Kitsap Public Health District Consent Agenda October 1, 2024

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2428	GVL29765-0	Washington State Department of Health Opioid Dashboard Data Sharing Agreement	Contract	10/5/2024- 08/31/2027	\$0	\$0

Description: DOH to provide access to the DOH Opioid and Drug Use Data Dashboard providing access to timely, standardized, coordinated data products that support response efforts to address the impacts of this epidemic on our communities.

2429	KC-489-24	Kitsap County Clean Water Kitsap	Interlocal Agreement	01/01/2025- 12/31/2025	\$1,548,300	\$0
		Cican water Inisap	115100110110	12/01/2020		

Description: Provides a mechanism for implementation of programs within the Clean Water Kitsap (CWK) partnership to coordinate stormwater management programs and services to achieve a comprehensive approach to surface water management.

DATA SHARING AGREEMENT FOR CONFIDENTIAL INFORMATION OR LIMITED DATASET(S) BETWEEN STATE OF WASHINGTON DEPARTMENT OF HEALTH AND

LOCAL HEALTH JURISDICTIONS AND EMS COUNTY MEDICAL PROGRAM DIRECTORS (MPDs)

This Agreement documents the conditions under which the Washington State Department of Health (DOH) shares confidential information or limited Dataset(s) with other entities.

CONTACT INFORMATION FOR ENTITIES RECEIVING AND PROVIDING INFORMATION

	Please fill out the information below	INFORMATION PROVIDER
Organization Name	Kitsap Public Health District	Washington State Department of Health (DOH)
Business Contact Name	Yoland Fong	Cynthia Harry
Title	Administrator	Deputy Chief Data Officer
Address	345 6th Street, Suite 300 Bremerton, WA 98337	18 155 th Street NW Lynnwood, WA 98087
Telephone #	360-535-9290	206-472-4530
Email Address	yolanda.fong@kitsappublichealth.org	Cynthia.harry@doh.wa.gov
T Security Contact	Ed North	John Weeks
Title	Information Technology Program Manager	Chief Information Security Officer
Address	345 6th Street, Suite 300 Bremerton, WA 98337	PO Box 47890 Olympia, WA 98504-7890
Telephone #	360-728-2268	360-999-3454
Email Address	IT.Manager@kitsappublichealth.org	Security@doh.wa.gov

Privacy Contact Name	April Fisk	Michael Paul
Title	Program Coordinator	DOH Chief Privacy Officer
Address	345 6th Street, Suite 300	PO Box 47890
	Bremerton, WA 98337	Olympia, WA 98504-7890
Telephone #	360-728-2232	564-669-9692
Email Address	contract.administrator@kitsappublic health.org	Privacy.officer@doh.wa.gov

DEFINITIONS

Aggregate Data is data that has been gathered, processed, and expressed in a summary or report form for reporting purposes such as making comparisons, predicting trends or other statistical analyses. Aggregate data is collected from multiple sources and/or measures, variables, or individual human subjects. Since aggregate data is the consolidation of data from multiple sources, it is typically not able to be traced back to a specific human subject.

<u>Anonymous Data</u> is unidentified (i.e., personally identifiable information was not collected, or if collected, identifiers were not retained and cannot be retrieved) data that cannot be linked directly or indirectly by anyone to their source(s).

<u>Authorized user</u> means a recipient's employees, agents, assigns, representatives, independent contractors, or other persons or entities authorized by the data recipient to access, use, or disclose information through this agreement.

<u>Authorized user agreement</u> means the confidentiality agreement a recipient requires each of its Authorized Users to sign prior to gaining access to Public Health Information.

Breach of confidentiality means unauthorized access, use or disclosure of information received under this agreement. Disclosure may be oral or written, in any form or medium.

<u>Breach of security</u> means an action (either intentional or unintentional) that bypasses security controls or violates security policies, practices, or procedures.

<u>Coded Data</u> is when direct personal identifiers have been removed from the data and replaced with words, letters, figures, symbols, or a combination of these (not derived from or related to the personal information) for purposes of protecting the identity of the source(s). The original identifiers are retained in such a way that they can be traced back to the source(s) by someone with the code. A code is sometimes also referred to as a "key," "link," or "map."

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<u>Confidential information</u> means information that is protected from public disclosure by law. There are many state and federal laws that make different kinds of information confidential. In Washington State, the two most common are the Public Records Act RCW 42.56, and the Healthcare Information Act, RCW 70.02.

<u>Data storage</u> means electronic media with information recorded on it, such as CDs/DVDs, computers, and similar devices.

<u>Data transmission</u> means the process of transferring information across a network from a sender (or source) to one or more destinations.

<u>De-Identified Data</u> is when all direct personal identifiers are permanently removed from the data, no code or key exists to link the data to their original source(s), and the remaining information cannot reasonably be used by anyone to identify the source(s).

<u>Direct identifier</u> Direct identifiers in research data or records include names; postal address information (other than town or city, state and zip code); telephone numbers, fax numbers, e-mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate /license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); internet protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

<u>Disclosure</u> means to permit access to or release, transfer, or other communication of confidential information by any means including oral, written, or electronic means, to any party except the party identified or the party that provided or created the record.

<u>Encryption</u> means the use of algorithms to encode data making it impossible to read without a specific piece of information, which is commonly referred to as a "key". Depending on the type of information shared, encryption may be required during data transmissions, and/or data storage.

<u>Health care information</u> means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care...." RCW 70.02.010(7)

<u>Health information</u> is any information that pertains to health behaviors, human exposure to environmental contaminants, health status, and health care. Health information includes health care information as defined by RCW 70.02.010 and health related data as defined in RCW 43.70.050.

<u>Health Information Exchange (HIE)</u> means the statewide hub that provides technical services to support the secure exchange of health information between HIE participants.

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<u>Human research review</u> is the process used by institutions that conduct human subject research to ensure that:

- the rights and welfare of human subjects are adequately protected;
- the risks to human subjects are minimized, are not unreasonable, and are outweighed by the potential benefits to them or by the knowledge gained; and
- the proposed study design and methods are adequate and appropriate in light of the stated research objectives.

Research that involves human subjects or their identifiable personal records should be reviewed and approved by an institutional review board (IRB) per requirements in federal and state laws and regulations and state agency policies.

<u>Human subjects research/human subject</u> means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

<u>Identifiable data or records</u> contains information that reveals or can likely associate the identity of the person or persons to whom the data or records pertain. Research data or records with direct identifiers removed, but which retain indirect identifiers, are still considered identifiable.

<u>Indirect identifiers</u> are indirect identifiers in research data or records that include all geographic identifiers smaller than a state, including street address, city, county, precinct, Zip code, and their equivalent postal codes, except for the initial three digits of a ZIP code; all elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such age and elements may be aggregated into a single category of age 90 or older.

<u>Limited dataset</u> means a data file that includes potentially identifiable information. A limited dataset does not contain direct identifiers.

<u>Normal business hours</u> are state business hours Monday through Friday from 8:00 a.m. to 5:00 p.m. except state holidays.

<u>Public Health Authority</u> is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501.

<u>Public Health Surveillance Activities</u> are limited to activities conducted, supported, requested, ordered, required, or authorized by a "public health authority" and:

 Are necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health

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- importance, including trends, signals, risk factors, patterns of diseases, or increases in injuries from consumer products.
- Provide timely situational awareness and priority setting during the course of an event or crisis that threatens public health.

<u>Potentially identifiable information</u> means information that includes indirect identifiers which may permit linking an individual to that person's health care information. Examples of potentially identifiable information include:

- birth dates;
- admission, treatment, or diagnosis dates;
- healthcare facility codes;
- other data elements that may identify an individual. These vary depending on factors such
 as the geographical location and the rarity of a person's health condition, age, or other
 characteristic.

<u>Prescription monitoring program direct identifies</u> means direct identifies in the Prescription Monitoring Program may include the following: patient's first name; middle name; last name; social security number; control or medical record number; zip code plus four digits; dates that include day, month, and year; or admission and discharge date in combination; and "Prescribing profession" as defined by RCW 70.22.040(5)(c)(i) and RCW 70.22.040(5)(c)(ii).

Prescription monitoring program indirect identifiers means indirect identifiers in the Prescription Monitoring Program may include the following: Hospital or provider identifiers, a five-digit zip code, county, state, and country of resident; dates that include month and year; age in years; and race and ethnicity as defined by RCW 70.22.040(5)(c)(i).

<u>Research</u> refers to a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

<u>Restricted confidential information</u> means confidential information where especially strict handling requirements are dictated by statutes, rules, regulations, or contractual agreements. Violations may result in enhanced legal sanctions.

<u>State holidays</u> State legal holidays, as provided in <u>RCW 1</u>.16.050.

GENERAL TERMS AND CONDITIONS

I. USE OF INFORMATION

The Information Recipient agrees to strictly limit use of information obtained or created under this Agreement to the purposes stated in Exhibit I (and all other Exhibits subsequently attached to this Agreement). For example, unless the Agreement specifies to the contrary the Information Recipient agrees not to:

- Link information received under this Agreement with any other information.
- Use information received under this Agreement to identify or contact individuals.

The Information Recipient shall construe this clause to provide the maximum protection of the information that the law allows.

II. SAFEGUARDING INFORMATION

A. CONFIDENTIALITY

Information Recipient agrees to:

- Follow DOH small numbers guidelines as well as dataset specific small numbers requirements (Appendix D)
- Limit access and use of the information:
 - To the minimum amount of information.
 - To the fewest people.
 - For the least amount of time required to do the work.
- Ensure that all people with access to the information understand their responsibilities regarding it.
- Ensure that every person (e.g., employee or agent) with access to the information signs and dates the "Use and Disclosure of Confidential Information Form" (Appendix A) before accessing the information.
 - Retain a copy of the signed and dated form as long as required in Data Disposition Section.

The Information Recipient acknowledges the obligations in this section survive completion, cancellation, expiration or termination of this Agreement.

B. SECURITY

The Information Recipient assures that its security practices and safeguards meet Washington State Office of the Chief Information Officer (OCIO) security standard 141.10 Securing Information Technology Assets.

For the purposes of this Agreement, compliance with the HIPAA Security Standard and all subsequent updates meets OCIO standard 141.10 "Securing Information Technology Assets."

The Information Recipient agrees to adhere to the Data Security Requirements in Appendix B. The Information Recipient further assures that it has taken steps necessary to prevent unauthorized access, use, or modification of the information in any form.

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<u>Note:</u> The DOH Chief Information Security Officer must approve any changes to this section prior to Agreement execution. IT Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

C. BREACH NOTIFICATION

The Information Recipient shall notify the DOH Chief Information Security Officer (security@doh.wa.gov) within one (1) business days of any suspected or actual breach of security or confidentiality of information covered by the Agreement.

III. RE-DISCLOSURE OF INFORMATION

Information Recipient agrees to not disclose in any manner all or part of the information identified in this Agreement except as the law requires, this Agreement permits, or with specific prior written permission by the Secretary of the Department of Health.

