Kitsap Public Health District Consent Agenda April 2, 2024

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2203 Amendment 17 (2379)	CLH31014 Amendment 17	WA State Dept. of Health Consolidated Contract	Amendment	01/01/2022- 12/31/2024	\$50,230	\$0

Description: Adds statement of work for the BEACH program and amends statements of work for Office of Drinking Water Group B Programs, and Office of Immunization-Regional Representatives. Includes an increase of \$50,230 in funding for a revised maximum consideration of \$18,745,581.

KITSAP PUBLIC HEALTH DISTRICT 2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31014

AMENDMENT NUMBER: 17

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITSAP PUBLIC HEALTH DISTRICT, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

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and lo	cated on the DOH Finance SharePoint site in the U	tements of work, which are incorporated by this reference pload Center at the following URL: //sitepages/home.aspx?=e1:9a94688da2d94d3ea80ac7fbc32e4d7c
	Adds Statements of Work for the following prog	rams:
	BEACH Program - Effective March 1, 2024	
\boxtimes	Amends Statements of Work for the following pr	rograms:
	Office of Drinking Water Group B Programs - E Office of Immunization-Regional Representative	
	Deletes Statements of Work for the following pro-	ograms:
2. Exhib as foll		nis reference, amends and replaces Exhibit B-16 Allocations
\boxtimes	Increase of \$50,230 for a revised maximum cons	ideration of <u>\$18,745,581</u> .
	Decrease of for a revised maximum consi	deration of
	No change in the maximum consideration of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of	mational purposes.
Unless des	signated otherwise herein, the effective date of this	amendment is the date of execution.
ALL OTH	_	ontract and any subsequent amendments remain in full force
IN WITN	ESS WHEREOF, the undersigned has affixed his/ho	er signature in execution thereof.
KITSAP	PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature	:	Signature:
Date:		Date:

APPROVED AS TO FORM ONLY Assistant Attorney General

EXHIBIT B-17 ALLOCATIONS Contract Term: 2022-2024

Page 2 of 14
Contract Number: CLH31014
Date: February 1, 2024

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin) Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community Hlth Pgms (inc. Admin) & 36% Environmental Hlth Pgms (inc. Admin) Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health Pgms

							DOHU	se Only			
				BARS	Statemen	t of Work	Chart of	Accounts		Funding	Chart of
	Federal Award		Assist	Revenue	LHJ Fund	ling Period	Funding	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	List #*	Code**	Start Date	End Date	Start Date	End Date	Amount	SubTotal	Total
FFY23 IAR SNAP Ed Prog Mgnt-Region 5	NGA Not Received	Amd 9	10.561						\$115,813	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56					(\$19,204)	\$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56				09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
FFY24 SNAP Ed Prog Mgnt Admin IAR	NGA Not Received	Amd 15	10.561	333.10.56	10/01/23	09/30/24	10/01/23	09/30/24	\$127,434	\$127,434	\$127,434
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 16	14 241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$300	\$113,064	\$350,432
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 15	14.241	333.14.24				08/09/26	\$112,764	\$115,004	\$330,732
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24		08/31/23		09/11/25	\$23,000	\$126,989	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24		08/31/23		09/11/25	\$103,989	\$120,767	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 16, 14	14.241	333.14.24				08/24/24	\$3,200	\$3,200	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241					06/30/23	(\$103,989)	\$27,229	
FFY21 Housing People with AIDS Formula	WAH21-F999 WAH21-F999	Amd 5	14.241	333.14.24				06/30/23	\$131,218	\$21,229	
FFY21 Housing People with AIDS Formula	WAH21-F999 WAH21-F999	Amd 4	14.241	333.14.24				06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24				06/30/23	\$20,593	\$49,213	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24				06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999 WAH20-F999							06/30/23	\$26,690	\$30,733	
FF 1 20 Housing People with AIDS Formula	W AH20-F999	Amd 1	14.241	333.14.24	01/01/22	00/30/22	07/01/20	00/30/23	\$20,090		
FFY24 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 17	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$25,000	\$25,000	\$75,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
EEVAA DHED DDG LIII E	NH 100TD022042		02.060	222.02.06	07/01/22	06/20/24	07/01/22	06/20/24	0205.245	#205.245	6500 500
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06				06/30/24	\$295,345	\$295,345	\$790,580
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069					06/30/23	\$295,345	\$295,345	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069					06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$107,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424

EXHIBIT B-17 ALLOCATIONS Contract Term: 2022-2024

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Contract Number: CLH31014
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Indirect Rate January 1, 2024-December 31, 2	024: 28.76% Admin & Commu	mity Health Pgms; 31.329	% Environ	mental Hea	lth Pgms		DOH I	se Only			
	Federal Award		Assist	BARS Revenue	Statement LHJ Fund	ing Period	Chart of Funding	Accounts g Period		Funding Period	Chart of Accounts
Chart of Accounts Program Title	Identification #	Amend #	List #*	Code**	Start Date	End Date	Start Date	End Date	Amount	SubTotal	Total
COVID19 Vaccines R4 COVID19 Vaccines R4	NH23IP922619 NH23IP922619	Amd 5 Amd 1	93.268 93.268	333.93.26 333.93.26	01/01/22 01/01/22		07/01/20 07/01/20	06/30/24 06/30/24	\$5,000 \$1,027,214	\$1,032,214	\$1,032,214
FFY24 CDC PPHF Ops FFY24 CDC PPHF Ops	NH23IP922619 NH23IP922619	Amd 14 Amd 13	93.268 93.268	333.93.26 333.93.26			07/01/23 07/01/23	06/30/24 06/30/24	\$250 \$2,500	\$2,750	\$2,750
FFY24 CDC VFC Ops FFY24 CDC VFC Ops	NH23IP922619 NH23IP922619	Amd 14 Amd 13	93.268 93.268	333.93.26 333.93.26			07/01/23 07/01/23	06/30/24 06/30/24	\$1,613 \$16,134	\$17,747	\$17,747
FFY24 CDC IQIP Regional Rep FFY24 CDC IQIP Regional Rep	NH23IP922619 NH23IP922619	Amd 14 Amd 13	93.268 93.268	333.93.26 333.93.26				06/30/24 06/30/24	\$2,800 \$28,000	\$30,800	\$30,800
FFY23 PPHF Ops FFY22 PPHF Ops	NH23IP922619 NH23IP922619	Amd 7 Amd 3	93.268 93.268	333.93.26 333.93.26	07/01/22 01/01/22		07/01/22 07/01/21	06/30/23 06/30/22	\$2,500 \$1,959	\$2,500 \$1,959	\$4,459
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
FFY23 VFC Ops FFY22 VFC Ops	NH23IP922619 NH23IP922619	Amd 5 Amd 3		333.93.26 333.93.26					\$16,134 \$12,870	\$16,134 \$12,870	\$29,004
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515 NU50CK000515	Amd 7 Amd 2	93.323 93.323	333.93.32 333.93.32		10/18/22 10/18/22		10/18/22 10/18/22	(\$989,616) \$1,145,035	\$155,419	\$155,419
FFY20 ELC EDE LHJ Allocation FFY20 ELC EDE LHJ Allocation	NU50CK000515 NU50CK000515	Amd 7, 9, 11, 16 Amd 2, 9, 11, 16	93.323 93.323	333.93.32 333.93.32				07/31/24 07/31/24	(\$199,494) \$2,919,838	\$2,720,344	\$2,720,344
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	\$192,500
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	\$200,000
FFY23 Tobacco-Vape Prev Comp 1 FFY22 Tobacco-Vape Prev Comp 1 FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808 NU58DP006808 NU58DP006808	Amd 12 Amd 5, 9 Amd 2	93.387 93.387 93.387	333.93.38 333.93.38 333.93.38		04/28/23	04/29/22	04/28/24 04/28/23 04/28/22	\$24,482 \$24,482 \$24,482	\$24,482 \$24,482 \$24,482	\$73,446
FFY22 Phys Actvty & Nutrition Prog FFY22 Phys Actvty & Nutrition Prog	NU58DP006504 NU58DP006504	Amd 11 Amd 7	93.439 93.439	333.93.43 333.93.43			09/30/22 09/30/22	09/29/23 09/29/23	\$2,000 \$80,000	\$82,000	\$149,000

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Indirect Rate January 1, 2024-December 31, 2	2024: 28.76% Admin & Commun	ity Health Pgms; 31.3	2% Environ	mental Hea	lth Pgms		DOLLI				
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	F 1 14 1			BARS		t of Work		Accounts		Funding	Chart of
Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	Revenue	LHJ Fund			g Period End Date	A	Period SubTotal	Accounts
ě.				Code**					Amount		Total
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43		09/29/22			\$15,000	\$67,000	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 16	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$159,854	\$292,145
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$27,563)	\$132,291	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563	\$37,563
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
SFY1 GFS - Group B		Amd 17	N/A	334.04.90	01/01/24	06/30/24	07/01/23	06/30/25	\$25,230	\$25,230	\$76,985
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$20,000
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$20,000	\$20,000	\$40,000
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,333	\$33,333	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	(\$8,334)	\$0	\$0
Small Onsite Management (GFS)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334		
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$247,509	\$247,509	\$495,018
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	

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				BARS	Statemen	t of Work	Chart of	Accounts		Funding	Chart of
	Federal Award		Assist	Revenue	LHJ Fund	ling Period	Fundin	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	List #*	Code**	Start Date	End Date	Start Date	End Date	Amount	SubTotal	Total
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$100,530	\$100,530	\$294,530
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$38,402	\$38,402	\$104,106
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22		07/01/21	06/30/23	\$38,402	\$38,402	9101,100
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93			07/01/21		\$27,302	\$27,302	
31 122 Touri Tobacco Vapor Froducis		And 2	IV/A	334.04.93	01/01/22	00/30/22	07/01/21	00/30/23	\$27,302	\$27,302	
SFY25 Wastewater Management-GFS		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$8,334	\$38,334
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/22	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$185,184
							04/01/23				\$105,104
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98					\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98			04/01/22		(\$19,580)	\$21,174	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98			04/01/22		\$19,880		
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98			04/01/22		\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98		03/31/22		03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
FFY24 RW Grant Year Rebate		Amd 16	N/A	334.04.98	04/01/24	12/31/24	04/01/24	03/31/25	\$568,500	\$568,500	\$1,876,585
FFY23 RW Grant Year Rebate		Amd 16	N/A	334.04.98	01/01/24	03/31/24	07/01/23	03/31/24	\$189,500	\$189,500	
RW FFY23 Grant Year Rebate		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/24	\$313,800	\$313,800	
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98		06/30/23		06/30/23	\$9,940	\$126,086	
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98		06/30/23	04/01/23	06/30/23	\$116,146	4-2-0,000	
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98			04/01/22		\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98			04/01/22		\$348,438	<i>\$570,250</i>	
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98			04/01/22		\$19,580	\$135,726	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98			04/01/22		\$116,146	\$133,720	
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98		03/31/22		03/31/23	\$48,569	\$164,715	
										\$104,713	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
FPHS-LHJ-Proviso (YR2)		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$250,000	\$2,719,000	\$4,064,000
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	

