1,377.41	3,846.00			2,646.79	8037706	N	
321284	FISK, APRIL K.	173.36	4,230.00	1,906.25	4,230.00			2,833.39	8037707	N	
356883	FONG, YOLANDA N.	177.34	6,930.32	1,396.51	6,982.32			4,799.50	8037708	N	
279971	FOWLER, ANNE M.	173.33	4,458.00	1,544.83	4,510.00	Individual deductions and taxes are confidential - Redacted		3,131.54	8037709	N	
337331	GIUNTOLI, PAUL A.	173.36	6,012.00	1,259.94	6,012.00			4,040.59	8037710	N	
401905	GONZALEZ, ANNA K.	170.81	4,275.42	1,916.44	4,275.42			3,197.99	8037711	N	
398581	GRECO, KATHERINE J.	173.36	3,625.00	1,850.53	3,625.00			2,719.35	8037712	N	
1264	GRELLNER, KEITH J.	173.34	8,646.00	1,409.00	8,698.00			6,293.14	8037713	N	
355732	GUIDRY, JESSICA F.	173.31	7,103.00	2,222.86	7,155.00			5,000.92	8037714	N	
298093	GUSTAFSON, CANDYCE	104.01	2,102.00	506.33	2,102.00			1,554.03	8037715	N	
356336	GUZMAN, DAMARYS L.	173.32	3,203.00	1,377.25	3,203.00			2,247.38	8037716	N	
3013	HANSSEN-KELLER, JOH	138.67	4,924.00	807.64	4,924.00			3,614.95	8037717	N	
352751	HINTON, ROBERT J.	173.32	6,718.00	2,187.40	6,770.00			4,640.79	8037718	N	
1033	HOLBURN, NATHAN D.	173.35	5,419.00	1,225.32	5,439.00			3,331.47	8037719	N	
4579	HOLDCROFT, GRANT A.	173.36	6,012.00	1,311.94	6,064.00			3,837.57	8037720	N	
270783	HOLDCROFT, JODIE ST	173.36	6,012.00	1,292.94	6,045.00			3,779.78	8037721	N	
1041	HOLT, JUDITH A.	173.31	7,248.00	1,280.24	7,300.00			4,922.64	8037722	N	
2726	HOLT, KAREN L.	173.34	6,261.00	1,769.65	6,261.00			4,212.12	8037723	N	
6545	HOPKINS, LESLIE W.	173.33	6,453.00	1,031.63	6,453.00			4,715.30	8037724	N	
306605	HUGHES, RACHEL J.	173.29	3,504.00	1,000.65	3,504.00			2,587.34	8037725	N	