If the Information Recipient must comply with state or federal public record disclosure laws, and receives a records request where all or part of the information subject to this Agreement is responsive to the request: the Information Recipient will notify the DOH Privacy Officer of the request ten (10) business days prior to disclosing to the requestor. The notice must:

- Be in writing;
- Include a copy of the request or some other writing that shows the:
 - Date the Information Recipient received the request; and
 - The DOH records that the Information Recipient believes are responsive to the request and the identity of the requestor, if known.

IV. ATTRIBUTION REGARDING INFORMATION

Information Recipient agrees to cite "Washington State Department of Health" or other citation as specified, as the source of the information subject of this Agreement in all text, tables and references in reports, presentations, and scientific papers.

Information Recipient agrees to cite its organizational name as the source of interpretations, calculations, or manipulations of the information subject of this Agreement.

V. OTHER PROVISIONS

With the exception of agreements with British Columbia for sharing health information, all data must be stored within the United States.

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VI. AGREEMENT ALTERATIONS AND AMENDMENTS

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

VII. CAUSE FOR IMMEDIATE TERMINATION

The Information Recipient acknowledges that unauthorized use or disclosure of the data/information or any other violation of sections II or III, and appendices A or B, may result in the immediate termination of this Agreement.

VIII. CONFLICT OF INTEREST

The DOH may, by written notice to the Information Recipient:

Terminate the right of the Information Recipient to proceed under this Agreement if it is found, after due notice and examination by the Contracting Office that gratuities in the form of entertainment, gifts or otherwise were offered or given by the Information Recipient, or an agency or representative of the Information Recipient, to any officer or employee of the DOH, with a view towards securing this Agreement or securing favorable treatment with respect to the awarding or amending or the making of any determination with respect to this Agreement.

In the event this Agreement is terminated as provided in (a) above, the DOH shall be entitled to pursue the same remedies against the Information Recipient as it could pursue in the event of a breach of the Agreement by the Information Recipient. The rights and remedies of the DOH provided for in this section are in addition to any other rights and remedies provided by law. Any determination made by the Contracting Office under this clause shall be an issue and may be reviewed as provided in the "disputes" clause of this Agreement.

IX. DISPUTES

Except as otherwise provided in this Agreement, when a genuine dispute arises between the DOH and the Information Recipient and it cannot be resolved, either party may submit a request for a dispute resolution to the Contracts and Procurement Unit. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. A party's request for a dispute resolution must:

- Be in writing and state the disputed issues, and
- State the relative positions of the parties, and
- State the information recipient's name, address, and his/her department agreement number, and

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 Be mailed to the DOH contracts and procurement unit, P. O. Box 47905, Olympia, WA 98504-7905 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.

This dispute resolution process constitutes the sole administrative remedy available under this Agreement.

X. EXPOSURE TO DOH BUSINESS INFORMATION NOT OTHERWISE PROTECTED BY LAW AND UNRELATED TO CONTRACT WORK

During the course of this contract, the information recipient may inadvertently become aware of information unrelated to this agreement. Information recipient will treat such information respectfully, recognizing DOH relies on public trust to conduct its work. This information may be handwritten, typed, electronic, or verbal, and come from a variety of sources.

XI. GOVERNANCE

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

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

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

XII. HOLD HARMLESS

Each party to this Agreement shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Agreement. Neither party to this Agreement will be responsible for the acts and omissions of entities or individuals not party to this Agreement. DOH and the Information Recipient shall cooperate in the defense of tort lawsuits, when possible.

XIII. LIMITATION OF AUTHORITY

Only the Authorized Signatory for DOH shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Agreement on behalf of the DOH. No alteration, modification, or waiver of any clause or condition of this Agreement is effective or binding unless made in writing and signed by the Authorized Signatory for DOH.

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XIV. RIGHT OF INSPECTION

The Information Recipient shall provide the DOH and other authorized entities the right of access to its facilities at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Agreement on behalf of the DOH.

XV. SEVERABILITY

If any term or condition of this Agreement is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Agreement, provided, however, that the remaining terms and conditions can still fairly be given effect.

XVI. SURVIVORSHIP

The terms and conditions contained in this Agreement which by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the Agreement shall survive.

XVII. TERMINATION

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

XVIII. WAIVER OF DEFAULT

This Agreement, or any term or condition, may be modified only by a written amendment signed by the Information Provider and the Information Recipient. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege, or remedy provided under this Agreement shall not constitute a waiver. No provision of this Agreement may be waived by either party except in writing signed by the Information Provider or the Information Recipient.

XIX. ALL WRITINGS CONTAINED HEREIN

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

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XX. PERIOD OF PERFORMANCE

This Agreement shall be effective from date the agreement is signed by both parties until August 31, 2027.

Special Terms and Conditions

I. Medical Program Director Access

Medical Program Directors (MPD) shall be permitted access to the dashboard as described in this agreement until the end of the period of performance of their service as an MPD ends, whichever comes first.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of last signature below.

INFORMATION PROVIDER	INFORMATION RECIPIENT
State of Washington Department of Health	Kitsap Public Health District
Signature	Signature
Print Name	Print Name
Date	Date

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1. PURPOSE AND JUSTIFICATION FOR SHARING THE DATA

Provide a detailed description of the purpose and justification for sharing the data, including specifics on how the data will be used.

The effects of substance, opioid, and stimulant use pose a public health challenge that touches the lives of every Washingtonian. Communities across the state have demanded a coordinated response to the persistent and evolving epidemic of drug-related harms. This coordination includes access to timely, standardized, coordinated data products that support the establishment of response efforts to address the impacts of this epidemic on our communities. The restricted access Opioid and Drug Use Data Dashboard for local, Tribal and State public health partners fulfills this goal by consolidating historically isolated DOH data products into a single data dashboard to guide the state and local overdose response efforts.

This dashboard is designed collaboratively with local health partners to support their opioid and drug use data needs. Without this dashboard, most local and Tribal partners will lose the ability to monitor the impacts of substance, opioid, and stimulant use in their communities and their ability to respond to these impacts will be diminished.

The dashboard provides aggregated overdose and use data at the county, region, and state level with some granularity by broad demographic groups such as age groups, race and ethnicity and sex at birth. While this dashboard does not contain any personal health information, it does contain aggregated demographic data by county that could be used to triangulate the identity of individuals. This dashboard also contains aggregated Prescription Monitoring Program data to demonstrate the number of people receiving opioid prescriptions to inform surveillance. For that reason, access to this dashboard is restricted to staff from local and Tribal entities and state opioid and overdose response plan and opioid settlement partners, which are the Governor's Office, OFM, Attorney General's Office, DOH, HCA, DSHS, L&I, UW and DCYF. Local staff may consist of Medical Program Director's (MPD's) that are prescribed duties by the Department of Health under RCW 18.71.212 and WAC 246-976-920. The dashboard is protected by a security group managed by the agency IT team.

Only approved users can access the dashboard after they sign the DSA and agree to follow the <u>DOH guidelines for reporting small numbers</u> when presenting any information from the dashboard to their constituents to inform the local and Tribal opioid and overdose response efforts. Additionally, at the point of entry to the dashboard, approved users are required to acknowledge a confidentiality disclaimer and agreement and there is user review process (including semi-annual account reviews) for anyone requesting access to the dashboard. The local and Tribal authorities need to refer to the data on the dashboard to identify the areas of the state with high or low risk or areas with inadequate service coverage, and they may need to communicate this to their constituents as part of their response efforts. When they communicate any information from the dashboard with their constituents for any response effort they may be involved, they agree to follow the state small numbers guidelines. Additionally, when partners with access to the dashboard "download" data, it is de-identified,

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aggregate data that the dashboard displays, not line-level data. As stated in this agreement, they must destroy the data after the period of performance, only use the data as permitted in this agreement, and must use the DOH and dataset-specific small numbers policy (in Appendix D) when reporting data. Data may be shared publicly in adherence with DOH small numbers guidelines and RCW 70.168.090 and will not identify any health information at the patient, provider, or facility level.

Is the purpose of this agreement for human subjects research that requires Washington State Institutional Review Board (WSIRB) approval?

Yes No

If yes, has a WSIRB review and approval been received? If yes, please provide copy of approval. If No, attach exception letter.

Yes No

PERIOD OF PERFORMANCE

This Exhibit shall have the same period of performance as the Agreement unless otherwise noted below:

Exhibit shall be effective from the date the agreement is signed by both parties until August 31, 2027.

3. DESCRIPTION OF DATA

The Information Provider has authority to add or remove data elements to the dashboard throughout the period of performance so long as the categorization of the dashboard does not change the Data Stewards approve as required in WAC 246-08-390.

Information Provider will make available the following information under this Agreement:

Database Name(s): Opioid and Drug Overdose Dashboard (see Dashboard <u>here</u> and Appendix E for more details)

Data Elements being provided:

- From DOH Death Registry, the number and rate of overdose deaths by drug category and by:
 - County
 - o Accountable Communities of Health Region
 - Race and Ethnicity
 - Age group
 - Sex

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- From Comprehensive Hospital Abstract Reporting System (CHARS), the number and rate of overdose hospitalizations by drug category and by:
 - o County
 - o Accountable Communities of Health Region
 - Race and Ethnicity
 - Age group
 - Sex
- From Rapid Health Information Network (RHINO), the number and rate of overdose related hospitalizations and suspected ED visits by drug category and by:
 - County
 - Accountable Communities of Health Region
 - Race and Ethnicity
 - Age group
 - Sex
- From Washington Emergency Medical Services Information Systems (WEMSIS), the number of opioid related EMS responses, suspected opioid overdoses, and positive Naloxone responses and percent suspected opioid overdoses transported to a medical facility and response time by:
 - County
 - o Accountable Communities of Health Region
 - Age groups
 - o Gender
- From the Prescription Monitoring Program (PMP), population statistics (e.g., rates, numbers, confidence intervals) about patients receiving opioid prescriptions filled, long term opioid prescriptions, concurrent opioid and sedative prescriptions, new patients and their first opioid prescriptions, new patients who transition to long term opioid use, patients with high dose opioids, and patients filling prescriptions approved for medications for opioid use disorder (MOUD) reported to the Prescription Monitoring Program. These statistics exclude any prescription monitoring program direct or indirect identifiers that can be used to identify individual patients, requestors, dispensers, prescribers, and persons who received prescriptions from dispensers, but may include the following:
 - Patient's State and County of Residence
 - Accountable Communities of Health Region based on Patient's State and County of Residence
 - Patient's Age Groups
 - Patient's Reported Sex/Gender as reported to the PMP and used for population rates (e.g., Male, Female).

□ Category 4 – Restricted Confidential Information
 □ Category 3 – Confidential Information
 • Potentially identifiable information

☐ Category 2 – Internal [public information requiring authorized access]

☐ Category 1 – Public Information

The information described in this section is:

Any reference to data/information in this Agreement shall be the data/information as described in this Exhibit.