EXHIBIT B-17 ALLOCATIONS Contract Term: 2022-2024

Page 6 of 14
Contract Number: CLH31014
Date: February 1, 2024

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community HIth Pgms (inc. Admin) & 39.47% Environmental HIth Pgms (inc. Admin) Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community HIth Pgms (inc. Admin) & 36% Environmental HIth Pgms (inc. Admin) Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health Pgms

Indirect Rate January 1, 2024-December 31, 202	24: 28.76% Admin & Community	Health Pgms; 31.3	2% Environ	mental Hea	lth Pgms						
							DOH U	Jse Only			
				BARS	Statemen	t of Work	Chart of	Accounts		Funding	Chart of
	Federal Award		Assist	Revenue	LHJ Fund	ling Period	Fundin	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	List #*	Code**	Start Date	End Date	Start Date	End Date	Amount	SubTotal	Total
SFY24 FPHS-LHJ-Funds-GFS		Amd 14	N/A	336 04 25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,180,000	\$3,649,000	\$3,649,000
SFY24 FPHS-LHJ-Funds-GFS		Amd 13	N/A		07/01/23				\$2,469,000	\$3,047,000	\$5,047,000
VD 25 CDE L A + (150/) CC		Amd 15	NI/A	246.26.64	01/01/24	12/21/24	07/01/23	06/30/25	610.750	£10.750	642.500
YR 25 SRF - Local Asst (15%) SS			N/A			12/31/24			\$10,750	\$10,750	\$43,500
YR 25 SRF - Local Asst (15%) SS		Amd 14	N/A		01/01/23	12/31/23		12/31/23	\$500	\$13,750	
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23			12/31/23	\$13,250		
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000	\$2,000	\$3,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	
TOTAL									\$18,745,581	\$18,745,581	
Total consideration:	\$18,695,351									GRAND TOTAL	\$18,745,581
GRAND TOTAL	\$50,230 \$18,745,581									Total Fed Total State	\$7,678,310 \$11,067,271

^{*}Assistance Listing Number fka Catalog of Federal Domestic Assistance

Kitsap Public Health District

^{**}Federal revenue codes begin with "333". State revenue codes begin with "334".

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Exhibit A Statement of Work Contract Term: 2022-2024

DOH Program Name or Title: BEACH Program - Effective March 1, 2024

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

SOW Type: Original Revision # (for this SOW)

Funding Source Sederal Compliance (check if applicable)

Federal Subrecipient State State Other

Other

Fracta (Transparency Act) Fixed Price

Statement of Work Purpose: The Beach Environmental Assessment, Communication, and Health (BEACH) Program works with LHJ to monitor water at marine swimming beaches for bacteria and provide public notification when levels are unsafe.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code		ing Period	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 SWIMMING BEACH GRANT IAR (ECY)	26505924	66.472	333.66.47	03/01/24	09/30/24	0	25,000	25,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS	•			•		0	25,000	25,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	BEACH Program Administration and Annual Meeting: Time	Summarize time spent on administrative	Annual meeting held in	Reimbursement for actual
	spent on administrative duties related to the BEACH Program	duties in annual report.	March 2024. Annual report	costs up to \$25,000 for
	and the 2024 Annual meeting.		due September 30, 2024.	tasks 1-3. Subrecipient
2	Bacteria Monitoring & Public Notification	1. Enter data into Department of	1. Enter data results into	may use their discretion in
	 Collect samples and field observations in accordance 	Ecology's BEACH Program Database.	database by Friday each	prioritizing which task(s)
	with BEACH Program Quality Assurance Project Plan		week of sample collection.	to pay with this award.
	(QAPP). Notify BEACH Program Coordinator in			
	advance if samples cannot be collected. Coordinate	Email copies of laboratory analytical	2. Email copies of reports	
	deviations from the QAPP and/or schedule with the	reports to BEACH Program Coordinator.	upon receipt.	
	BEACH Program Coordinator.			
	 Post and/or remove swimming advisory signs as 	3. Include a list of swimming advisories in	3. Annual report due	
	needed. Provide public education about beach water	annual report.	September 30, 2024.	

Page 8 of 14

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	quality. Notify BEACH Program Coordinator of swimming advisories as soon as possible.			
3	Illness Pollution Investigations Notify BEACH Program Coordinator of any illness reports related to recreational swimming beaches. Conduct illness	Provide notification via telephone to BEACH Program Coordinator.	1. Within fourteen (14) business days.	
	investigations as needed.	2. Summarize illness investigation in annual report.	2. Annual report due September 30, 2024	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the <u>DOH Finance SharePoint</u> site. Questions related to this SOW, or any other finance-related inquiry, may be sent to <u>finance@doh.wa.gov</u>.

<u>Federal Funding Accountability and Transparency Act (FFATA)</u> (Applies to federal grant awards.)

This 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 be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on <u>USASpending.gov</u> by DOH as required by P.L. 109-282.

Program Specific Requirements

The funds for this project are being provided by an Environmental Protection Agency grant, Agreement Number CU-01J74301-3, Catalog of Federal Domestic Assistance Number 66.472 – Beach Monitoring and Notification Program Implementation Grants.

Program Manual, Handbook, Policy References:

Quality Assurance Project Plan https://apps.ecology.wa.gov/publications/SummaryPages/1903119.html

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Exhibit A Statement of Work Contract Term: 2022-2024

DOH Program Name or Title: Office of Drinking Water Group B Programs -

Effective January 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Ellective smiddl, 1, 2022		Contract N	Number: CLH31014
SOW Type: Revision # (for this SOW) 2	Funding Source	Federal Compliance	Type of Payment
	☐ Federal <select one=""></select>	(check if applicable)	Reimbursement
Period of Performance: January 1, 2022 through June 30, 2024	State Other	FFATA (Transparency Act) Research & Development	Fixed Price

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide financial support to LHJs implementing local Group B water systems programs.

Revision Purpose: The purpose of this revision is to extend the period of performance from 06/30/23 to 06/30/24 and provide additional financial support from 01/01/24 through 06/30/24 to LHJs implementing local Group B water systems programs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code		LHJ Funding Period Start Date End Date		Allocation Change Increase (+)	Total Allocation
GFS Group B (FO-SW)	24230103	N/A	334.04.90	01/01/22	06/30/22	25,877	0	25,877
GFS Group B (FO-SW)	24230104	N/A	334.04.90	01/01/23	06/30/23	25,878	0	25,878
SFY1 GFS - Group B	24110843	N/A	334.04.90	01/01/24	06/30/24	0	25,230	25,230
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS	•	•		•	•	51,755	25,230	76,985

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Implement a Group B water system program	An executed Memorandum of Agreement (MOA)	January 1, 2023 2022 thru June 30, 2023	Lump sum payment
	through a Local Ordinance. Reference DOH	with DOH identifying responsibilities of a full	2024	(See Special Billing
	MOA #CLH23660.	Group B program through a Local Ordinance.		Requirements)

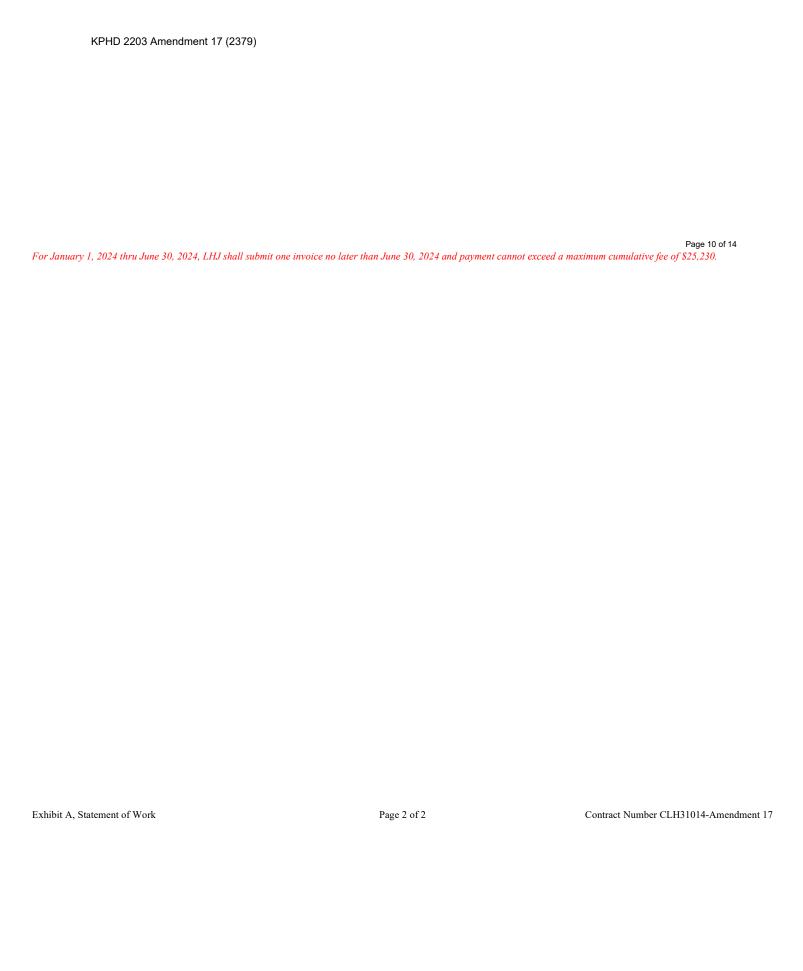
DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the DOH Finance SharePoint site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Program Specific Requirements

Special Billing Requirements:

For January 1, 2022 thru June 30, 2022, LHJ shall submit one invoice no later than June 30, 2022 and payment cannot exceed a maximum cumulative fee of \$25,877. For January 1, 2023 thru June 30, 2023, LHJ shall submit one invoice no later than June 30, 2023 and payment cannot exceed a maximum cumulative fee of \$25,878.

Exhibit A, Statement of Work Page 1 of 2 Contract Number CLH31014-Amendment 17



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Exhibit A Statement of Work Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Regional Representatives - <u>Effective July 1, 2023</u>

Local Health Jurisdiction Name: Kitsap Public Health District

		Contract N	Number: CLH31014
SOW Type: Revision # (for this SOW) 3	Funding Source	Federal Compliance	Type of Payment
		(check if applicable)	Reimbursement
Period of Performance: July 1, 2023 through June 30, 2024	State Other	FFATA (Transparency Act) Research & Development	Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives.

Revision Purpose: The purpose of this revision is to add Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code		ing Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY24 CDC IQIP Regional Rep	74310244	93.268	333.93.26	07/01/23	06/30/24	30,800	0	30,800
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS				·		30,800	0	30,800

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount					
	Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.								
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	a) Provider Agreement New Enrollment Packet with original or electronic signature – DOH 348-022 b) New Enrollment Training Guide (CVP SharePoint Site) c) Information Sharing Agreement with original signature - DOH 348-576. This document must be mailed to DOH.	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.					