Company - Home . . 00969 Kitsap Public Health District
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295036	JAMESON, BETTY S.	173.33	3,659.00	1,043.22	3,659.00			2,742.80	8037726	N	
400651	JOHANSON, KRISTA M.	173.28	2,724.00	1,333.13	2,724.00			2,202.68	8037727	N	
358933	JONES, KIMBERLY D.	173.35	5,419.00	988.40	5,471.00			3,748.56	8037728	N	
362275	KELLOGG, TRACEY	173.34	7,842.00	1,428.48	7,842.00			5,606.61	8037729	N	
245476	KENCH, DONALD C.	173.32	3,541.00	2,070.61	3,541.00			2,383.21	8037730	N	
250913	KIESS, JOHN F.	173.31	7,248.00	1,373.77	7,248.00			4,557.75	8037731	N	
16125	KNOOP, MELINA V.	173.35	5,919.00	1,303.37	5,971.00			4,127.45	8037732	N	
243184	KRUSE, CHARLES H.	173.34	6,093.00	1,748.18	6,093.00			4,579.71	8037733	N	
327580	KUSHNER, SIRI E.	173.32	6,697.00	2,185.46	6,749.00			5,130.75	8037734	N	
316830	LINDEN, LISA B.	173.35	5,308.00	1,695.88	5,328.00			3,420.84	8037736	N	
285038	LYTLE, ROSS D.	173.32	5,690.00	1,599.24	5,742.00			3,765.12	8037738	N	
354918	MALLORY, TERRY L.	88.42	3,941.00	724.07	3,941.00			2,291.16	8037739	N	
403130	MARKIEWICZ, SHELLY	112.00	2,937.76	969.90	2,937.76			2,199.82	8037740	N	
388104	MAZUR, KARINA MARIA	173.36	4,783.00	883.82	4,783.00			3,345.78	8037741	N	
398567	MCKAY BEVERS, KAREN	173.34	6,145.00	1,618.84	6,197.00			4,759.89	8037742	N	
387088	MCKINNON, BRYAN	173.31	4,915.00	1,033.37	4,935.00			3,824.92	8037743	N	
368977	MILLER, AKIKO	173.33	5,115.00	908.40	5,115.00			3,921.47	8037744	N	
270056	MILLS, JACQUELYN F.	173.30	3,856.00	792.45	3,856.00			2,593.91	8037745	N	
324204	MORGAN, W. NEWTON	173.36	6,012.00	1,655.96	6,032.00			4,519.44	8037746	N	
312378	MORRIS, DAWN M.	138.68	3,223.00	650.98	3,223.00			2,287.28	8037747	N	
295033	NGUYEN, LOAN T.	138.66	3,045.00	634.57	3,045.00			2,409.11	8037748	N	
208456	NICOLAISEN, NIELS K	173.36	6,312.00	1,070.65	6,364.00			4,762.44	8037749	N	
3128	NOBLE, GREGORIA A.	173.33	4,958.00	1,037.33	4,978.00			3,400.45	8037750	N	
22459	NORTH, EDWIN	173.34	7,842.00	1,840.53	7,842.00			3,959.61	8037751	N	
2386	NOSER, PATRICIA E.	173.29	3,504.00	1,028.95	3,504.00			2,451.41	8037752	N	
243679	OUTHWAITE, MINDI L.	104.00	3,689.00	753.10	3,689.00			2,620.53	8037753	N	
388198	PHILLIPS, LYNN J.	103.98	3,185.00	1,012.12	3,185.00			2,017.11	8037754	N	
229901	PHIPPS, BETH M.	173.34	6,105.00	1,032.58	6,138.00			3,827.20	8037755	N	
268609	PLEMMONS, SUZANNE M	173.34	8,646.00	1,291.61	8,698.00			5,169.46	8037756	N	
394466	PREWITT, SUSANA C.	173.27	2,774.00	692.80	2,774.00			2,228.52	8037757	N	
1214	QUAYLE, TIMOTHY P.	173.35	6,471.00	2,164.65	6,523.00			4,570.94	8037758	N	
241304	REIN, ARDELLE	138.68	5,974.00	1,537.11	6,007.00			4,195.16	8037759	N	
324654	RHEA, SUSAN R.	173.34	3,453.00	1,024.25	3,453.00			2,567.39	8037760	N	
267073	RIDGE, BETTI L.	173.35	5,708.00	1,251.94	5,728.00			4,046.80	8037761	N	
397254	SCHAEFFNER, DANIELL	173.31	4,246.00	1,097.29	4,246.00			3,218.81	8037762	N	
399854	SIFRIT, NICOLA M.	173.33	6,453.00	2,168.99	6,505.00			4,649.86	8037763	N	
1224	SMITH-ROSE, SHELLEY	156.02	4,314.00	1,036.07	4,314.00			2,937.21	8037764	N	
361388	SMITH, TERRI L.	173.34	6,398.00	1,295.49	6,398.00			4,481.01	8037765	N	
226538	STICKNEY, CHRISTINA	173.34	6,105.00	1,122.97	6,105.00			4,517.38	8037766	N	
337963	TOURIGNY, LINDA L.	173.34	6,774.00	1,330.12	6,774.00			3,318.06	8037767	N	
1682	TURNER, DENISE M.	173.36	4,197.00	902.80	4,197.00			2,592.50	8037768	N	
401072	TURNER, SUSAN E.	173.33	13,884.00	2,523.73	13,936.00			8,225.38	8037769	N	
17666	ULTICAN, SHAWN P.	173.36	6,012.00	1,687.96	6,064.00			4,573.30	8037770	N	
392243	WALTHER, SUSAN B.	173.31	4,246.00	880.37	4,298.00			3,074.18	8037771	N	
14545	WELLBORN, BRIAN D.	130.03	2,529.00	1,004.60	2,581.00			1,761.29	8037772	N	
397255	WENDT, JAN E.	173.35	5,814.00	1,722.48	5,814.00			4,294.77	8037773	N	
2189	WERDALL, LORI E.	138.66	3,045.00	714.57	3,045.00			1,479.67	8037774	N	
21402	WESTERGAARD, RUTH E	173.35	5,497.00	1,232.50	5,517.00			4,012.10	8037775	N	
398570	WHEELER, AMANDA E.	173.28	2,594.00	682.22	2,594.00			1,887.93	8037776	N	

Individual deductions and taxes are confidential - Redacted

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EMPLOYEE Number	Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I C	Err Msg
14571	WHITFORD, STUART S.	173.31	7,248.00	1,801.79	7,300.00	Individual deductions and taxes are confidential - Redacted		5,167.65	8037777	N	
400652	WINDEN, KELLY M.	17.00	662.73	2.53	662.73			610.76	8037778	N	
2908	ZIMNY, JAMES A.	173.31	6,903.00	1,365.70	6,955.00			5,389.08	8037779	N	
337082	ZOLLWEG, DAVID A.	173.35	5,419.00	1,059.79	5,419.00			3,939.72	8037780	N	
305016	ZUMWALT, LORI A.	29.05	1,023.14	25.45	1,023.14			880.55	8037781	N	
Total.		16217.93		127,431.16		64,340.69		364,374.21			
			529,377.55		531,528.55		102,813.65				