4. STATUTORY AUTHORITY TO SHARE INFORMATION

DOH statutory authority to obtain and disclose the confidential information or limited Dataset(s) identified in this Exhibit to the Information Recipient:

Vital Records (Death Registry):

RCW 70.58A.520(6) – Disclosure of vital records, data, and vital statistics – When authorized

Comprehensive Hospital Abstract Reporting System (CHARS):

 CW 43.70.052(9) - Hospital financial and patient discharge data-Confidentiality and protection

Rapid Health Information Network (RHINO):

 RCW 43.70.057(6) - Hospital emergency room patient care information-Data collection, maintenance, analysis, and dissemination-Rules

Washington Emergency Medical Services Information Systems (WEMSIS):

- RCW 70.168.090(1)(b) Statewide electronic emergency medical services data system-Confidentiality
- Statutes defining status and authority of MPDs:
 - RCW 18.71.212: Physician's trained advanced emergency medical technician and paramedic—Certification
 - o WAC 246-976-920 Medical program director
 - o RCW 70.168 Statewide Trauma Care System

Prescription Monitoring Program (PMP):

 RCW 70.225.040(3)(i) and RCW 70.225.040(5)(a) - Confidentiality and exemption from disclosure of prescription monitoring program information

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6.

EXHIBIT I

5. ACCESS TO INFORMATION

METHOD OF ACCESS/TRANSFER
DOH Web Application (indicate application name);Washington State Secure File Transfer Service (sft.wa.gov)
Encrypted CD/DVD or other storage device
Health Information Exchange (HIE)**
Other: (describe the methods for access/transfer)**
OTHER: The dashboard is hosted on the DOH SharePoint. Approved users are
invited to access the dashboard through a SharePoint link .
**NOTE: DOH Chief Information Security Officer must approve prior to Agreement execution. DOH Chief Information Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.
FREQUENCY OF ACCESS/TRANSFER
One time: DOH shall deliver information by (insert date)
Repetitive: At a continuous frequency from the date the agreement is signed by both parties until 3 years later.
As available within the period of performance stated in Section 2.
REIMBURSEMENT TO DOH
Payment for services to create and provide the information is based on the actual expenses DOH incurs, including charges for research assistance when applicable.
Billing Procedure
 Information Recipient agrees to pay DOH by check or account transfer within 30 calendar days of receiving the DOH invoice.
 Upon expiration of the Agreement, any payment not already made shall be submitted within 30 days after the expiration date or the end of the fiscal year, which is earlier.
Charges for the services to create and provide the information are:
No charge.

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7. DATA DISPOSITION

Unless otherwise directed in writing by the DOH Business Contact, at the end of this Agreement, or at the discretion and direction of DOH, the Information Recipient shall: Immediately destroy all copies of any data provided under this Agreement after it has been used for the purposes specified in the Agreement. Acceptable methods of destruction are described in Appendix B. Upon completion, the Information Recipient shall submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact. Immediately return all copies of any data provided under this Agreement to the DOH Business Contact after the data has been used for the purposes specified in the Agreement, along with the attached Certification of Data Disposition (Appendix C) Retain the data for the purposes stated herein for a period of time not to year, etc.), after which Information (e.g., one Recipient shall destroy the data (as described below) and submit the attached Certification of Data Disposition (Appendix C) to the DOH **Business Contact.** Other (Describe): This data sharing agreement is mainly to view the data \boxtimes dashboard. In some instances, the users can download aggregated, deidentified data used on the dashboard. To prevent users from access to the Dashboard, DOH can take them off the authorized viewer list. The users will need to destroy any data they downloaded immediately after the end of this agreement. Acceptable methods of destruction are described in Appendix B. The signing of this agreement and datasetspecific small numbers policy will ensure the data dashboard remains private, safe and secure and is used for the agreed-upon purpose.

8. RIGHTS IN INFORMATION

Information Recipient agrees to provide, if requested, copies of any research papers or reports prepared as a result of access to DOH information under this Agreement for DOH review prior to publishing or distributing.

In no event shall the Information Provider be liable for any damages, including, without limitation, damages resulting from lost information or lost profits or revenue, the costs of recovering such Information, the costs of substitute information, claims by third parties or for other similar costs, or any special, incidental, or consequential damages, arising out of the use of the information. The accuracy or reliability of the Information is not guaranteed or warranted in any way and the information Provider's disclaim liability of any kind whatsoever,

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including, without limitation, liability for quality, performance, merchantability, and fitness for a particular purpose arising out of the use, or inability to use the information.

9. ALL WRITINGS CONTAINED HEREIN

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

IN WITNESS WHEREOF, the parties have executed this Exhibit as of the date of last signature below.

INFORMATION PROVIDER	INFORMATION RECIPIENT
State of Washington Department of Health	Kitsap Public Health District
Signature	Signature
Print Name	Print Name
Nate	Date

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APPENDIX A

USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

People with access to confidential information are responsible for understanding and following the laws, policies, procedures, and practices governing it. Below are key elements:

A. CONFIDENTIAL INFORMATION

Confidential information is information federal and state law protects from public disclosure. Examples of confidential information are social security numbers, and healthcare information that is identifiable to a specific person under RCW 70.02. The general public disclosure law identifying exemptions is RCW 42.56.

B. ACCESS AND USE OF CONFIDENTIAL INFORMATION

- Access to confidential information must be limited to people whose work specifically requires that access to the information.
- 2. Use of confidential information is limited to purposes specified elsewhere in this Agreement.

C. DISCLOSURE OF CONFIDENTIAL INFORMATION

- 1. An Information Recipient may disclose an individual's confidential information received or created under this Agreement to that individual or that individual's personal representative consistent with law.
- An Information Recipient may disclose an individual's confidential information, received, or created under this Agreement only as permitted under the <u>Re-Disclosure of</u> <u>Information</u> section of the Agreement, and as state and federal laws allow.

D. CONSEQUENCES OF UNAUTHORIZED USE OR DISCLOSURE

An Information Recipient's unauthorized use or disclosure of confidential information is the basis for the Information Provider immediately terminating the Agreement. The Information Recipient may also be subject to administrative, civil, and criminal penalties identified in law.

E. ADDITIONAL DATA USE RESTRICTIONS: (if necessary)

Signature:			
-			Π
Date:			

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DATA SECURITY REQUIREMENTS

Protection of Data

The storage of Category 3 and 4 information outside of the State Governmental Network requires organizations to ensure that encryption is selected and applied using industry standard algorithms validated by the NIST Cryptographic Algorithm Validation Program. Encryption must be applied in such a way that it renders data unusable to anyone but authorized personnel, and the confidential process, encryption key or other means to decipher the information is protected from unauthorized access. All manipulations or transmissions of data within the organization's network must be done securely.

The Information Recipient agrees to store information received under this Agreement (the data) within the United States on one or more of the following media, and to protect it as described below:

A. Passwords

1. Passwords must always be encrypted. When stored outside of the authentication mechanism, passwords must be in a secured environment that is separate from the data and protected in the same manner as the data. For example, passwords stored on mobile devices or portable storage devices must be protected as described under section *F. Data storage on mobile devices or portable storage media*.

2. Complex Passwords are:

- At least 8 characters in length.
- Contain at least three of the following character classes: uppercase letters, lowercase letters, numerals, special characters.
- Do not contain the user's name, user ID or any form of their full name.
- Do not consist of a single complete dictionary word but can include a passphrase.
- Do not consist of personal information (e.g., birthdates, pets' names, addresses, etc.).
- Are unique and not reused across multiple systems and accounts.
- Changed at least every 120 days.

B. Hard Disk Drives / Solid State Drives – Data stored on workstation drives:

- 1. The data must be encrypted as described under section F. Data storage on mobile devices or portable storage media. Encryption is not required when Potentially Identifiable Information is stored temporarily on local workstation Hard Disk Drives/Solid State Drives. Temporary storage is thirty (30) days or less.
- Access to the data is restricted to authorized users by requiring logon to the local workstation using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart

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DATA SECURITY REQUIREMENTS

cards. Accounts must lock after 5 unsuccessful access attempts and remain locked for at least 15 minutes, or require administrator reset.

C. Network server and storage area networks (SAN)

- 1. Access to the data is restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network.
- 2. Authentication must occur using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.
- 3. The data is located in a secured computer area, which is accessible only by authorized personnel with access controlled through use of a key, card key, or comparable mechanism.
- 4. If the servers or storage area networks are not located in a secured computer area <u>or</u> if the data is classified as Confidential or Restricted it must be encrypted as described under *F. Data storage on mobile devices or portable storage media*.

D. Optical discs (CDs or DVDs)

- 1. Optical discs containing the data must be encrypted as described under <u>F. Data storage</u> on mobile devices or portable storage media.
- 2. When not in use for the purpose of this Agreement, such discs must be locked in a drawer, cabinet, or other physically secured container to which only authorized users have the key, combination or mechanism required to access the contents of the container.

E. Access over the Internet or the State Governmental Network (SGN).

- 1. When the data is transmitted between DOH and the Information Recipient, access is controlled by the DOH, who will issue authentication credentials.
- 2. Information Recipient will notify DOH immediately whenever:
 - a. An authorized person in possession of such credentials is terminated or otherwise leaves the employ of the Information Recipient;
 - b. Whenever a person's duties change such that the person no longer requires access to perform work for this Contract.
- The data must not be transferred or accessed over the Internet by the Information Recipient in any other manner unless specifically authorized within the terms of the Agreement.
 - a. If authorized, the data must be encrypted during transmissions using a key length of at least 128 bits. Industry standard mechanisms and algorithms, such as those validated by the National Institute of Standards and Technology (NIST) are required.

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DATA SECURITY REQUIREMENTS

- b. Authentication must occur using a unique user ID and Complex Password (of at least 10 characters). When the data is classified as Confidential or Restricted, authentication requires secure encryption protocols and multi-factor authentication mechanisms, such as hardware or software tokens, smart cards, digital certificates, or biometrics.
- c. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.

F. Data storage on mobile devices or portable storage media

- 1. Examples of mobile devices are: smart phones, tablets, laptops, notebook or netbook computers, and personal media players.
- 2. Examples of portable storage media are: flash memory devices (e.g. USB flash drives), and portable hard disks.
- 3. The data must not be stored by the Information Recipient on mobile devices or portable storage media unless specifically authorized within the terms of this Agreement. If so authorized:
 - a. The devices/media must be encrypted with a key length of at least 128 bits, using industry standard mechanisms validated by the National Institute of Standards and Technologies (NIST).
 - Encryption keys must be stored in a secured environment that is separate from the data and protected in the same manner as the data.
 - b. Access to the devices/media is controlled with a user ID and a Complex Password (of at least 6 characters), or a stronger authentication method such as biometrics.
 - c. The devices/media must be set to automatically wipe or be rendered unusable after no more than 10 failed access attempts.
 - d. The devices/media must be locked whenever they are left unattended and set to lock automatically after an inactivity activity period of 3 minutes or less.
 - e. The data must not be stored in the Cloud. This includes backups.
 - f. The devices/ media must be physically protected by:
 - Storing them in a secured and locked environment when not in use;
 - Using check-in/check-out procedures when they are shared; and
 - Taking frequent inventories.
- 4. When passwords and/or encryption keys are stored on mobile devices or portable storage media they must be encrypted and protected as described in this section.