Task #	Activity		Deliverables/Outcomes	D	ue Date/Time Frame	Payment Information and/or Amount
2	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	for trai wh	omit completed Provider Disenrollment m DOH 348-423 when facilitating the asfer/removal of vaccine for providers o merge or dis-enroll from the ildhood Vaccine Program.		thin ten (10) days of cine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide. Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up	a)	Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.	a)	Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
	actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	b)	Upload the signed Acknowledgement of Receipt form to the visit in PEAR.	b)	Within five (5) business days of the site visit.	
		c)	Enter resolved site visit follow-up actions and upload applicable s documentation into PEAR	c)	Within five (5) business days of receiving the document(s) follow-up action was completed.	
4	Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of	a)	Submit completed CVP Compliance Visit Project Schedule to DOH	a)	By July 31	
	previous site visit and/or 12 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or	b)	Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.	b)	the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.	
	verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.	c)	Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.	c)	Within five (5) business days of the site visit.	

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Task #	Activity		Deliverables/Outcomes	D	Due Date/Time Frame	Payment Information and/or Amount
	All CVP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee annually.	d)	Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	d)	Within five (5) business days of receiving the document(s) follow-up action was completed.	
		e)	Respond to requests from DOH to schedule observation visit.	e)	Within 5 business days of DOH request.	
5	IQIP (Immunization Quality Improvement for Providers) Complete Project Management Scheduling Tool Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 30% of total visits assigned per region must be initiated within the first half Project year and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site. Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide. All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur within four (4) months of the annual/initial training.		Copy of project management plan (template will be provided) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up. Implete and submit IQIP visit evaluation every	a) b) c)	Within five (5) business days of the IQIP Annual Training Within five (5) business days of visit Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the <u>DOH Finance SharePoint</u> site. Questions related to this SOW, or any other finance-related inquiry, may be sent to <u>finance@doh.wa.gov</u>.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This 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 be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on <u>USASpending.gov</u> by DOH as required by P.L. 109-282.

Exhibit A, Statement of Work Page 3 of 4 Contract Number CLH31014-Amendment 17

Page 14 of 14

Program Specific Requirements

- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunizations.
- Regional Representatives must have access to a digital data logger with current certificate of calibration and qualified pack outs or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan).
- Regional consultants will limit use of Immunization Information System (IIS) user accounts to view the data needed to conduct site visits with enrolled sites, and DOH
 reserves the right to limit regional consultant IIS access if used for unauthorized purposes, including but not limited to, editing, or approving Childhood Vaccine Program
 provider agreements or vaccine-related requests.

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- · Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- · Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

New or Renewed Contracts for the Period of 02/01/2024 through 02/29/2024

KPHD	KPHD	Contract	Contract	КРНВ	Contract	Signed	Start	End	Client
Contract ID	Program	Туре	Length	Approved	Amount	Date	Date	Date	Contract ID
Active (7 c	contracts)								
Clallam Co	ounty Department of Health and Human	Serv							
ID: 2385	Assessment and Epidemiology, Kari Hunter	Contract for Services	Closed	02/06/24	\$4,240.00	02/08/24	01/01/24	12/31/24	11323-24-DATA
	otion: KPHD will provide as needed training, transfer ers/services.	of files, IT support, and changes to	reporting platform	for the Behavioral	Health in-county	/ funded and	d Behaviora	lHealth funde	ed
DOH, Was	hingston State								
ID: 2394	Assessment and Epidemiology, Kari Hunter	Data Sharing Agreement	Closed			02/08/24	02/08/24	12/31/28	
,	otion: Quarterly County Opioid Analytic Dataset - Da	3 3							
Jefferson (County								
ID: 2387	Assessment and Epidemiology, Kari Hunter	Agreement	Closed	02/06/24	\$6,930.00	02/06/24	01/01/24	06/30/24	AD-24-001
,	otion: KPHD to provide epidemiology and technical s	• • • • • • • • • • • • • • • • • • • •		, ,	, ,			,	
Kitsap Cou	unty								
ID: 2386	Assessment and Epidemiology, Kari Hunter	Agreement	Closed	02/06/24	\$4,240.00	02/26/24	01/01/24	12/31/24	KC-120-24
Descriț	ption: Supporting transitions of reporting portals and	data of awardees funded by the Me	ental Health, Chemi	ical Dependency a	nd Therapeutic (Court Treatr	nent Sales T	ax	
ID: 2390	Parent/Child Health, Nancy Acosta	Interlocal/Interagency	Closed	02/06/24	\$190,000.00	02/26/24	01/01/24	12/31/24	KC-047-24
reducir	otion: This Agreement is for the purpose of augment ng the impacts of disabling chemical dependency and 460 for the time period January 1, 2024 – December	d mental illness by creating and inv	ntal health, chemica resting in effective,	al dependency and data driven prograi	therapeutic couns for a continu	um of recov	ery-oriented	systems of c	are per RCW
			Closed	02/06/24	\$285,000.00		01/01/24	12/31/27	
Spectra ID: 2391		Contract for Services onducting routine and emergency v	Closed	02/06/24					
Spectra ID: 2391 Descrip	PIC, John Kiess otion: Contractor to support KPHD PIC program by c	Contract for Services onducting routine and emergency v	Closed	02/06/24					

Description: The District requires the expertise of this Contractor to provide county-wide mobile syringe exchange services as a component of the District's Kitsap Syringe Exchange Services Network.

07:12 AM Page 1 of 1

Kitsap Public Health Board Meeting Date: April 2, 2024

CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers

Approvals:

	Signature	Date
Administrator		
	Yolanda Fong	3/20/2024
Finance Manager	Melissa laird	3/20/2024

Recommended Motion: Approval

Items:

Туре	Warrant/EFT Date	Total Amount
Accounts Payable	2/1/2024	\$ 119,291.63
Accounts Payable	2/8/2024	57,419.16
Accounts Payable	2/15/2024	38,727.68
Accounts Payable	2/22/2024	30,714.50
Accounts Payable	2/29/2024	277,054.91
NDGC Mortgage	2/1/2024	25,013.00
Accounts Payable Total		\$ 548,220.88
Payroll PERS Payment	2/14/2024	127,478.19
Payroll Taxes	2/29/2024	215,449.33
Payroll	2/29/2024	573,999.53
Payroll Total		\$ 573,999.53
	Grand Total	\$ 1,465,147.93

Kitsap Public Health Board Action:

☐ Approve
☐ Deny
☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

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Settlement Run Information	
Settlement Run	Settlement Run STL-00003105
Name	
Number	STL-00003105
Status	Complete
Date	02/01/2024
Include Payments On Behalf Of	<u>⁰</u> 2
Exclude Negative Payments	Yes
Express Settlement	No
Additional Information	
Organization	Organization Kitsap Public Health District
Currency Filters Used	USD dsu
	PAGE CANIL I
Payment Information	
Display Currency USD	USU USA
Outbound Total	119,291.63
Inbound Total	0.00
Expense Report Count	0
Miscellaneous Payment Request Count	2
Supplier Invoice Count	22
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rayment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Check Fund Warrant Account		02/01/2024	-	116.58 USD	ЭЭ	Print Checks: Kitsap County Successfully Completed Claims Fund Warrant Account for Expense Payment (Check) on 02/01/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit 02/01/2024	02/01/2024	5	489.19 USD	QS	Payment Message: ID 2424 Successfully Completed for Kitsap Public Health District on 02/01/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	02/01/2024	2	700.00 USD	SD	Print Checks: Kitsap County Successfully Completed Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/01/2024	Successfully Completed

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View	Category	Bank Account Payment Type Date	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap Supplier Payment County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Check Fund Warrant Account	Check	02/01/2024	10	64,185.12 USD	asn	Print Checks: Kitsap County Successfully Completed Claims Fund Warrant Account for Supplier Payment (Check) on 02/01/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Supplier Payment Main account	Supplier Payment	Treasurer's Main account	EFT	02/01/2024	ω	53,800.74 USD	USD	Payment Message: ID 2425 Successfully Completed for Kitsap Public Health District on 02/01/2024	Successfully Completed

	Reimbursable Amount Currency	50.00 USD	116.58 USD
	Memo Reimbursak		
	Expense Report Date	02/01/2024	02/01/2024
	Document Number	EXP-0007758	EXP-0007760
	Туре	Employee	331) Employee
	Pay To	James Archer (434384)	Paul Giuntoli (3373
	Company	Kitsap Public Health James Archer (434384)	Kitsap Public Health Paul Giuntoli (337331) Employee District
Expense Reports	Expense Report	Expense Report: EXP-0007758	Expense Report: EXP-0007760

Expellse Report	Company Fay 10	ray IO	l ype	Docarrient Namibel	Expense Report Date Merrio	Merrio	Relifibulsable Afflourit	Cullericy
Expense Report: EXP-0007758	Kitsap Public Health James Archer District (434384)	James Archer (434384)	Employee	EXP-0007758	02/01/2024		20.00 USD	OSr
Expense Report: EXP-0007760	Kitsap Public Health Paul Giuntoli (337331) Employee District	Paul Giuntoli (337331)	Employee	EXP-0007760	02/01/2024		116.58 USD	OSC
Expense Report: EXP-0007761	Kitsap Public Health Rosalie Howarth (434500)	Rosalie Howarth (434500)	Employee	EXP-0007761	02/01/2024		87.44 USD	OSC
Expense Report: EXP-0007762	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0007762	02/01/2024		144.72 USD	OSC
Expense Report: EXP-0007763	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0007763	02/01/2024		132.93 USD	OSC
Expense Report: EXP-0007764	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0007764	02/01/2024		74.10 USD	OSC

	1011	10.1050)						
Miscellaneous Payment Requests								
Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Document Number Payment Type Request Category	Document Date	Payment Amount	Currency
MPR-14215	Kitsap Public Health District	Kitsap Public Health John Dozier (Inactive) District	MPR-14215	Check	One-Time Payment 02/01/2024	02/01/2024	350.00 USD	
MPR-14216	Kitsap Public Health District	Kitsap Public Health Eric Erickson (Inactive) District	MPR-14216	Check	One-Time Payment 02/01/2024	02/01/2024	350.00 USD	
Supplier Invoices								

Withheld Amount to Currency Amount	1,650.00 USD	407.04 USD
Amoun	0.00	
Withheld Tax Amount		0.00
Discount V Taken	00.0	0.00
Due Date	03/02/2024	03/02/2024
Discount Date		
Invoice Date	02/01/2024	02/01/2024
Payment Document Number Invoice Date	Net 30 SINV-2024-03236	SINV-2024-03237
Payment Terms	Net 30	Net 30
Payee	Anish Adhikari	Blue Sky Printing
Supplier's Invoice Number	2#	N16788
Supplier	Anish Adhikari	Blue Sky Printing
Company	Kitsap Public Health District	Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 03236 Health Health District	Supplier Invoice: SINV-2024- 03237