G. Backup Media

The data may be backed up as part of Information Recipient's normal backup process provided that the process includes secure storage and transport, and the data is encrypted as described under F. Data storage on mobile devices or portable storage media.

DATA SECURITY REQUIREMENTS

H. Paper documents

Paper records that contain data classified as Confidential or Restricted must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records are stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

I. Data Segregation

- 1. The data must be segregated or otherwise distinguishable from all other data. This is to ensure that when no longer needed by the Information Recipient, all the data can be identified for return or destruction. It also aids in determining whether the data has or may have been compromised in the event of a security breach.
- 2. When it is not feasible or practical to segregate the data from other data, then *all* commingled data is protected as described in this Exhibit.

J. Data Disposition

If data destruction is required by the Agreement, the data must be destroyed using one or more of the following methods:

Data stored on:	Is destroyed by:
Hard Disk Drives / Solid State Drives	Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data, or
	Degaussing sufficiently to ensure that the data cannot be reconstructed, or
	Physically destroying the disk, or
	Delete the data and physically and logically secure data storage systems that continue to be used for the storage of Confidential or Restricted information to prevent any future access to stored information. One or more of the preceding methods is performed before transfer or surplus of the systems or media containing the data.
Paper documents with Confidential or	On-site shredding, pulping, or incineration, or
Restricted information	Recycling through a contracted firm provided the Contract with the recycler is certified for the secure destruction of confidential information.

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DATA SECURITY REQUIREMENTS

Optical discs (e.g. CDs or DVDs) Incineration, shredding, or completely defacing the readable

surface with a course abrasive.

Magnetic tape Degaussing, incinerating or crosscut shredding.

Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip,

or similar disks)

Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data.

Physically destroying the disk.

Degaussing magnetic media sufficiently to ensure that the data

cannot be reconstructed.

K. Notification of Compromise or Potential Compromise

The compromise or potential compromise of the data is reported to DOH as required in Section II.C.

APPENDIX C

CERTIFICATION OF DATA DISPOSITION

Date o	f Disposition
	All copies of any Datasets related to agreement DOH# have been deleted from all data storage systems. These data storage systems continue to be used for the storage of confidential data and are physically and logically secured to prevent any future access to stored information. Before transfer or surplus, all data will be eradicated from these data storage systems to effectively prevent any future access to previously stored information.
	All copies of any Datasets related to agreement DOH# have been eradicated from all data storage systems to effectively prevent any future access to the previously stored information.
	All materials and computer media containing any data related to agreement DOH # have been physically destroyed to prevent any future use of the materials and media.
	All paper copies of the information related to agreement DOH # have been destroyed on-site by cross cut shredding.
	All copies of any Datasets related to agreement DOH # that have not been disposed of in a manner described above, have been returned to DOH.
	Other
provid	eta recipient hereby certifies, by signature below, that the data disposition requirements a ed in agreement DOH #, Section J, Disposition of Information, have been fulls indicated above.
Signat	ure of data recipient — Date

APPENDIX D

DOH SMALL NUMBERS GUIDELINES

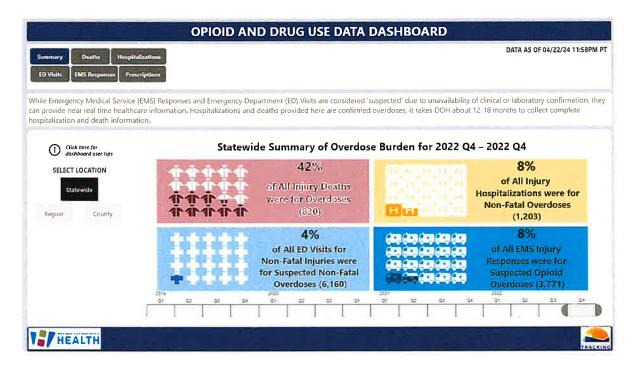
- Aggregate data so that the need for suppression is minimal. Suppress all non-zero counts which are less than ten.
- Suppress rates or proportions derived from those suppressed counts.
- Assure that suppressed cells cannot be recalculated through subtraction, by using secondary suppression as necessary. Survey data from surveys in which 80% or more of the eligible population is surveyed should be treated as non-survey data.
- When a survey includes less than 80% of the eligible population, and the respondents
 are unequally weighted, so that cell sample sizes cannot be directly calculated from the
 weighted survey estimates, then there is no suppression requirement for the weighted
 survey estimates.
- When a survey includes less than 80% of the eligible population, but the respondents are equally weighted, then survey estimates based on fewer than 10 respondents should be "top-coded" (estimates of less than 5% or greater than 95% should be presented as 0-5% or 95-100%).

ADDITIONAL DATASET SPECIFIC SMALL NUMBERS REQUIREMENTS

- When presenting any information from the dashboard publicly, follow the DOH guidelines for reporting small numbers.
 - When possible, aggregate data so that no single number, "cell size," is less than
 10.
 - Suppress all non-zero counts less than 10, unless they are in a category labeled "unknown."
 - Suppress rates or proportions derived from those suppressed counts.

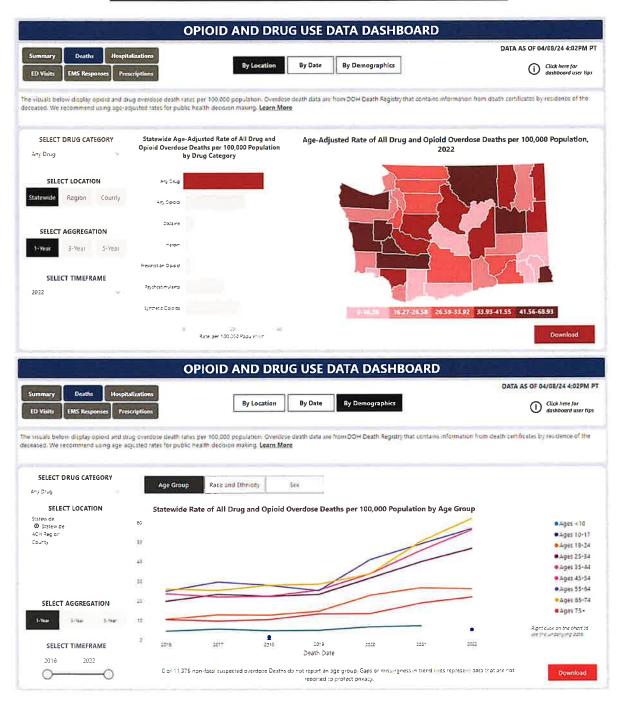
DATA ELEMENTS - OPIOID AND DRUG OVERDOSE DASHBOARD

- View the current public-facing dashboard here
- The dashboard for this DSA (the current internal dashboard found here) is the same as the public-facing dashboard, except the numbers are not suppressed to allow public health professionals to be able to do their work



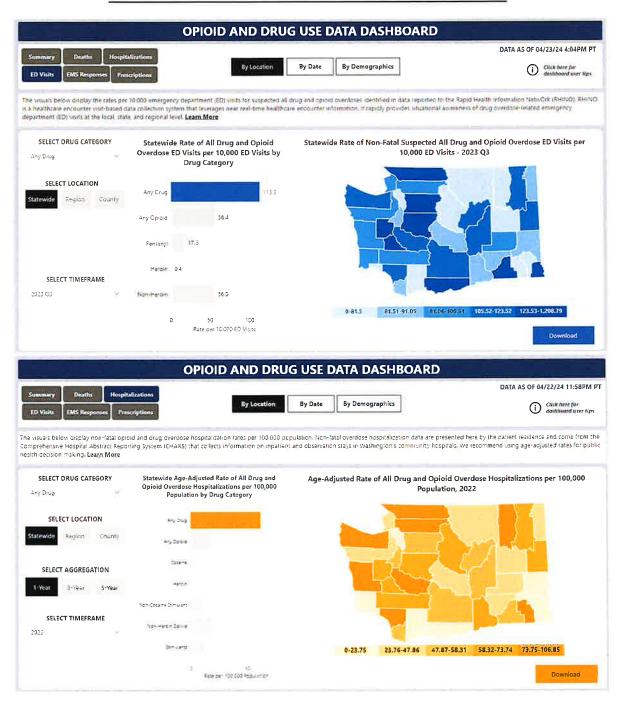
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DATA ELEMENTS – OPIOID AND DRUG OVERDOSE DASHBOARD



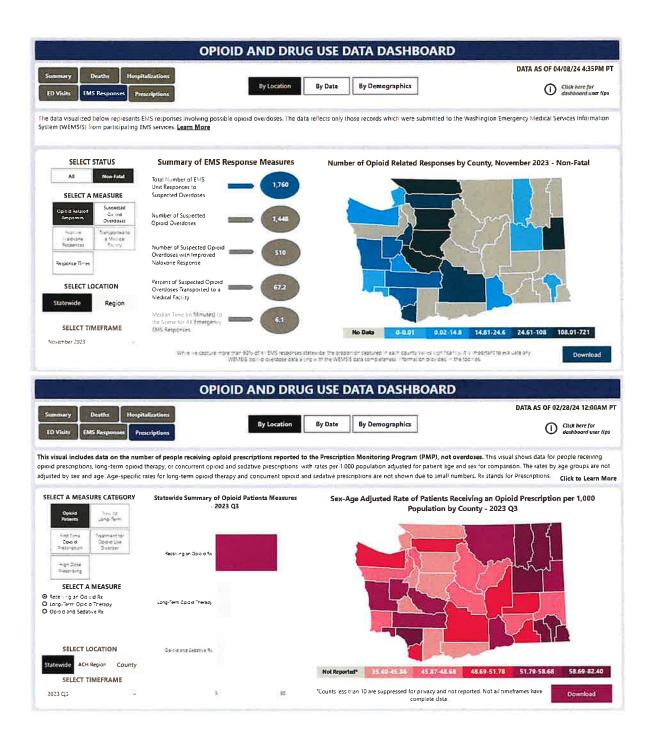
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DATA ELEMENTS - OPIOID AND DRUG OVERDOSE DASHBOARD



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DATA ELEMENTS - OPIOID AND DRUG OVERDOSE DASHBOARD



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CONTRACT NO. KC-489-24 INTERLOCAL AGREEMENT

BETWEEN KITSAP COUNTY AND KITSAP PUBLIC HEALTH DISTRICT

I. PREAMBLE

This Interlocal Agreement (AGREEMENT) is by and between Kitsap County (COUNTY), a political subdivision, whose principal offices are located at 614 Division Street, Port Orchard, Washington 98366 and Kitsap Public Health District (DISTRICT), whose principal offices are at 345 6th Street, Suite 300, Bremerton, Washington 98337.