Currency

Currenc	OSN	OSD	OSD	OSD	OSD	OSD	OSD	OSD	OSD	OSD	USD
Amount to Pay	2,517.11 USD	6,575.80 USD	476.29 USD	563.31 USD	58.27 USD	34,105.17 USD	6,157.48 USD	3,000 . 00 USD	3,000,00	2,672.00 USD	3,000.00 USD
Withheld Tax Amount	00.00	00'0	00'0	00'0	00'0	00.00	00.00	00'0	00'0	00'0	00.00
Discount Taken	00:0	00.00	0.00	0.00	00'0	0.00	0.00	00.00	00'0	00.00	0.00
Due Date	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024
Discount Date											
Invoice Date	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024
Document Number	SINV-2024-03238	SINV-2024-03239	SINV-2024-03240	SINV-2024-03241	SINV-2024-03242	SINV-2024-03243	SINV-2024-03244	SINV-2024-03245	SINV-2024-03246	SINV-2024-03247	SINV-2024-03248
Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30				
Payee	Canon Financial Services, Inc.	Dell Marketing L.P.	ODP Business Solutions, LLC	Quest Diagnostics	Stericycle Inc- Remit-To: Shred-It C/O Stericycle Inc	US Bank National Association - Remit- To: US Bank Junior Dist's Only	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Bainbridge Youth Services	Boys & Girls Club Of South Puget Sound	Kitsap Community Resources - Remit- To: 845 8Th Street	Port Gamble S'Klallam Tribe - Remit-To: Port Gamble S'Klallam Tribe
Supplier's Invoice Number	31914997		350927867001	1483481		4246-0445-5568-8591 12,26,23 STMT	9953993271	MINI GRANT 2024	2024 MINI GRANT	2024 MINI GRANT	2024 MINI GRANT
Supplier	Canon Financial Services, Inc.	Dell Marketing L.P. 10725617941	ODP Business Solutions, LLC	Quest Diagnostics	Stericycle Inc	US Bank National Association	Verizon Wireless	Bainbridge Youth Services	Boys & Girls Club Of South Puget Sound	Kitsap Community Resources	Port Gamble S'Klallam Tribe
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- 03238	Supplier Invoice: SINV-2024- 03239	Supplier Invoice: SINV-2024- 03240	Supplier Invoice: SINV-2024- 03241	Supplier Invoice: SINV-2024- 03242	Supplier Invoice: SINV-2024- 03243	Supplier Invoice: SINV-2024- 03244	Supplier Invoice: SINV-2024- 03245	Supplier Invoice: SINV-2024- 03246	Supplier Invoice: SINV-2024- 03247	Supplier Invoice: SINV-2024- 03248
	Sul 103	Su 103	Su 103,	Sul 032	Su 103,	Su 103	Su 103	Sul 103,	Sul 103,	Su 103,	Su 032

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Currency	OSD	USD	USD	OSD	OSD	OSD	OSD	OSD	USD
Amount to Pay	3,000.00 USD	2,668.00 USD	9,178.64 USD	6,551.33 USD	6,704.25 USD	2,477.42 USD	2,501.90 USD	6,212,44 USD	14,509,41 USD
Withheld Tax Amount	0.00	00.0	00.00	00.00	00'0	00.00	00.00	00'0	00.0
Discount Taken	00.00	00.00	0.00	0.00	00.00	0.00	00.00	0.00	00.00
Due Date	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024	03/02/2024
Discount Date		0	5	0	J	0	0	0	
Invoice Date	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024	02/01/2024
Document Number	SINV-2024-03249	SINV-2024-03250	SINV-2024-03251	SINV-2024-03254	SINV-2024-03261	SINV-2024-03262	SINV-2024-03263	SINV-2024-03264	SINV-2024-03265
Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30
Payee	Surviving Change	Washington State University	Jefferson County - Remit-To: Health/Human Svc	Jefferson County - Remit-To: Health/Human Svc	Jefferson County - Remit-To: Health/Human Svc	Kitsap County - Remit-To: KC Human Services	Kitsap County - Remit-To: KC Human Services	Kitsap County - Remit-To: KC Human Services	Environmental Systems Research Institute
Supplier's Invoice Number	2024 MINI GRANT	2024 MINI GRANT	01/09/2024 INVOICE	01/11/2024 INVOICE	01/18/2024 INVOICE	OCT 2023 PRGM 1833	NOV 2023 PRGM 1833	DEC 2023 PRGM 1833	94629318
Supplier	Surviving Change	Washington State University	Jefferson County	Jefferson County	Jefferson County	Kitsap County	Kitsap County	Kitsap County	Environmental Systems Research Institute
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- 03249	Supplier Invoice: SINV-2024- 03250	Supplier Invoice: SINV-2024- 03251	Supplier Invoice: SINV-2024- 03254	Supplier Invoice: SINV-2024- 03261	Supplier Invoice: SINV-2024- 03262	Supplier Invoice: SINV-2024- 03263	Supplier Invoice: SINV-2024- 03264	Supplier Invoice: SINV-2024- 03265

Process History
Settlement Run Process History

Process Step Status C					
	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event Step Completed 02/01/2024	02/01/2024 09:18:41 AM	Hea: (434	Heather Hunsaker 434069)	1	

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Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	To Do: Settlement Run has Payment Not Required Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	
Related Business Processes History							
	Business Process				Status		
Payment Message: ID 2424 for Kitsap Public Health District on 02/01/2024	alth District on 02/01/2024		Succe	Successfully Completed			
Payment Message: ID 2425 for Kitsap Public Health District on 02/01/2024	alth District on 02/01/2024		Succe	Successfully Completed			
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/01/2024	nt Account for Expense Payment (Chec	:k) on 02/01/2024	Succe	Successfully Completed			
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/01/2024	nt Account for Miscellaneous Payment	(Check) on 02/01/2024	Succe	Successfully Completed			
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/01/2024	nt Account for Supplier Payment (Checl	k) on 02/01/2024	Succe	Successfully Completed			
Remitance File: For Port Gamble S'Klallam Tribe - Remit-To: Port Gamble S'Klallam Tribe on 02/01/2024	e - Remit-To: Port Gamble S'Klallam Tri	ibe on 02/01/2024	Succe	Successfully Completed			
Remittance File: For Washington State University on 02/01/2024	y on 02/01/2024		Succe	Successfully Completed			
Remittance File: For Surviving Change on 02/01/2024	2024		Succe	Successfully Completed			
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 02/01/2024	 Health/Human Svc on 02/01/2024 		Succe	Successfully Completed			
Remittance File: For Boys & Girls Club Of South Puget Sound on 02/01/2024	Puget Sound on 02/01/2024		Succe	Successfully Completed			
Remittance File: For Environmental Systems Research Institute on 02/01/2024	search Institute on 02/01/2024		Succe	Successfully Completed			
Remittance File: For Canon Financial Services, Inc. on 02/01/2024	nc. on 02/01/2024		Succe	Successfully Completed			
Remittance File: For Kitsap Community Resources - Remit-To: 845 8Th Street on 02/01/2024	es - Remit-To: 845 8Th Street on 02/01	/2024	Succe	Successfully Completed			

Background Processes

2000001								
Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/01/2024 09:18 AM	02/01/2024 09:18 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003105	Completed	00:00:18	Heather Hunsaker	



Settlement Run Information									
	Settlement Run	STL-00003129							
	Name	Kitsap Public Health Dist, JS							
	Number	STL-00003129							
	Status	Complete							
	Date	02/08/2024							
Include Paym		oz ;							
Exclude N	Exclude Negative Payments Express Settlement	0 O 0 O							
Additional Information									
		Kitsap Public Health District							
	Currency Filters Used	USD							
Payment Information									
	Display Currency	USD							
		57,419.16							
		0.00							
Expense Report Count Miscellaneous Payment Request Count	Expense Report Count ayment Request Count								
Suppl	Supplier Invoice Count	12							
Payment Groups Paxment Groups									
View	Category	Bank Account	Payment	Date	Payments	Amount	Currency	Business Process	Status
			i ype						
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	02/08/2024	Υ-	26.13 USD	OSD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/08/2024	Successfully Completed
Expense Payment(Direct Deposit) for Expense Payment Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit 02/08/2024	02/08/2024	10	2,308.78 USD	OSC		Successfully Completed

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States.	Status	Successfully Completed	Successfully Completed	Successfully Completed
B. ricinate Droces	Busilless Floress	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/08/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/08/2024	Payment Message: ID 2445 for Kitsap Public Health District on 02/08/2024
No do dani U	Cullelley	USD	USD	USD
Amount	Alloquit	350.00 USD	52,354.21 USD	2,380.04 USD
stromico	rayiiieiiis	L	တ	-
o j o C	Dale	02/08/2024	02/08/2024	02/08/2024
Payment	Type	Check	Check	ЕFT
turcos A Acca	Dalik Account	Kitsap County Claims Check Fund Warrant Account	Kitsap County Claims Check Fund Warrant Account	Treasurer's Main account
, accorde O	Category		Supplier Payment	Supplier Payment
Viow	N iew	Miscellaneous Payment(Check) for Miscellaneous Payment Kitsap County Claims Fund Warrant Account	Supplier Payment (Check) for Kitsap Supplier Payment County Claims Fund Warrant Account	Supplier Payment(EFT) for Treasurer's Main account

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Expense Reports								
Expense Report	Company	Рау То	Туре	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007806	Kitsap Public Health F District		Employee	EXP-0007806	02/08/2024		26.13 USD	JSD
Expense Report: EXP-0007807	Kitsap Pub l ic Health、 District	Kitsap Public Health Jakob Hughes (434256) District	Employee	EXP-0007807	02/08/2024		209.44 USD	JSD
Expense Report: EXP-0007808	Kitsap Pub l ic Health T District	Kitsap Public Health Thomas Jury (434709) District	Employee	EXP-0007808	02/08/2024		345.96 USD	JSD
Expense Report: EXP-0007809	Kitsap Pub l ic Health S District	Kitsap Public Health Siri Kushner (327580) District	Employee	EXP-0007809	02/08/2024		111.35 USD	JSD
Expense Report: EXP-0007810	Kitsap Pub l ic Health N District	Kitsap Public Health Melissa Laird (416539) District	Employee	EXP-0007810	02/08/2024		1,106.20 USD	JSD
Expense Report: EXP-0007811	Kitsap Public Health N District	Kitsap Public Health Yana Shuhler (425553) District	Employee	EXP-0007811	02/08/2024		50.00 USD	JSD
Expense Report: EXP-0007812	Kitsap Pub l ic Health N District	Kitsap Public Health Nolan Simmons (434365) District	Employee	EXP-0007812	02/08/2024		80.00 USD	JSD
Expense Report: EXP-0007813	Kitsap Public Health L District	Kitsap Public Health Laura Westervelt (434382) District	Employee	EXP-0007813	02/08/2024		95.81 USD	JSD
Expense Report: EXP-0007814	Kitsap Pub l ic Health N District	Kitsap Public Health Mark Wickhamshire (434070) District	Employee	EXP-0007814	02/08/2024		142.79 USD	JSD
Expense Report: EXP-0007815	Kitsap Pub l ic Health L District	Kitsap Public Health Layken Winchester (431493) District	Employee	EXP-0007815	02/08/2024		81.87 USD	JSD
Expense Report: EXP-0007816	Kitsap Public Health Janet Wyatt (434415) District		Employee	EXP-0007816	02/08/2024		85.36 USD	JSD

Miscellaneous Payment Requests

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Miscellaneous Payment Request	t Request	Company		Payee	Document Number	lumber	Payment Type	Request Category	tegory	Document Date		Payment Amount		Currency
MPR-14324		Kitsap Public Health District		LINDA TOURIGNY M (Inactive)	MPR-14324	O	Check	One-Time Payment		02/01/2024		350	350.00 USD	
Supplier Invoices														
Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number		Invoice Date D	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- 04053	Kitsap Public Hea l th District	Comcast	02/05/2024 STMNT	Comcast - Remit- To: PO Box 60533	Net 30	SINV-2024-04053		02/08/2024		03/09/2024	00.0	00.0	264.39 USD	OSD
Supplier Invoice: SINV-2024- 04054	Kitsap Public Hea l th District	Comcast	02/22/24 STMNT	Comcast - Remit- To: PO Box 60533	Net 30	SINV-2024-04054		02/08/2024		03/09/2024	00.0	0.00	461.55 USD	OSD
Supplier Invoice: SINV-2024- 04055	Kitsap Public Hea l th District	Iron Mountain	250289	Iron Mountain - Remit-To: PO Box 601002	Net 30	SINV-2024-04055		02/08/2024		03/09/2024	00.0	0.00	194.40 USD	USD
	Kitsap Public Hea l th District	Iron Mountain	202805942	Iron Mountain - Remit-To: PO Box 601002	Net 30	SINV-2024-04056		02/08/2024		03/09/2024	00.0	0.00	234.49 USD	USD
Supplier Invoice: SINV-2024- 04057	Kitsap Public Hea l th District	Johns Hopkins University	1800366818	Johns Hopkins University	Net 30	SINV-2024-04057		02/08/2024		03/09/2024	00.0	0.00	39,299.42 USD	USD
Supplier Invoice: SINV-2024- 04058	Kitsap Public Hea l th District	Kitsap Black Student Union	2024 MINI GRANT	Kitsap Black Student Union	Net 30	SINV-2024-04058		02/08/2024		03/09/2024	00.0	0.00	3,000.00 USD	USD
Supplier Invoice: SINV-2024- 04059	Kitsap Public Hea l th District	Kitsap County	2023 4TH QUARTER	Kitsap County - Remit-To: KC Prosecuting Dept (Hold)	Net 30	SINV-2024-04059		02/08/2024		03/09/2024	00.0	0.00	2,321.40 USD	USD
Supplier Invoice: SINV-2024- 04060	Kitsap Public Hea l th District	National Environmental Health Assoc	94725	National Environmental Health Assoc	Net 30	SINV-2024-04060		02/08/2024		03/09/2024	00.0	0.00	420.00 USD	USD
Supplier Invoice: SINV-2024- 04061	Kitsap Public Hea l th District	Print Nw	39495701	Print Nw	Net 30	SINV-2024-04061		02/08/2024		03/09/2024	0.00	0.00	2,380.04 USD	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number Invoice Date		Discount Date	Due Date	Discount Taken	Withhe l d Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- Kitsap 04062 Public Health District	Kitsap Public Health District	Protemp LLC	501133	Protemp LLC	Net 30	SINV-2024-04062	02/08/2024		03/09/2024	00.00	00'0	376.74 USD	OSI
Supplier Invoice: SINV-2024-04063	- Kitsap Public Health District	Staples	PO20781	Staples - Remit-To: Staples	Net 30	SINV-2024-04063	02/08/2024		03/09/2024	00.00	00.00	318.93 USD	OST
Supplier Invoice: SINV-2024- 04064	Kitsap Public Hea l th District	VectorUSA	99529	VectorUSA	Net 30	SINV-2024-04064	02/08/2024		03/09/2024	00.0	0.00	5,462.89 USD	JSD
Process History													

Process History Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/08/2024 08:48:50 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Status	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed
Business Process	Payment Message: ID 2445 for Kitsap Public Health District on 02/08/2024	Payment Message: ID 2446 for Kitsap Public Health District on 02/08/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/08/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/08/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/08/2024	Remittance File: For Print Nw on 02/08/2024

Background Processes

Dackground I rocesses								
Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/08/2024 08:48 AM	02/08/2024 08:48 AM	qor	Settlement Run Complete	Settlement Run Complete for STL-00003129	Completed	00:00:16	Junille Schmeling	

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Payment Groups

Payment Groups

Payment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	02/15/2024	2	92.21 USD	asn	Print Checks: Kitsap S County Claims Fund Warrant Account for Expense Payment (Check) on 02/15/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account Direct Deposi	Direct Deposit	02/15/2024	15	2,862.86 USD	USD	Payment Message: ID 2466 for Kitsap Public Health District on 02/15/2024	Payment Message: ID Successfully Completed 2466 for Kitsap Public Health District on 02/15/2024
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Supplier Payment Kitsap County Claims Fund Warrant Account	Check	02/15/2024	18	28,508.76 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/15/2024	Successfully Completed



Status	Payment Message: ID Successfully Completed 2465 for Kitsap Public Health District on 2/15/2024
Business Process	Payment Message: ID 32465 for Kitsap Public Health District on 02/15/2024
Currency	OSD
Amount	7,263.85 USD
Payments	5
Date	02/15/2024
Payment Type	EFT
Bank Account	Treasurer's Main account
Category	Supplier Payment
View	Supplier Payment(EFT) for Treasurer's Supplier Payment Treasurer's Main account EFT Main account

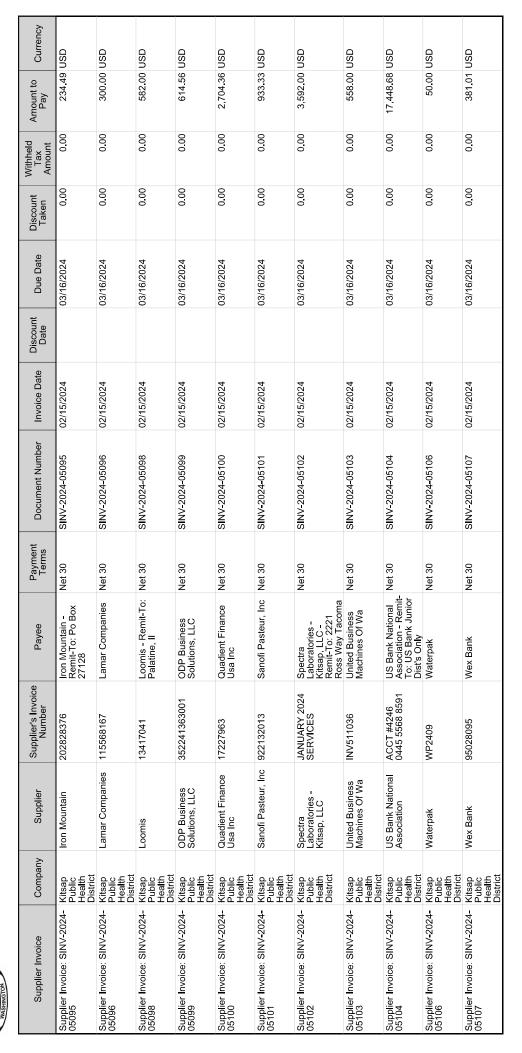
Main account Health District on 02/15/2024		
	2465 for Kitsap Public Health District on 02/15/2024	
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Main account Expense Departs		
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Expense Reports								
Expense Report	Company	Рау То	Туре	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007893	Kitsap Public Health Sam Ader (413193) District	Sam Ader (413193)	Employee	EXP-0007893	02/15/2024		115.24 USD	USD
Expense Report: EXP-0007894	Kitsap Public Health District	Dana Bierman (404611)	Employee	EXP-0007894	02/15/2024		29.63 USD	USD
Expense Report: EXP-0007896	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0007896	02/15/2024		354.48 USD	USD
Expense Report: EXP-0007899	Kitsap Public Health District	Kitsap Public Health Yolanda Fong (356883) District	Employee	EXP-0007899	02/15/2024		1,345.53 USD	USD
Expense Report: EXP-0007900	Kitsap Public Health District	Molly Fuchs (435045)	Employee	EXP-0007900	02/15/2024		50.00 USD	USD
Expense Report: EXP-0007901	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0007901	02/15/2024		42.21 USD	USD
Expense Report: EXP-0007903	Kitsap Public Health District	Kitsap Public Health Kimberly Jones (358933) District	Employee	EXP-0007903	02/15/2024		64.32 USD	USD
Expense Report: EXP-0007904	Kitsap Public Health District	Kitsap Public Health Cristian Inga Dominguez District (434769)	Employee	EXP-0007904	02/15/2024		36.72 USD	USD
Expense Report: EXP-0007905	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0007905	02/15/2024		16.21 USD	USD
Expense Report: EXP-0007906	Kitsap Public Health District	Kitsap Public Health Ross Lytle (285038) District	Employee	EXP-0007906	02/15/2024		83.75 USD	USD
Expense Report: EXP-0007907	Kitsap Public Health District	Kitsap Public Health Kaela Moontree (406607) District	Employee	EXP-0007907	02/15/2024		OSU 77.96	USD
Expense Report: EXP-0007908	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0007908	02/15/2024		103.08 USD	USD
Expense Report: EXP-0007909	Kitsap Public Health District	Kitsap Public Health Kayla Petersen (434695) District	Employee	EXP-0007909	02/15/2024		106.33 USD	USD
Expense Report: EXP-0007910	Kitsap Public Health District	Kitsap Public Health Nolan Simmons (434365) District	Employee	EXP-0007910	02/15/2024		156.25 USD	USD
Expense Report: EXP-0007911	Kitsap Public Health District	Kitsap Public Health Susan Van Ort (392243) District	Employee	EXP-0007911	02/15/2024		205.02 USD	USD
Expense Report: EXP-0007912	Kitsap Public Health District	Kitsap Public Health Jacob Wimpenny (434923) District	Employee	EXP-0007912	02/15/2024		67.27 USD	USD
Expense Report: EXP-0007913	Kitsap Public Health District	Kitsap Public Health Mark Wickhamshire (434070) District	Employee	EXP-0007913	02/15/2024		52.26 USD	USD
Supplier Invoices								

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Currency	asn	OSD	USD	USD	USD	OSD	OSD	OSD	OSD	OSD	OSD
Amount to Pay	1,360.00 USD	585.00 USD	660.00 USD	1,080.00 USD	635.00 USD	1,214.00 USD	950.00 USD	00.969	175.00 USD	450.00 USD	519.18 USD
Withheld Tax Amount	00'0	00.00	0.00	0.00	00.00	00.0	00.00	00.0	00.0	0.00	0.00
Discount Taken	00'0	0.00	0.00	0.00	0.00	00.00	00'0	00'0	00.00	00.00	0.00
Due Date	03/16/2024	03/16/2024	03/16/2024	02/15/2024	03/16/2024	03/16/2024	03/16/2024	03/16/2024	03/16/2024	03/16/2024	03/16/2024
Discount Date											
Invoice Date	02/15/2024	02/15/2024	02/15/2024	02/15/2024	02/15/2024	02/15/2024	02/15/2024	02/15/2024	02/15/2024	02/15/2024	02/15/2024
Document Number	SINV-2024-05004	SINV-2024-05009	SINV-2024-05014	SINV-2024-05017	SINV-2024-05019	SINV-2024-05023	SINV-2024-05025	SINV-2024-05030	SINV-2024-05092	SINV-2024-05093	SINV-2024-05094
Payment Terms	Net 30	Net 30	Net 30	Immediate	Net 30	Net 30	Net 30				
Payee	Griffin Glen Apartments LLC	The Heights at Sheridan Road	Indigo Apartments	Daniel R. Niblock	Kania, Sharon Faye	Silverdale Home Associates	Paul Simmons	Washington Home Solutions	Acranet Cbs Branch	Collins Computing Inc	Comcast - Remit- To: PO Box 37601
Supplier's Invoice Number	MARCH 2024 RENT	MARCH 2024 RENT	MARCH 2024 RENT		MARCH 2024 RENT	MARCH 2024 RENT	MARCH 2024 RENT	MARCH 2024 RENT		068618	193729396
Supplier	Griffin Glen Apartments LLC	The Heights at Sheridan Road	Indigo Apartments	Daniel R. Niblock	Kania, Sharon Faye	Silverdale Home Associates	Paul Simmons	Washington Home Solutions	Acranet Cbs Branch 25227	Collins Computing Inc	Comcast
Company	Kitsap Public Hea l th District	Kitsap Public Health District		Kitsap Public Health District							
Supplier Invoice	Supplier Invoice: SINV-2024- 05004	Supplier Invoice: SINV-2024- 05009	Supplier Invoice: SINV-2024- 05014	Supplier Invoice: SINV-2024- 05017	Supplier Invoice: SINV-2024- 05019	Supplier Invoice: SINV-2024- 05023	Supplier Invoice: SINV-2024- 05025	Supplier Invoice: SINV-2024- 05030	Supplier Invoice: SINV-2024- 05092	Supplier Invoice: SINV-2024- 05093	Supplier Invoice: SINV-2024-05094