II. RECITALS

Kitsap County Board of Commissioners enacted Chapter 12.36 of the Kitsap County Code (KCC) for the purpose of establishing a comprehensive approach to stormwater management pursuant to Chapter 36.89 RCW. Chapter 12.36 KCC, called the County's "Stormwater Management Program," authorizes the coordination of stormwater management programs and services through interlocal or other operating agreements with other departments, governmental entities or special districts in order to achieve a comprehensive approach to surface water management.

A multi-agency partnership, called Clean Water Kitsap, operates through interlocal agreements between Kitsap County Public Works Department, Kitsap Public Health District, Kitsap Conservation District, Washington State University Extension Program, and Kitsap Public Utility District. Each member has identified areas of responsibility, program elements, and budgets consistent with Chapter 12.36 KCC for the purpose of coordinating program implementation and administration.

COUNTY and DISTRICT now desire to enter into an AGREEMENT to provide funding, collected by Kitsap County through Chapter 12.40 KCC, to assist in the implementation of DISTRICT programs through Clean Water Kitsap. Mutual benefits will accrue to the parties hereto and the people that each serves in the cooperative implementation of Clean Water Kitsap. The Interlocal Cooperation Act, Chapter 39.34 RCW, further authorizes the parties hereto to enter into this AGREEMENT.

This AGREEMENT consists of the following documents:

- 1. Interlocal Agreement
- 2. Kitsap Public Health District 2025 Scope of Work and Budget

ACCORDINGLY, THE PARTIES AGREE AS FOLLOWS:

III. AGREEMENT

1. Purpose

The purpose of the AGREEMENT will provide a mechanism for implementation of programs within the Clean Water Kitsap (CWK) partnership.

2. Funding

Funding for services provided shall be obtained from revenues derived from service charges authorized under Chapter 12.36 KCC and assessed annually on parcels of real property in unincorporated Kitsap County. The COUNTY and the DISTRICT shall endeavor to seek and obtain, whenever possible, grants or other external funding sources to minimize the financial burden to the citizens of unincorporated Kitsap County.

3. Scope of Work

DISTRICT shall perform such duties and services as are listed on Attachment A, attached hereto and incorporated herein by reference. Said services shall be performed in accordance with the approved Scope of Work and Budget specified in Attachment A and as provided for in AGREEMENT. All services funded under this AGREEMENT shall be provided exclusively within the boundaries of unincorporated Kitsap County.

4. Kitsap County Representative

The Director of Public Works, or his/her designee, shall represent the Department of Public Works and the COUNTY in all matters pertaining to the services to be rendered under this AGREEMENT. All requirements of COUNTY pertaining to the services and materials to be rendered under this AGREEMENT shall be coordinated through said County representative. Pursuant to RCW 39.34.030(4)(a) the representative shall act as an administrator.

5. <u>Kitsap Public Health District Representative</u>

The Director of Environmental Health for DISTRICT, or his/her designee, shall represent the DISTRICT in all matters pertaining to the services and materials to be rendered under this AGREEMENT. All requirements of DISTRICT pertaining to the services or materials to be rendered under this AGREEMENT shall be coordinated through said District representative. Pursuant to RCW 39.34.030(4)(a) the representative shall act as an administrator.

6. Program Reporting

DISTRICT shall produce a mid-year progress update and a year-end report summarizing the work performed and evaluating the performance and results of the work performed pertaining to this AGREEMENT.

Progress update shall include, but not be limited to, the following information:

- a. An update of the work performed during the period and progress made to date, including performance indicators that reflect effectiveness of the program elements as set forth in ATTACHMENT A – Scope of Work and Budget.
- b. Status of the project schedule.
- c. Description of any adverse conditions that have affected the program objectives and/or time schedules, and actions taken to resolve these issues.

Progress update and report shall be submitted as follows:

- Semi-annual update report (January 1 to June 30) due July 31, 2025
- Annual Year-end report (January 1 to December 31) due January 31, 2026

The Year End Report shall contain a summary of major accomplishments realized during the year. The report will be written in such a manner so as to allow a summary paragraph to be excerpted from the report and incorporated into the CWK Annual Executive Summary Report. DISTRICT shall also be responsible for submitting additional information to be included in the Annual Executive Summary Report. This information shall include, but not be limited to, photographs, slides, and any other graphics that would enhance the content and/or appearance of the Annual Executive Summary Report.

7. <u>Performance Analysis</u>

COUNTY Representative shall complete a semi-annual performance analysis evaluating the services provided under the AGREEMENT for effectiveness and compliance with the program elements set forth in Chapter 12.36 KCC and shall report to the CWK partnership.

8. <u>CWK Partnership Committee</u>

DISTRICT shall participate on the existing CWK Partnership Committee.

DISTRICT representative shall represent the DISTRICT on the CWK Partnership Committee. The Director of Public Works and the Stormwater Division Water Quality Manager shall represent the COUNTY on the CWK Partnership Committee. A representative of the Washington State University Extension Program shall represent that agency on the CWK Partnership Committee. A representative of the Kitsap Conservation District shall represent that agency on the CWK Partnership Committee. A representative of the Kitsap Public Utility District shall represent that agency on the CWK Partnership Committee.

The CWK Partnership Committee shall hold quarterly meetings which shall focus on the following:

- a. Evaluating program performance to ensure that the program funding is used in the most effective manner.
- b. Ensuring that the CWK programs address water quality issues of most concern to the public.
- c. Providing a means to coordinate water quality programs among agencies to capitalize on each other's efforts and avoid duplication of activities.
- d. Providing a direct and effective means of communication among CWK agencies.
- e. Making recommendations for program revisions to the Director of Public Works and the Kitsap County Board of Commissioners.

9. Reimbursement

COUNTY shall reimburse DISTRICT only for actual incurred costs upon presentation of a properly executed invoice in a form approved by COUNTY. Costs shall be charged, and funds reimbursed based upon appropriate program elements and cost categories as defined in Attachment A. The sum of DISTRICT'S reimbursement requests during the duration of this Agreement shall not exceed **\$1,548,300.00** the budget for all program elements combined as identified in Attachment A.

The Kitsap County Board of Commissioners must approve any payment request by DISTRICT exceeding this maximum reimbursement amount in advance of the payment. DISTRICT may exceed line item amounts within individual program element budgets but shall not exceed the total budget for each individual program element without the approval of the Director of Public Works.

Reimbursement requests shall not be made more frequently than once a month. COUNTY reserves the right to withhold payments pending timely delivery of progress reports or documents as may be required under this AGREEMENT. COUNTY shall reimburse DISTRICT within 30 days of receipt of a properly executed District invoice.

10. <u>Documentation of Costs and Maintenance of Records</u>

DISTRICT shall maintain all books, documents, receipts, invoices and records including payroll records necessary to sufficiently and properly reflect the expenditure of COUNTY funds. The accounting records must provide for a separate recording and reporting of all CWK program receipts and expenditures.

Financial records pertaining to matters authorized by this AGREEMENT are subject to inspection and audit by representatives of COUNTY or the State Auditor upon request. Financial records shall be preserved and made available to COUNTY and its agents for a period of six (6) years after the end of this AGREEMENT or, in the event of an audit, records shall be kept until the audit is completely resolved.

11. Property

Title to property purchased by DISTRICT, the cost of which DISTRICT has been reimbursed as a direct item of cost under this AGREEMENT, shall pass to and vest to DISTRICT. Property purchased with funds delivered pursuant to this AGREEMENT may be used only for the performance of this AGREEMENT and shall be purchased in accordance with applicable state law and COUNTY purchasing policies.

12. Assignment

DISTRICT shall not assign or subcontract any portion of the services provided within the terms of this AGREEMENT without obtaining prior written approval of COUNTY. All terms and conditions of the AGREEMENT shall apply to any approved subcontract or assignment related to this AGREEMENT.

13. Nondiscrimination

DISTRICT and COUNTY agree to comply with all applicable local, state, and/or federal laws and ordinances, and agree that they shall not discriminate in their employment practices or delivery of services or other activities on the grounds of race, color, religion, national origin, age, sex, marital status, veteran status, sexual orientation, or the presence of any sensory, mental or physical handicap. DISTRICT and KITSAP COUNTY shall ensure that any subcontractor shall fully comply with this paragraph.

14. Compliance with Laws

DISTRICT shall comply with all federal, state, and local laws, statutes, ordinances, rules, and regulations applicable to the performance of this AGREEMENT. DISTRICT agrees to comply with all the provisions of the Americans with Disabilities Act and all regulations interpreting or enforcing such act.

15. <u>Indemnity</u>

It is understood and agreed that this AGREEMENT is solely for the benefit of the parties hereto and gives no right to any other party. No joint venture or partnership is formed as a result of this AGREEMENT. Each party hereto agrees to be responsible and assumes liability for its own negligent acts or omissions, and those of its officers, agents, and employees to the fullest extent required by law, and agrees to save, indemnify, defend, and hold the other party harmless from any such liability. In the case of negligence of both the COUNTY and DISTRICT, any damages allowed shall be levied in proportion to the percentage of negligence attributable to each party, and each party shall have the right to seek contribution from the other party in proportion to the percentage of negligence attributable to the other party.

This indemnification clause shall also apply to any and all causes of action arising out of the performance of work activities under this AGREEMENT. Each contract for services or activities utilizing funds provided in whole or in part by this AGREEMENT shall include a provision that KITSAP COUNTY is not liable for damages or claims from damages arising from any subcontractor's performance or activities under the terms of the contracts.

For the purposes of this indemnification, the parties specifically and expressly waive any immunity granted under the Washington Industrial Insurance Act, Title 51 RCW. This waiver has been mutually negotiated and agreed to by the parties. The provision of this section shall survive the expiration or termination of the Agreement.

16. <u>Insurance</u>

The DISTRICT certifies that it is part of a liability insurance pool or maintains appropriate liability insurance policies and agrees to pay for all losses for which DISTRICT is found liable.

Insurance carried by the DISTRICT shall be primary insurance with respect to any insurance or self-insurance programs maintained by the COUNTY and shall not contribute with it.

The policy shall provide, and the certificate shall reflect the insurance afforded applies separately to each insured against which a claim is made, or a suit is brought except with respect to the limits of the insurer's liability.

Upon request of the County, the DISTRICT shall furnish proof of liability insurance including policy limits.

The DISTRICT agrees to comply with all State requirements related to Workers Compensation Insurance.

17. Amendments to Agreement

The parties hereby further agree that this AGREEMENT cannot be amended or modified without the written concurrence of both parties.

18. <u>Modification for Funding Reasons</u>

COUNTY may negotiate modification of the AGREEMENT at any time if funding is reduced or limited in any way after the effective date of this agreement.

19. Termination

Either party to this AGREEMENT may elect to terminate this AGREEMENT for any reason by delivering a thirty (30) day written notice of intent to terminate to the other party. In the event of such termination, DISTRICT shall be compensated for the actual costs incurred prior to the time of notification of contract termination.

20. <u>Duration of Agreement</u>

This Agreement is in effect from the January 1, 2025 through December 31, 2025.

21. Filing

This AGREEMENT shall be filed with the Co	ounty Auditor following execution by all parties.
Dated this day of, 2024	Dated this day of, 2024
KITSAP PUBLIC HEALTH DISTRICT	BOARD OF COUNTY COMMISSIONERS KITSAP COUNTY, WASHINGTON
YOLANDA FONG, ADMINISTRATOR	KATHERINE T. WALTERS, CHAIR
	CHRISTINE ROLFES, COMMISSIONER
	CHARLOTTE GARRIDO, COMMISSIONER
	ATTEST:
	DANA DANIELS, CLERK OF THE BOARD
	Approved as to form by the Kitsap County Prosecuting Attorney's Office

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Clean Water Kitsap Partnership Kitsap Public Health District Scope of Work and Budget, 2025

Kitsap Public Health District Scope of Work and Budget, 2025	dget, 2025	Ţ	Total Budget: \$1,548,300
Tasks	Activities	Performance Criteria	Target / Benchmark
Program Element: Pollution Identification and Correction Program	ection Program		Budget: 1,423,300
ronment from Fec	I Pollution of Surface Waters		
Identify and correct EC pollution sources in high priority surface	Develop and implement the 2025 PIC priority workplan.	Priority workplan memo delivered to KCPW	11/30/2025
waters.	ocols through public	Number of PIC property inspections	350
	complaints, DPR response, and priority work areas.	% of properties with identified fecal pollution sources found during inspections	NA
		% of identified fecal pollutions sources found that have been corrected within 12 months	100%
Conduct Shoreline Monitoring in accordance with the Shoreline Monitoring Plan and Health District protocols.	the Shoreline	Shoreline surveys completed	Hood Canal 1, Port Gamble Bay
	-	Number of new hotspots confirmed this year	NA
	Investigate all newly identified shoreline "hot spots" within 12 months in accordance with Health District protocols.	% of new hotspots investigated within 12 months	100%
Investigate public sewage complaints in a timely and efficient	Respond to public sewage complaints within 7 days of receipt. Track	Number of complaints	AN
fashion.		Percent of complaints responded to within 7 days	%06
		Number of failures found during complaint inspection	NA
Investigate OSS deficient pump reports (DPR) from certified septic pumpers in a timely and efficient fashion.	Respond to selected DPRs within 7 days of assignment. Track and manage DPR response, and identify and correct failing OSS.	Number of reports responded to with field inspections	NA
		Percent of reports responded to within 7 days	%06
		Number of failures found	NA
Investigate agricultural complaints in a timely and efficient	pt.	Number of complaints	NA
fashion.	agricultural complaints. Identify and correct	Percent of complaints responded to within 7 days	%06
	agricultural sources.	Number of pollution sources found	AN
		% of found pollution sources corrected within 12 months	100%
	Coordinate with the Kitsap Conservation District on correcting EC pollution caused by livestock waste, pursuant to existing interlocal agreement.	Number of referrals to KCD for technical assistance	NA
Investigate IDDE complaints in a timely and efficient fashion.	Coordinate with Kitsap County Public Works on the correction of EC sources discharging to (or from) the county's stormwater system. Conduct work in compliance with "KPHD/KCPW stormwater Illick Discharge Detection and Ellimation (IDDE) Protocol."	Number of referrals to KCPW	NA
Investigate citizen complaints related to water quality concerns		Number of complaints	NA
ill a uilleiy and eilleight lashion.	ipt.	Percent of complaints responded to within 7 days	%06
	Track and manage water quality complaints, Identify and correct	Number of pollution sources found.	NA
		% of found pollution sources corrected within 12 months	100%
	Issue advisories for lake algae blooms.	Number of algae bloom advisories.	NA
	Track and respond to reports of waterborne illness in cooperation with the Health District's Communicable Disease Program and the Washington State Department of Health.	Number of water borne illnesses reported and investigated implicating lake swimming beaches.	NA
Support financial options for Kitsap County residents to promote voluntary correction of failing on-site sewage systems.	Participate in Ecology's Regional Loan Program.	Percent of owners of septic failures informed that Craft3 loans are available.	100%
Protect the public from spills from public sewer systems.	Respond to sewage spills in unincorporated Kitsap County pursuant to Health District's "Sewage Spill Reporting and Response Procedures". Report spills into or from the public storm drainage system to Kitsap 1. Post signage and issue health advisories to protect public health.	Number of sewage spill advisories.	NA

ATTACHMENT A SCOPE OF WORK & BUDGET

Target / Benchmark	Y Y
Performance Criteria	Number of stream advisories posted
Activities	Assess annual stream backeria data to determine if posting of warning signs is necessary, as per policy. Post warning signs as appropriate.
Tasks	Inform and educate the public about health and safety issues for polluted streams.

Kitsap Public Health District

Wednesday, September 25, 2024

New or Renewed Contracts for the Period of 08/01/2024 through 08/31/2024

KPHD	KPHD	Contract	Contract	KPHB	Contract	Signed	Start	End	Client
Contract ID	Program	Type	Length	Approved	Amount	Date	Date	Date	Contract ID

Active (1 contracts)

Washington State University

ID: 2415 Health Promotion, Dana Bierman Amendment Closed 06/04/24 \$40,000.00 08/28/24 06/01/22 07/30/25 142908-001

Description: The District requires the expertise of this Contractor to develop and implement cannabis intervention strategies to prevent and reduce cannabis use by youth in Clallam County.

Amendment 2: adds \$50,000 and extends term to 06/30/2025

02:38 PM Page 1 of 1

Kitsap Public Health Board Meeting Date: September 3, 2024

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

Approvals:

	Signature	Date
Administrator	Volanda Fong 04801187E678465	8/21/2024
Finance Manager	Docusigned by: Muissa Laird DB9C788F36B1487	8/19/2024

Recommended Motion: Approval

Items:

Туре	Warrant/EFT Date	Total Amount
Accounts Payable	6/6/2024	\$ 52,372.50
Accounts Payable	6/13/2024	43,751.34
Accounts Payable	6/20/2024	35,510.77
Accounts Payable	6/27/2024	268,712.84
NDGC Mortgage	6/4/2024	25,013.00
Miscellaneous	6/3-6/18/2024	6,066.82
Vital Records Transfer	6/20/2024	28,476.00
Accounts Payable Total		\$ 459,903.27
Payroll	6/30/2024	596,164.21
Payroll Taxes	6/28/2024	224,731.15
Payroll PERS	6/14/2024	136,286.73
Payroll Total		\$ 957,182.09
	Grand Total	\$ 1,417,085.36

Kitsap Public Health Board Action:

Approve
Deny
Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

Docusign Envelope ID: 151C1C38-5D02-48CF-A267-91A25D4125B3

Settlement Run Information									
	Settlement Run	STL-00003527							
	Name	Kitsap Public Health District JS	SL						
	Number	STL-00003527							
	Status	Complete							
	Date	06/06/2024							
include rayme Exclude Ne	Include Payments On Benair Of Exclude Negative Payments	No No							
ď	Express Settlement	No							
Additional Information									
	Organization	Kitsap Public Health District							
	Filters Used								
Payment Information									
-1		USD							
	Outbound Total	52,372 <u>.</u> 50							
	Inbound Lotal	0,00							
liddnS Suppli	Supplier Invoice Count	18							
Payment Groups Payment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Paymen	Expense Payment Treasurer's Main account Direct Deposit	Direct Deposit	06/06/2024	2	1,489.80 USD		Payment Message: ID 2780 for Kitsap Public Health District on 06/06/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Supplier Payment Kitsap County Claims Fund Warrant Account	Check	06/06/2024	Ξ	43,941.06 USD		Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/06/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Supplier Payment Treasurer's Main account	EFT	06/06/2024	~	6,941.64 USD		Payment Message: ID 2781 for Kitsap Public Health District on 06/06/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Curren
Expense Report: EXP-0009093	Kitsap Public Health Nancy Acosta (278956)	Nancy Acosta (278956)	Employee	EXP-0009093	06/06/2024		89 <u>.13</u> USD	asn
Expense Report: EXP-0009094	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0009094	06/06/2024		110,55 USD	USD
Expense Report: EXP-0009095	Kitsap Public Health Amy Anderson District (419470)	Amy Anderson (419470)	Employee	EXP-0009095	06/06/2024		570.72 USD	OSD
Expense Report: EXP-0009096	Kitsap Public Health District	Callie Burton (434296) Employee	Employee	EXP-0009096	06/06/2024		102,51 USD	USD
Expense Report: EXP-0009097	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0009097	06/06/2024		20 6.7 2 USD	USD
Expense Report: EXP-0009098	Kitsap Public Health District	Eric Evans (4565)	Employee	EXP-0009098	06/06/2024		313.69 USD	USD
Expense Report: EXP-0009100	Kitsap Public Health Ross Lytle (285038) District	Ross Lytle (285038)	Employee	EXP-0009100	06/06/2024		96 . 48 USD	USD

		Currency	asn	OSD	OSD	OSD	OSD	USD
		Amount to Pay	4,286.20 USD	2,138.81 USD	947.17 USD	6,941.64 USD	2,740.00 USD	224.00 USD
		Withheld Tax Amount	00.0	0.00	00.00	00.00	00.00	00.00
		Discount Taken	00.0	00.00	00.00	00.00	00.00	00.0
		Due Date	07/06/2024	07/06/2024	07/06/2024	07/06/2024	07/06/2024	07/06/2024
		Discount Date						
		Invoice Date	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024
		Document Number	SINV-2024-18083	SINV-2024-18084	SINV-2024-18085	SINV-2024-18088	SINV-2024-18090	SINV-2024-18092
		Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30
		Payee	Kitsap County - Remit-To: KC Human Services	Kitsap County - Remit-To: KC Human Services	Kitsap County - Remit-To: KC Human Services	Jefferson County - Net 30 Remit-To: Health/Human Svc	Cascadia Youth Mental Health PLLC	ChildStrive
		Supplier's Invoice Number	MJ/TOB - FEB 2024	MJ/TOB - MAR 2024	MJ.TOB - APR 2024	2024	Cascadia Youth 2024 MINI GRANT Mental Health PLLC	APRIL 2024
Cloude		Supplier	Kitsap County	Kitsap County	Kitsap County	Jefferson County	Cascadia Youth Mental Health PLLC	ChildStrive
		Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District			Kitsap Public Health
	Supplier Invoices	Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 18083 Health Distric	Supplier Invoice: SINV-2024 Kitsap 18084 Public Public District District	Supplier Invoice: SINV-2024- Kitsap 18085 Public Public Historia	Supplier Invoice: SINV-2024- Kitsap 18088 Public Health Health District	Supplier Invoice: SINV-2024- Kitsap 18090 Public Public Public Health District	Supplier Invoice: SINV-2024- Kitsap 18092 Health Health