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Currency	USD	
Amount to Pay	50.00 USD	
Withheld Tax Amount	00.0	
Discount	0.00	
Due Date	03/16/2024	
Discount Date		
Invoice Date	02/15/2024	
Document Number	SINV-2024-05109	
Payment Terms	Net 30	
Payee	WA State Environmental Health Assoc	
Supplier's Invoice Number	01823	
Supplier	WA State Environmental Health Assoc	
Company	Kitsap Public Hea l th District	
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 05109 Health District	

Process History Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/15/2024 10:17:52 AM		Heather Hunsaker (434069)	_	
Settlement Run Event	To Do: Settlement Run has Payment Not Required Handling Instruction	lot Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	
Related Business Processes History							
	Business Process				Status		
Payment Message: ID 2465 for Kitsap Public Health District on 02/15/2024	Health District on 02/15/2024		Snccess	Successfully Completed			
Payment Message: ID 2466 for Kitsap Public Health District on 02/15/2024	Health District on 02/15/2024		Snccess	Successfully Completed			
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/15/2024	arrant Account for Supplier Payment (Chec	k) on 02/15/2024	Snccess	Successfully Completed			
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/15/2024	arrant Account for Expense Payment (Ched	ck) on 02/15/2024	Success	Successfully Completed			
Remittance File: For Acranet Cbs Branch on 02/15/2024	02/15/2024		Saccess	Successfully Completed			
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 02/15/2024	o: Po Box 27128 on 02/15/2024		Snccess	Successfully Completed			
Remittance File: For United Business Machines Of Wa on 02/15/2024	ies Of Wa on 02/15/2024		Success	Successfully Completed			
Remittance File: For Quadient Finance Usa Inc on 02/15/2024	nc on 02/15/2024		Saccess	Successfully Completed			
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 02/15/2024	Kitsap, LLC - Remit-To: 2221 Ross Way Ta	acoma on 02/15/2024	Success	Successfully Completed			

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Background Processes								
Created Date and Time	Started Date and Time Process Type	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/15/2024 10:17 AM	02/15/2024 10:17 AM	dob	Settlement Run Complete	Complete Settlement Run Complete for Completed STL-00003152	Completed	00:00:14	Heather Hunsaker	

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STL-00003177 Kitsap Public Health District JS STL-00003177 Kitsap Public Health District USD Complete 02/22/2024 USD 30,714.50 2 2 2 19 Organization Currency Filters Used Display Currency Outbound Total Inbound Total Number Status Expense Report Count Miscellaneous Payment Request Count Supplier Invoice Count Name Date Include Payments On Behalf Of Exclude Negative Payments Express Settlement Settlement Run Settlement Run Information Additional Information Payment Information

Payment Groups
Payment Groups

Payment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Expense Payment Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit 02/22/2024	02/22/2024	5	335.02 USD	OSD	Payment Message: ID 2486 Successfully Completed for Kitsap Public Health District on 02/22/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	02/22/2024	1	350,00 USD	USD	Print Checks: Kitsap County Successfully Completed Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/22/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	02/22/2024	41	25,709.66 USD	USD	Print Checks: Kitsap County Successfully Completed Claims Fund Warrant Account for Supplier Payment (Check) on 02/22/2024	Successfully Completed

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Status	Successfully Completed
Business Process	Payment Message: ID 2485 Successfully Completed for Kitsap Public Health District on 02/22/2024
Currency	USD
Amount	4,319.82 USD
Payments	4
Date	02/22/2024
Payment Type	EFT
Bank Account	Treasurer's Main account
Category	Supplier Payment
View	Supplier Payment(EFT) for Treasurer's Supplier Payment Main account

View Settlement Run

Expense Reports

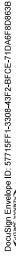
Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007944	Kitsap Public Health District	Kitsap Public Health George Fine (421693) Employee District	Employee	EXP-0007944	02/22/2024		29.21 USD	ası
Expense Report: EXP-0007945	Kitsap Public Health District	Loan Nguyen (295033)	Employee	EXP-0007945	02/22/2024		45.70 USD	JSD
Expense Report: EXP-0007946	Kitsap Public Health District	Thaddeus Sooter (427776)	Employee	EXP-0007946	02/22/2024		105.21 USD	JSD
Expense Report: EXP-0007947	Kitsap Public Health District		Employee	EXP-0007947	02/22/2024		42.34 USD	JSD
Expense Report: EXP-0007948	Kitsap Public Health District	Kitsap Public Health Jan Wendt (397255) Employee District	Employee	EXP-0007948	02/22/2024		112.56 USD	JSD

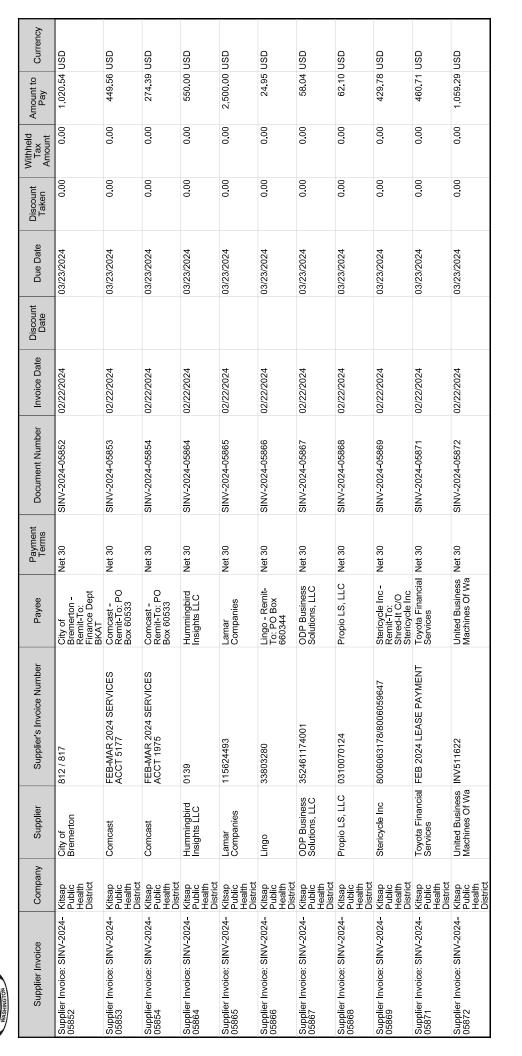
Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-14620	Kitsap Public Health District	Nancy Busek (Inactive)	MPR-14620	Check	One-Time Payment	02/22/2024	350.00	0 USD

Supplier Invoices

Currency	USD	USD	USD	OSD
Amount to Pay	0.00 1,855.00 USD	71.25 USD	1,500.00 USD	500.00 USD
Withheld Tax Amount	00.0	00.0	00.0	00.0
Discount Taken	00.0	00.0	00.0	00.0
Due Date	03/23/2024	02/22/2024	03/23/2024	03/23/2024
Discount Date				
Invoice Date	02/22/2024	02/22/2024	02/22/2024	02/22/2024
Document Number	SINV-2024-05845	SINV-2024-05847	SINV-2024-05850	SINV-2024-05851
Payment Terms	Net 30	Immediate	Net 30	Net 30
Payee	Pottery Creek	A.W. Rehn & Associates, Inc	Anish Adhikari	Assoc of Washington Cities
Supplier's Invoice Number	MARCH 2024 RENT	14472	8# /NI	121522
Supplier	Pottery Creek	A.W. Rehn & Associates, Inc	Anish Adhikari INV #8	Assoc of Washington Cities
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 05845 Public Health District	Supplier Invoice: SINV-2024- P 05847	Supplier Invoice: SINV-2024- Kitsap 05850 Public Public Public Health	Supplier Invoice: SINV-2024- 05851





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Currency	OSD	USD	OSD	USD
Amount to Pay	5,462 <u>.</u> 89 USD	6,449.09 USD	2,689,28 USD	4,612.61 USD
Withheld Tax Amount	00.0	00.0	00.0	0.00
Discount Taken	00.0	00.0	00.0	00.00
Due Date	03/23/2024	03/23/2024	03/23/2024	03/23/2024
Discount Date				
Invoice Date	02/22/2024	02/22/2024	02/22/2024	02/22/2024
Document Number	SINV-2024-05875	SINV-2024-05877	SINV-2024-05879	SINV-2024-05880
Payment Terms	Net 30	Net 30	Net 30	Net 30
Payee	VectorUSA	Verizon Wireless Net 30 - Remit-To: Treasurer - PO Box 660108	WA State Assoc Net 30 of Local Public Health Officials	Xiologix, Llc
Supplier's Invoice Number	99307		//ACSA223-11	10742
Supplier	VectorUSA	Verizon Wireless 9956455754	WA State Assoc MACSA223-11 of Local Public Health Officials	Xiologix, Llc
Company	Kitsap Public Health District	Kitsap Public Health District		
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 05875 Public Health District	Supplier Invoice: SINV-2024- Kitsap 05877 Public Public Public Public Public Instruction	Supplier Invoice: SINV-2024- Kitsap 05879 Public Public Hit History	Supplier Invoice: SINV-2024- 05880

Process History
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/22/2024 08:53:23 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Not Required Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	
Cartella Consequence Consequence							

Related Business Processes History

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Payment Message: ID 2486 for Kitsap Public Health District on 02/22/2024	Successfully Completed
Payment Message: ID 2485 for Kitsap Public Health District on 02/22/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/22/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/22/2024	Successfully Completed
Remittance File: For United Business Machines Of Wa on 02/22/2024	Successfully Completed
Remittance File: For WA State Assoc of Local Public Health Officials on 02/22/2024	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 02/22/2024	Successfully Completed
Remittance File: For Assoc of Washington Cities on 02/22/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warr
02/22/2024 08:53 AM	02/22/2024 08:53 AM	dol	Settlement Run Complete	ment Run Complete Settlement Run Complete for STL-00003177	Completed	00:00:12	Junille Schmeling	



Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/22/2024 08:53 AM	02/22/2024 08:53 AM	qor	Settlement Run Complete	Settlement Run Complete for STL-00003177	Completed	00:00:12	Junille Schmeling	

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STL-00003199 Kitsap Public Health District HH Kitsap Public Health District USD STL-00003199 Complete 02/29/2024 277,054.91 Yes 0.00 8 Organization Currency Display Currency Outbound Total Settlement Run Date Name Number Status Include Payments On Behalf Of **Exclude Negative Payments** Express Settlement Inbound Total Filters Used Settlement Run Information Additional Information Payment Information

Expense Report Count Supplier Invoice Count

Payment Groups

Print Checks: Kitsap Cuccessfully Completed County Claims Fund Warrant Account for Expense Payment (Check) on 02/29/2024
Payment Message: ID Successfully Completed 2505 for Kitsap Public Health District on 02/29/2024 Status **Business Process** Currency 1,044.95 USD 93.93 USD Amount 6 **Payments** Date 02/29/2024 Direct Deposit 02/29/2024 Payment Type Check Kitsap County Claims Fund Warrant Account Bank Account Treasurer's Main account Category Expense Payment Expense Payment Expense Payment(Check) for Kitsap County Claims Fund Warrant Account Expense Payment(Direct Deposit) for Treasurer's Main account Payment Groups

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Status	Print Checks: Kitsap Successfully Completed County Claims Fund Marrant Account for Supplier Payment Check) on 20/29/2024	Payment Message: ID Successfully Completed 2506 for Kitsap Public Health District on 02/29/2024
Business Process	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/29/2024	Payment Message: ID 2506 for Kitsap Public Health District on 02/29/2024
Currency	USD	USD
Amount	273,792.11 USD	2,123.92 USD
Payments	50	2
Date	02/29/2024	02/29/2024
Payment Type		EFT
Bank Account	Supplier Payment Kitsap County Claims Check Fund Warrant Account	Treasurer's Main account
Category	Supplier Payment	Supplier Payment
View	Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment(EFT) for Treasurer's Supplier Payment Treasurer's Main account Agin account

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Expense Reports							
Expense Report	Company	Pay To	Туре	Document Number	Expense Report Date Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007982	Kitsap Public Health District	Kitsap Public Health Callie Burton (434296) District	Employee	EXP-0007982	02/29/2024	80.40 USD	OSI
Expense Report: EXP-0007983	Kitsap Public Health District	Kitsap Public Health Dara Deseamus (434593) Employee District	Employee	EXP-0007983	02/29/2024	135.21 USD	ISD
Expense Report: EXP-0007984	Kitsap Public Health District	Kitsap Public Health Kelly Dowless (340919) District	Employee	EXP-0007984	02/29/2024	92.12 USD	ISD
Expense Report: EXP-0007985	Kitsap Public Health District	Kitsap Public Health Ashley Duren (430735) District	Employee	EXP-0007985	02/29/2024	114.81 USD	ISD
Expense Report: EXP-0007986	Kitsap Public Health District	Kitsap Public Health Paul Giuntoli (337331) District	Employee	EXP-0007986	02/29/2024	82.41 USD	ISD
Expense Report: EXP-0007987	Kitsap Public Health District	Kitsap Public Health Dayna Katula (393427) District	Employee	EXP-0007987	02/29/2024	129.28 USD	ISD
Expense Report: EXP-0007988	Kitsap Public Health District	Kitsap Public Health Albert Lawver (434888) District	Employee	EXP-0007988	02/29/2024	109.35 USD	ISD
Expense Report: EXP-0007989	Kitsap Public Health District	Kitsap Public Health Melissa O'Brien (433907) Employee District	Employee	EXP-0007989	02/29/2024	217.15 USD	ISD
Expense Report: EXP-0007990	Kitsap Public Health District	Kitsap Public Health Kelly Snow (435021) District	Employee	EXP-0007990	02/29/2024	11.52 USD	ISD
Expense Report: EXP-0007991	Kitsap Public Health District	Kitsap Public Health Jacob Wimpenny (434923) Employee District) Employee	EXP-0007991	02/29/2024	104.19 USD	ISD
Expense Report: EXP-0007992	Kitsap Public Health Layken Winchester District	Layken Winchester (431493)	Employee	EXP-0007992	02/29/2024	62.44 USD	ISD
Supplier Invoices							
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Amount to Pay Currency	302,37 USD
Withheld Tax A	00.00
Discount Taken	0.00
Due Date	03/30/2024
Discount Date	
Invoice Date	02/29/2024
Document Number	SINV-2024-06544
Payment Terms	Net 30
Payee	Blue Sky Printing
Supplier's Invoice Number	N17204
Supplier	Blue Sky Printing
Company	Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 06544 Public Health District

7											
Currency	OSD	USD	OSD	USD	OSD	USD	OSD	USD	OSD	USD	OSD
Amount to Pay	214.32 USD	35,720.61 USD	35,720.61 USD	19.65 USD	39.52 USD	375.54 USD	265.79 USD	71.12 USD	331.86 USD	2,224.88 USD	6,189.73 USD
Withheld Tax Amount	0.00	0.00	0.00	0.00	00'0	00'0	0.00	0.00	0.00	0.00	0.00
Discount Taken	00.0	00.00	00.00	00.0	00.0	00.0	00.0	00.0	00.0	00.0	0.00
Due Date	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024
Discount Date											
Invoice Date	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024
Document Number	SINV-2024-06545	SINV-2024-06548	SINV-2024-06549	SINV-2024-06550	SINV-2024-06551	SINV-2024-06552	SINV-2024-06553	SINV-2024-06554	SINV-2024-06557	SINV-2024-06558	SINV-2024-06559
Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30
Payee	Blue Sky Printing	Bremerton Government Center Association	enter	ODP Business Solutions, LLC	ODP Business Solutions, LLC	Quest Diagnostics	Staples - Remit-To: Staples	Staples - Remit-To: Staples	Taylor Water Technologies, LLC	American Family Life Assurance Company	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical
Supplier's Invoice Number	N17103	1122	1116	355127967001	355128027001	T 1481990	3559624990	3559192737	509099	FEB BENEFITS	FEB BENEFITS
Supplier	Blue Sky Printing	Bremerton Government Center Association	Bremerton Government Center Association	ODP Business Solutions, LLC	ODP Business Solutions, LLC	Quest Diagnostics	Staples	Staples	Taylor Water Technologies, LLC	American Family Life Assurance Company	WA State Employment Security
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District
Supplier Invoice		Supplier Invoice: SINV-2024- 06548	Supplier Invoice: SINV-2024- 06549	Supplier Invoice: SINV-2024- 06550	Supplier Invoice: SINV-2024- 06551	Supplier Invoice: SINV-2024- 06552	Supplier Invoice: SINV-2024- 06553	Supplier Invoice: SINV-2024- 06554	Supplier Invoice: SINV-2024- 06557	Supplier Invoice: SINV-2024- 06558	Supplier Invoice: SINV-2024- 06559



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Currency	OSD	USD	OSD	USD	USD	USD	USD	USD	USD	USD
Amount to Pay	3,335.31 USD	1,590.00 USD	10,098.51 USD	7,220 <u>.</u> 00 USD	725.25 USD	1,398.67 USD	3,455.40 USD	28.00 USD	275.00 USD	6,185.56 USD
Withheld Tax Amount	00.0	00.0	00.00	00.0	0.00	0.00	00.0	00.0	0.00	0.00
Discount Taken	0.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	0.00	0.00
Due Date	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024	03/30/2024
Discount Date										
Invoice Date	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024	02/29/2024
Document Number	SINV-2024-06561	SINV-2024-06562	SINV-2024-06563	SINV-2024-06565	SINV-2024-06566	SINV-2024-06567	SINV-2024-06570	SINV-2024-06571	SINV-2024-06572	SINV-2024-06573
Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30
Payee	WA State Employment Security - Remit-To: WA Cares Fund PO Box 3537	Health Equity	Hra Veba Trust	Nationwide Retirement Solutions	A.W. Rehn & Associates, Inc	A.W. Rehn & Associates, Inc	Prof & Technical Eng XPH - Remit- To: Local Union 17	Prof & Technical Eng XPH - Remit- To: Local 17 Union/PAC	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (Public Health Payroll)	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022
Supplier's Invoice Number	FEB BENEFITS	FEB BENEFITS	FEB BENEFITS	FEB BENEFITS	FEB PARKING	FEB DCFSA	FEB BENEFITS	FEB BENEFITS - PAC	FEB BENEFITS	FEB BENEFITS
Supplier	WA State Employment Security	Health Equity	Hra Veba Trust	Nationwide Retirement Solutions	A.W. Rehn & Associates, Inc	A.W. Rehn & Associates, Inc	Prof & Technical Eng XPH	Prof & Technical Eng XPH	Voya Institutional Trust Company	WA State Dept of Labor & Industries
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- 06561	Supplier Invoice: SINV-2024- 06562	Supplier Invoice: SINV-2024- 06563	Supplier Invoice: SINV-2024- 06565	Supplier Invoice: SINV-2024- 06566	Supplier Invoice: SINV-2024- 06567	Supplier Invoice: SINV-2024- 06570	Supplier Invoice: SINV-2024- 06571	Supplier Invoice: SINV-2024- 06572	Supplier Invoice: SINV-2024- 06573

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View Settlement Run

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Currenc	OSD	USD	USD	USD
Amount to Pay Currency	12,771.81 USD	130,546.21 USD	5,690.67 USD	11,119 . 64 USD
Withheld Tax Amount	0.00	0.00	0.00	00.00
Discount Taken	00.0	0.00	0.00	0.00
Due Date	03/30/2024	03/30/2024	03/30/2024	03/30/2024
Discount Date				
Invoice Date	02/29/2024	02/29/2024	02/29/2024	02/29/2024
Document Number	SINV-2024-06574	SINV-2024-06575	SINV-2024-06576	SINV-2024-06578
Payment Terms	Of Net 30	Net 30	Net 30	Net 30
Payee	Wash State Dept Of Retirement	Wa Health Care Authority - Uniform	Vimly Benefit Solutions Inc	Whit-Delta Dental Of Washington
Supplier's Invoice Number	FEB BENEFITS	FEB BENEFITS	FEB BENEFITS	FEB BENEFITS
Supplier	Wash State Dept Of FEB BENEFITS Retirement	Wa Health Care Authority - Uniform	Vimly Benefit Solutions Inc	Whit-Delta Dental Of Washington
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 06574 Health District	Supplier Invoice: SINV-2024- Kitsap 06575 Hublic Hublic District	Supplier Invoice: SINV-2024- Kitsap 06576 Public Public Public Public Public Public Instruction	Supplier Invoice: SINV-2024- Kitsap 06578 Health District

Process History Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/29/2024 09:10:16 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	
Related Business Processes History							

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/29/2024 09:10 AM	02/29/2024 09:10 AM	qof	Settlement Run Complete	In Complete Settlement Run Complete for STI -00003199	Completed	00:00:14	Heather Hunsaker	