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Currency	OSD	OSD	OSD	OSD	OSD	USD	USD	OSD	USD	USD	OSD
Amount to Pay	141.30 USD	429.07 USD	58.05 USD	1,437.42 USD	26.82 USD	264.65 USD	2,000 <u>.</u> 00 USD	27,127.57 USD	530,00 USD	530.00 USD	530.00 USD
Withheld Tax Amount	00.00	0.00	00.00	0.00	0.00	00.0	0.00	00.0	0.00	0.00	00.00
Discount Taken	00.00	00.0	00.0	00.0	00.0	00.0	00'0	0.00	00.0	00'0	0.00
Due Date	07/06/2024	07/06/2024	06/06/2024	07/06/2024	07/06/2024	07/06/2024	06/06/2024	07/06/2024	07/06/2024	07/06/2024	07/06/2024
Discount Date		J		J	J					5	J
Invoice Date	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024	06/06/2024
Document Number	SINV-2024-18094	SINV-2024-18096	SINV-2024-18097	SINV-2024-18099	SINV-2024-18100	SINV-2024-18101	SINV-2024-18104	SINV-2024-18105	SINV-2024-18107	SINV-2024-18109	SINV-2024-18111
Payment Terms	Net 30	Net 30	Immediate	Net 30	Net 30	Net 30	Immediate	Net 30	Net 30	Net 30	Net 30
Payee	Comcast - Remit- To: PO Box 60533	ODP Business Solutions, LLC	Propio LS, LLC	Quadient Leasing USA, Inc	Staples - Remit- To: Staples	Staples - Remit- To: Staples	Starbucks Coffee Company	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Washington State Public Health Assoc	Washington State N Public Health Assoc	Washington State Net 30 Public Health Assoc
Supplier's Invoice Number	CCAST 4737 - 5.26.24 STMNT	#3688994156001	#0310070424 PT 2	#Q1338836	#6002788581	#7000730816	#04088023	ACCT 4246.0445,5568.8591	#7506	#7512	#7507
Supplier	Comcast	ODP Business Solutions, LLC	Propio LS, LLC	Quadient Leasing USA, Inc	Staples	Staples	Starbucks Coffee Company	US Bank National Association	Washington State Public Health Assoc	Washington State Public Health Assoc	Washington State Public Health Assoc
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District							
Supplier Invoice	Supplier Invoice: SINV-2024- 18094	Supplier Invoice: SINV-2024- 18096	Supplier Invoice: SINV-2024- 18097	Supplier Invoice: SINV-2024- 18099	Supplier Invoice: SINV-2024- 18100	Supplier Invoice: SINV-2024- 18101	Supplier Invoice: SINV-2024- 18104	Supplier Invoice: SINV-2024- 18105	Supplier Invoice: SINV-2024- 18107	Supplier Invoice: SINV-2024- 18109	Supplier Invoice: SINV-2024- 18111

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sign Envelope ID:	SAT COUNTY

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number Invoice Date	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- Kitsap 18112 Health District		Washington State Public Health Assoc	#7498	Washington State Net 30 Public Health Assoc	Vet 30	SINV-2024-18112 06/06/2024	06/06/2024		07/06/2024	00.00	00.00	530.00 USD	SD
Remittance Remittance													
	Pr	Process			Date			Ren	Remittance Events				
Payment Message: ID 2781 for Kitsap Public Health District on 06/06/2024	r Kitsap Pub	lic Health District o		06/06/2024							1		
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	06/06/2024 08:55:44 AM		Junille Schmeling (430378)	~	
Settlement Run Event	To Do: Settlement Run has Payment Not Required Handling Instruction	t 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							
					5. 4c4O		

Payment Message: ID 2781 for Kitsap Public Health District on 06/06/2024
Payment Message: ID 2780 for Kitsap Public Health District on 06/06/2024
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/06/2024
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 06/06/2024

Background Processes								
Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
06/06/2024 08:55 AM	06/06/2024 08:55 AM	qof	Settlement Run Complete	Settlement Run Complete for STL-00003527	Completed	00:00:11	Junille Schmeling	

Successfully Completed Successfully Completed Successfully Completed Successfully Completed



Settlement Run Information	
Settlement Run	STL-00003552
Name	Kitsap Public Health District HH
Number	STL-00003552
Status	Complete
Date	06/13/2024
Include Payments On Behalf Of	No.
Exclude Negative Payments	Yes
Express Settlement No	No
Additional Information	Additional Information
Organization	Organization Kitsap Public Health District
Currency	USD
Filters Used	
Payment Information	
Display Currency USD	USD
Outbound Total	43,751.34
Inbound Total	0.00
Expense Report Count	23
Supplier Invoice Count	28

Expense Payment (Check) for Kitsap Expense Payment (Check) for Kitsap County Claims Fund Warrant Account Expense Payment (Direct Deposit) for Expense Payment (Direct Deposit) for Expense Payment (Direct Deposit) fo	Payment Groups									
Expense Kitsap County Claims Check 06/13/2024 1 95.14 USD Payment Fund Warrant Account	View	Category	Bank Account	Payment Type		Payments	Amount	Currency	Business Process	Status
Expense Treasurer's Main Direct Deposit 06/13/2024 22 4,244.70 USD Payment account	Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	06/13/2024	F	95.14	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/13/2024	Successfully Completed
	Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	06/13/2024	22	4,244.70	usp	Payment Message: ID 2802 for Kitsap Public Health District on 06/13/2024	Successfully Completed

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KITSHE COUNTY			WASHING
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Fayment 1ype Date Payments Amount Currency Business Process Business Process							•	(Č
Kitsap County Claims Check 06/13/2024 18 28,374.10 USD Fund Warrant Account Treasurer's Main EFT 06/13/2024 5 11,037.40 USD	ی	ategory	Bank Account	Payment Iype	Date	Payments	Amount	Currency	Business Process	Status
Treasurer's Main EFT 06/13/2024 5 11,037.40 USD account	Supp Paym	Supplier Payment	Kitsap County Claims Fund Warrant Account		06/13/2024	18	28,374.10	asn	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/13/2024	Successfully Completed
	Supplier Payment(EFT) for Treasurer's Supplier Main account	er ənt	er's Main		06/13/2024	5	11,037.40	USD	Payment Message: ID 2801 for Kitsap Public Health District on 06/13/2024	Successfully Completed

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Currency	asn	87.86 USD	USD	40.20 USD	74.96 USD	USD	usp	USD	USD	USD	USD	USD	nsp	nsp	USD
Reimbursable Amount	76.47 USD	87.86	523.10 USD	40.20	74.96	95.14 USD	253.86 USD	43.55 USD	356.98 USD	115.17 USD	529.32 USD	216.13 USD	223.85 USD	94.40 USD	298.82 USD
Memo															
Expense Report Date	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024
Document Number	EXP-0009186	EXP-0009187	EXP-0009188	EXP-0009189	EXP-0009190	EXP-0009191	EXP-0009192	EXP-0009195	EXP-0009196	EXP-0009197	EXP-0009198	EXP-0009199	EXP-0009200	EXP-0009201	EXP-0009202
Туре	Employee	Employee	Employee	Employee	Employee										
Pay To	Nancy Acosta (278956)	Katie Baker (435044)	Brian Burchett (409212)	Callie Burton (434296)	Maria Fergus (434648)	Paul Giuntoli (337331)	Joaquin Hubert (435172)	Kimberly Jones (358933)	Thomas Jury (434709)	Albert Lawver (434888)	Gabreiel Outlaw-Spencer (434984) Employee	Kayla Petersen (434695)	Antonio Romaelle (435094)	Khushnum Sauna (435096)	Emmy Shelby (434658)
Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District										
Expense Report	Expense Report: EXP-0009186	Expense Report: EXP-0009187	Expense Report: EXP-0009188	Expense Report: EXP-0009189	Expense Report: EXP-0009190	Expense Report: EXP-0009191	Expense Report: EXP-0009192	Expense Report: EXP-0009195	Expense Report: EXP-0009196	Expense Report: EXP-0009197	Expense Report: EXP-0009198	Expense Report: EXP-0009199	Expense Report: EXP-0009200	Expense Report: EXP-0009201	Expense Report: EXP-0009202

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Reimbursable Amount Currency	213.73 USD	77.12 USD	87.74 USD	71.69 USD	96.75 USD	219.70 USD	48.30 USD	495.00 USD
Memo Reimbi								
Expense Report Date	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024
Document Number	EXP-0009203	EXP-0009204	EXP-0009205	EXP-0009206	EXP-0009207	EXP-0009208	EXP-0009209	EXP-0009210
Туре	Employee							
Pay To	Susan Van Ort (392243)	Lisa Warren (434273)	Jan Wendt (397255)	Laura Westervelt (434382)	Jacob Wimpenny (434923)	Layken Winchester (431493)	Janet Wyatt (434415)	Melissa Laird (416539)
Company	Kitsap Public Health District							
Expense Report	Expense Report: EXP-0009203	Expense Report: EXP-0009204	Expense Report: EXP-0009205	Expense Report: EXP-0009206	Expense Report: EXP-0009207	Expense Report: EXP-0009208	Expense Report: EXP-0009209	Expense Report: EXP-0009210

nvoices
Supplier

Coologie integration													
Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- 15756	Kitsap Public Hea l th District	NSE Kitsap Fee Owner, LLC	JUNE 2024 RENT	NSE Kitsap Fee Owner, LLC	Net 30	SINV-2024-15756	05/16/2024		06/15/2024	0.00	00.0	asu 00:099	OSI
Supplier Invoice: SINV-2024- 18898	Kitsap Public Health District	Griffin Glen Apartments LLC	JULY 2024 RENT	Griffin Glen Apartments LLC	Net 30	SINV-2024-18898	06/13/2024		07/13/2024	00.00	00.0	1,360.00 USD	OSC
Supplier Invoice: SINV-2024- 18899	Kitsap Public Hea l th District	The Heights at Sheridan Road	JULY 2024 RENT	The Heights at Sheridan Road	Immediate	SINV-2024-18899	06/13/2024		06/13/2024	00.00	00.0	585.00 USD	OSC
Supplier Invoice: SINV-2024- 18901	Kitsap Public Hea l th District	NSE Kitsap Fee Owner, LLC	JULY 2024 RENT	NSE Kitsap Fee Owner, LLC	Immediate	SINV-2024-18901	06/13/2024		06/13/2024	00.00	00.0	00.009	OSC
Supplier Invoice: SINV-2024- 18902	Kitsap Public Health District	Kania, Sharon Faye	JULY 2024 RENT	Kania, Sharon Faye	Net 30	SINV-2024-18902	06/13/2024		07/13/2024	0.00	00.0	635.00 USD	OSC
Supplier Invoice: SINV-2024- Kitsap 18904 Public Public Health District	Kitsap Public Hea l th District	Daniel R. Niblock JULY 2024 RENT	JULY 2024 RENT	Daniel R. Niblock	Immediate	SINV-2024-18904	06/13/2024		06/13/2024	0.00	00.00	1,080.00 USD	OSC