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report

For 2024 - Feb

Fund: FD00969 Kitsap Public Health General

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	Revenue or					
Ledger Account	Spend	Journal	Posting Date	Debit	Credit	Balance
	5780 -	JE-00051080 - Kitsap Public	2/1/2024	0.00	16,667.00	-16,667.00
	Intergovern	Health District - 02/01/2024 - 2024				
	mental	Mortgage Payment - February				
5700:Debt Service	e Loans					
	5830 -	JE-00051080 - Kitsap Public	2/1/2024	0.00	8,346.00	-8,346.00
	Interest on	Health District - 02/01/2024 - 2024				
	Long-Term	Mortgage Payment - February				
5800:Debt Service	e External					

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report

For 2024 - Feb

Fund: FD00969 Kitsap Public Health General

	Revenue or					
Ledger Account	Spend	Journal	Posting Date	Debit	Credit	Balance
		Operational Journal: Kitsap Public	2/14/2024	0.00	127,478.19	-127,478.19
		Health District - 02/14/2024				

2315:Employee Benefits Payab

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report

For 2024 - Feb

Fund: FD00969 Kitsap Public Health General

	Revenue or					
Ledger Account	Spend	Journal	Posting Date	Debit	Credit	Balance
		Operational Journal: Kitsap Public	2/29/2024	0.00	215,449.33	-215,449.33
		Health District - 02/29/2024				

2317:Payroll Tax Payable

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Acosta (278956) Nancy	173.33	\$9,643.00			\$6,017.90
Ader (413193) Sam	173.33	\$6,428.00			\$4,388.40
Ahlin (434420) Zachary	173.33	\$5,124.00			\$3,849.47
Alexander (435070)	173.33	\$6,596.00			\$5,217.14
Anderson (419470) Amy	173.33	\$6,964.00			\$4,561.82
Anderson-Hobbs (435083)	181.33	\$5,488.16			\$4,190.06
Archer (434384) James Armstrong (434291) Jami	173.33	\$4,617.00			\$3,527.12
Atisme-Bevins (433909)	173.33 141.33	\$6,097.00 \$7,209.08			\$4,297.39 \$4,549.11
Baker (435044) Katie	171.33	\$5,444.44			\$4,157.89
Banigan (215189) Leslie	173.33	\$7,614.00			\$5,463.98
Baum (434397) Rudy	173.33	\$6,282.00			\$4,630.26
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,385.22
Bell (419805) Gus	181.33	\$8,089.88			\$5,380.45
Berger (407902) Angeline	173.33	\$6,282.00			\$4,463.99
Bierman (404611) Dana	173.33	\$9,643.00			\$7,085.12
Borja (426250) Windie	173.33	\$6,402.00			\$4,583.38
Boysen-Knapp (2058)	173.33	\$6,964.00			\$4,710.50
Bronder (434436) Christine	173.33	\$5,124.00			\$3,921.50
Brown (271677) Steven	173.33	\$9,643.00			\$5,798.08
Burchett (409212) Brian	173.33	\$5,931.00			\$4,324.05
Burke (434463) Lenore	173.33	\$4,814.00			\$3,481.39
Burton (434296) Callie	173.33	\$4,648.00			\$3,417.21
Byrd (434085) Stephanie	173.33	\$4,574.00			\$3,675.53
Cadorna (434932) Jessi Calderon (434768) Brenda	173.33	\$3,789.00			\$2,671.07
Camarena (434536) Daniel	173.33 173.33	\$4,297.00 \$5,760.00			\$3,265.32 \$3,950.82
Chang (411387) Margo	173.33	\$5,760.00			\$3,725.92
Chen (434841) Jessica	173.33	\$6,596.00			\$5,128.19
Clark (435043) Cheryl	173.33	\$6,680.00			\$4,799.06
Collins (434101) Lori	173.33	\$7,001.00			\$4,864.16
Davis (433997) Elizabeth	173.33	\$8,747.00			\$6,105.55
Deseamus (434593) Dara	173.33	\$4,648.00			\$3,494.35
Dowless (340919) Kelly	173.33	\$7,636.00			\$5,237.07
Duren (430735) Ashley	173.33	\$6,402.00			\$4,711.10
Evans (4565) Eric	173.33	\$11,163.00			\$2,820.78
Fergus (434648) Maria	173.33	\$5,116.00			\$3,297.41
Fine (421693) George	86.67	\$2,287.00			\$1,774.53
Fisk (321284) April Fong (356883) Yolanda	173.33 173.33	\$9,240.00 \$12,903.00			\$5,480.67 \$8,400.96
Fuchs (435045) Molly	173.33	\$4,605.00			\$3,404.12
Fucini (434997) Heather	173.33	\$6,228.00			\$4,999.66
Giuntoli (337331) Paul	173.33	\$7,614.00			\$4,712.58
Gress (421427) Nicole	173.33	\$5,055.00			\$3,770.31
Griego (410072) Yaneisy	156.00	\$5,215.00			\$3,934.72
Guidry (355732) Jessica	173.33	\$10,125.00			\$7,223.52
Hammond (434978) Gabriel	173.33	\$6,596.00			\$4,351.36
Hampton (434838)	173.33	\$7,636.00			\$5,554.90
Hansen (435085) I sabella	104.00	\$2,799.68			\$2,216.10
Harmon (434977) William	173.33	\$7,883.00			\$6,120.47
Hartman (434642) Melissa	173.33	\$6,072.00			\$4,578.82
Holdcroft (270783) Jodie	73.50	\$3,228.86			\$2,646.44
Holdcroft (4579) Grant Holt (2726) Karen	173.33 173.33	\$9,643.00 \$10,631.00			\$5,647.14 \$7,055.40
Howard (434057) Anne	138.67	\$4,687.00			\$3,560.67
Howarth (434500) Rosalie	47.75	\$1,556.18			\$1,319.86
Hughes (434256) Jakob	173.33	\$5,931.00			\$4,384.03
Hunter (409213) Kari	173.33	\$9,643.00			\$6,232.39
Inga Dominguez (434769)	173.33	\$4,878.00			\$3,670.15
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,068.52
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,628.02
Johanson (400651) Krista	173.33	\$5,077.00			\$3,800.92
Jones (358933) Kimberly	173.33	\$9,643.00			\$6,578.76
Jury (434709) Thomas	173.33	\$5,649.00			\$4,317.44
Katula (393427) Dayna	173.33	\$9,184.00			\$5,670.04 \$2,657.12
Kench (245476) Donald	173.33	\$4,481.00			\$2,657.12

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kiess (250913) John	173.33	\$11,721.00			\$8,790.81
Kindschy (421430) Brandon	173.33	\$6,539.00			\$4,583.98
Kinnear (434099) Sarah	173.33	\$6,015.00			\$4,627.01
Knoop (16125) Melina	173.33	\$7,614.00			\$5,023.50
Krafft (435003) Kaisa		\$0.00			\$0.00
Kruse (243184) Charles	173.33	\$7,719.00			\$5,070.65
Kushner (327580) Siri	173.33	\$11,721.00			\$7,165.82
Laird (416539) Melissa	173.33	\$10,631.00			\$6,678.27
Lawver (434888) Albert	173.33	\$5,931.00			\$4,459.38
Lytle (285038) Ross	173.33	\$7,614.00			\$5,178.49 \$3,530.66
Madden (434318) Shannon Main (434982) Emily	173.33 173.33	\$4,814.00 \$7,636.00			\$3,520.66 \$5,283.36
May (434674) Martha	173.33	\$4,694.00			\$3,257.81
Mazur (388104) Karina	173.33	\$8,995.00			\$5,950.98
McMillan (434052) Michelle	173.33	\$6,133.00			\$4,424.68
Miller (435008) Christopher	173.33	\$8,510.00			\$5,621.34
Moen (279971) Anne	173.33	\$7,614.00			\$5,254.35
Moontree (406607) Kaela	173.33	\$6,072.00			\$4,273.38
Moore (434254) Alexandra	173.33	\$5,380.00			\$4,024.51
Morris (312378) Dawn	173.33	\$7,555.00			\$5,305.27
Morris (434567) Amanda	173.33	\$4,814.00			\$3,573.49
Morrow (433895) Nathan	173.33	\$17,214.00			\$8,848.04
Neff Warner (435082) Leah	173.33	\$6,596.00			\$4,902.87
Nguyen (295033) Loan	173.33	\$5,598.00			\$4,034.67
Nielson (434638) Brian	173.33	\$6,852.00			\$5,107.86
North (22459) Edwin	173.33	\$10,631.00			\$240.34
O'Brien (433907) Melissa	137.33	\$4,059.84			\$3,257.72
Onarheim (426938) Carin Outlaw-Spencer (434984)	173.33 163.08	\$6,183.00 \$5,712.94			\$4,556.12 \$4,381.14
Pandino (419118) Linda	173.33	\$5,077.00			\$3,838.88
Perales (434396) Sydney	173.33	\$6,015.00			\$4,593.21
Perry (306605) Rachel	173.33	\$4,605.00			\$3,336.71
Petersen (434695) Kayla	173.33	\$4,648.00			\$3,374.24
Phelps (434295) Tameka	173.33	\$6,680.00			\$4,768.46
Plemmons (433994)	34.75	\$1,946.00			\$1,348.93
Rork (404613) l an	173.33	\$6,906.00			\$5,043.42
Sample (434976) Brittany	173.33	\$5,456.00			\$4,119.99
Shelby (434658) Emmy	156.00	\$7,068.00			\$5,458.27
Sherman (434949) Linnea	173.33	\$4,585.00			\$3,298.70
Shoriz (434893) Justin	173.33	\$5,019.00			\$3,844.57
Shuhler (425553) Yana	173.33	\$4,553.00			\$3,319.30
Sidell (435084) Nathan Simmons (434365) Nolan	96.00	\$2,766.72			\$2,192.66
Smith (361388) Terri	173.33 173.33	\$5,649.00 \$8,510.00			\$4,274.88 \$5,952.33
Snow (435021) Kelly	157.33	\$4,902.44			\$3,693.39
Sooter (427776) Thaddeus	173.33	\$9,643.00			\$6,895.00
Stedman (347366) Kelsey	173.33	\$9,643.00			\$6,226.09
Stewart (423168) Tobbi	173.33	\$6,228.00			\$4,368.50
Tiemeyer (433908)	173.33	\$8,270.00			\$4,991.98
Turner (1682) Denise	173.33	\$5,598.00			\$3,458.39
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,255.61
Wagner (426251) Mary	121.34	\$3,224.00			\$2,317.78
Warren (434273) Lisa	135.33	\$6,037.82			\$3,673.85
Wellborn (14545) Brian	183.33	\$4,868.75			\$3,246.27
Wendt (397255) Jan	173.33	\$8,033.00			\$5,940.71
Westervelt (434382) Laura	173.33	\$6,539.00			\$4,707.73
White (434641) Erica	173.33	\$6,316.00			\$4,924.38
Whitford (434292) Tiffany	173.33 86.67	\$4,574.00 \$2,287.00			\$3,371.62
Wickhamshire (434070) Wimpenny (434923) Jacob	86.67 173.33	\$2,287.00 \$6,866.00			\$1,820.09 \$5,064.11
Winchester (431493)	173.33	\$5,649.00			\$4,122.70
Wyatt (434415) Janet	173.33	\$7,733.00			\$4,852.90
, , ,	21,099.38	\$836,462.79	\$68,416.79	\$221,172.57	\$573,999.53