Currency	OSD	OSD	OSD	OSD	OSD	OSD	OSD	OSD	OSD	USD	OSD
Amount to Pay	1,221.00 USD	950.00 USD	696.00 USD	1,800.00 USD	2,000.00 USD	449.37 USD	1,040.00 USD	163.41 USD	616.92 USD	6,300.00 USD	5,000.00 USD
Withheld Tax Amount	00.00	0.00	0.00	0.00	00.0	00.0	00.0	00.0	00.0	0.00	0.00
Discount Taken	0.00	0.00	0.00	0.00	00.00	0.00	0.00	00.00	0.00	0.00	0.00
Due Date	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	07/13/2024	06/13/2024	07/13/2024	07/13/2024	06/13/2024	06/13/2024
Discount Date											
Invoice Date	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024
Document Number	SINV-2024-18905	SINV-2024-18906	SINV-2024-18908	SINV-2024-18910	SINV-2024-18912	SINV-2024-18914	SINV-2024-18916	SINV-2024-18917	SINV-2024-18919	SINV-2024-18921	SINV-2024-18923
Payment Terms	Immediate	Immediate	Immediate	Immediate	Immediate	Net 30	Immediate	Net 30	Net 30	Immediate	Immediate
Payee	Post Cottage Bay, LP	Paul Simmons	Washington Home Solutions	Bainbridge Chorale	Kitsap Children's Musical Theatre	06.2024 STMNT Comcast - Remit- To: PO Box 60533	EKang Consulting	Grainger - Remit- To: Dept 833517998	Loomis - Remit- To: Palatine, II	Outfront Media LLC	Outfront Media LLC
Supplier's Invoice Number	JULY 2024 RENT	JULY 2024 RENT	JULY 2024 RENT		2024 MJ/TOB MINI GRANT	06.2024 STMNT	#401	#9126359083	#13495718	#P0023331	#P0023327
Supplier	Post Cottage Bay, JULY 2024 LP	Paul Simmons	Washington Home JULY 2024 Solutions RENT	Bainbridge Chorale	Kitsap Children's Musical Theatre	Comcast	EKang Consulting #401	Grainger	Loomis	Outfront Media LLC	Outfront Media LLC
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- 18906	Supplier Invoice: SINV-2024- 18908				Supplier Invoice: SINV-2024- 18916	Supplier Invoice: SINV-2024- 18917	Supplier Invoice: SINV-2024- 18919	Supplier Invoice: SINV-2024- 18921	Supplier Invoice: SINV-2024- 18923



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Currency	QS	Qg	QS	QS	Qg	Qg	Qg	Qg	Q	SD
	2,500 <u>.</u> 00 USD	167.40 USD	275.00 USD	2,179.00 USD	882.00 USD	631.74 USD	113.57 USD	4,096.09 USD	2,280.00 USD	530.00 USD
Amount to Pay										
Withheld Tax Amount	00.00	00.00	00.00	0.00	00.00	00.00	0.00	0.00	0.00	0.00
Discount Taken	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Due Date	07/13/2024	06/13/2024	06/13/2024	07/13/2024	07/13/2024	07/13/2024	07/13/2024	07/13/2024	06/13/2024	07/13/2024
Discount Date										
Invoice Date	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024	06/13/2024
Document Number	SINV-2024-18924	SINV-2024-18927	SINV-2024-18928	SINV-2024-18929	SINV-2024-18930	SINV-2024-18933	SINV-2024-18934	SINV-2024-18935	SINV-2024-18936	SINV-2024-18938
Payment Terms	Net 30	Immediate	Immediate	Net 30	Net 30	Net 30	Net 30	Net 30	Immediate	Net 30
Payee	Quadient Finance Usa Inc	Propio LS, LLC	Hummingbird Insights LLC	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Summit Law Group, PLLC	United Business Machines of WA	United Business Machines of WA	United Business Machines of WA	Woodpecker Hill Farms	Washington State Public Health Assoc
Supplier's Invoice Number	METER RESET 31232765	#0310070524	#0156	#24-04335	#154331	#INV518200	#INV517967	#INV517955	2024 MJ/TOB MIN GRANT	#7505
Supplier	Quadient Finance Usa Inc	Propio LS, LLC	Hummingbird Insights LLC	Spectra Laboratories - Kitsap, LLC	Summit Law Group, PLLC	United Business Machines of WA	United Business Machines of WA	United Business Machines of WA	Woodpecker Hill Searms	Washington State Public Health Assoc
Company	Kitsap Public Hea l th District	Kitsap Public Hea l th District	Kitsap Public Hea l th District	Kitsap Public Health District	Kitsap Public Hea l th District					
Supplier Invoice	Supplier Invoice: SINV-2024- 18924	Supplier Invoice: SINV-2024- 18927	Supplier Invoice: SINV-2024-18928	Supplier Invoice: SINV-2024- 18929	Supplier Invoice: SINV-2024- 18930	Supplier Invoice: SINV-2024- 18933	Supplier Invoice: SINV-2024- 18934	Supplier Invoice: SINV-2024- 18935	Supplier Invoice: SINV-2024- 18936	Supplier Invoice: SINV-2024- 18938

02-48CF-A267-91A25D4125B3

Docusign Envelope ID: 151C1C38-5D0	KITSAL COUNTY		MASHINGTON
Do	V	É	V

Surrency	SD	
d Amount to Currency	540.00 USD	
Withhel Tax Amoun	0.00	
Discount Taken	00.00	
Due Date	07/13/2024	
Discount Date		
Invoice Date	06/13/2024	
Document Number	SINV-2024-18940	
Payment Terms	Net 30	
Payee	Washington State Public Health Assoc	
Supplier's Invoice Number		
Supplier	Washington State #7553 Public Health Assoc	
Company		
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 18940 Health Health District	

Remittance Remittance

Remittance Events	9	
Date	06/13/2024	
Process	Payment Message: ID 2801 for Kitsap Public Health District on 06/13/2024	

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	06/13/2024 10:28:33 AM		Heather Hunsaker (434069)	-	
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	
Datatu Concession Constitution							

Related Business Processes History

DUSITIESS FLOCESS	olatus
Payment Message: ID 2801 for Kitsap Public Health District on 06/13/2024	Successfully Completed
Payment Message: ID 2802 for Kitsap Public Health District on 06/13/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/13/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/13/2024	Successfully Completed
Remittance File: For Quadient Finance Usa Inc on 06/13/2024	Successfully Completed
Remittance File: For Kania, Sharon Faye on 06/13/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 06/13/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 06/13/2024	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 06/13/2024	Successfully Completed

Background Processes

Dackground I rocesses								
Created Date and Time	Started Date and Time Process Type	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
06/13/2024 10:28 AM	06/13/2024 10:28 AM	qof	Settlement Run Complete	Settlement Run Complete for STL-00003552	Completed	00:00:12	Heather Hunsaker	

Docusign Envelope ID: 151C1C38-5D02-48CF-A267-91A25D4125B3

Settlement Run Information Settlement Run STL-00003713 Name Kitsap Public Health District JS Number STL-00003713 Status Complete Date 06/20/2024 Include Payments On Behalf Of No Exclude Negative Payment No Express Settlement No Additional Information Organization Kitsap Public Health District Currency USD Filters Used Payment Information Display Currency USD Cutbound Total 35,510.77	Settlement Run STL-00003713 Name Kitsap Public Health District JS Number STL-00003713 State Complete Date 06/20/2024 Include Payments On Behalf Of No Exclude Payments On Behalf Of No Express Settlement No Organization Kitsap Public Health District Currency USD Filters Used Display Currency USD Outbound Total 35,510.77
Inbound Total Expense Report Count Miscellaneous Payment Request Count Supplier Invoice Count	al 0.00 nt 12 nt 3 nt 27

Payment Groups
Payment Groups

- alicent (cape									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap Expense Payment County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Check Fund Warrant Account	Check	06/20/2024	-	9.76	9.76 USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/20/2024	Successfully Completed
Expense Payment(Direct Deposit) for Expense Payment Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit 06/20/2024	06/20/2024	1.1	1,185.19 USD	USD	Payment Message: ID 2819 for Kitsap Public Health District on 06/20/2024	Successfully Completed



Status	Successfully Completed ant	Successfully Completed leck)	Successfully Completed
Business Process	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 06/20/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/20/2024	Payment Message: ID 2818 for Kitsap Public Health District on
Currency	USD	OSD :	USD .
Amount	1,050.00 USD	24,832.88 USD	8,432 <u>.</u> 94 USD
Payments	E	18	Ω
Date	06/20/2024	06/20/2024	06/20/2024
Payment Type	Check	Check	EFT
Bank Account	Kitsap County Claims Check Fund Warrant Account	Kitsap County Claims Check Fund Warrant Account	Treasurer's Main account
Category	Miscellaneous Payment	Supplier Payment	Supplier Payment
View	Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment(EFT) for Treasurer's Main account

		Pay To Type Document Number Expense Report Date Memo Reimbursable Amount Currency	Kitisap Public Health Katie Baker (435044) Employee EXP-0009252 06/20/2024 213.29 USD Jistrict
		Туре	9
	-	Company	Kitsap Public Health Katie I District
Expense Reports	Experise reports	Expense Report	Expense Report: EXP-0009252

Expense Report	Company	Рау То	Туре	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009252	Kitsap Public Health District	Kitsap Public Health Katie Baker (435044) Employee District	Employee	EXP-0009252	06/20/2024		213 <u>.</u> 29 USD	OSI
Expense Report: EXP-0009253	Kitsap Public Health Dana Bierman District (404611)	Dana Bierman (404611)	Employee	EXP-0009253	06/20/2024		38.09 USD	OSI
Expense Report: EXP-0009254	Kitsap Public Health Callie Burton District (434296)	Callie Burton (434296)	Employee	EXP-0009254	06/20/2024		70.35 USD	JSD
Expense Report: EXP-0009255	Kitsap Public Health George Fine District (421693)	George Fine (421693)	Employee	EXP-0009255	06/20/2024		51.66 USD	SD
Expense Report: EXP-0009256	Kitsap Public Health Jessica Guidry District (355732)	Jessica Guidry (355732)	Employee	EXP-0009256	06/20/2024		119.54 USD	JSD
Expense Report: EXP-0009259	Kitsap Public Health District	Kitsap Public Health Ross Lytle (285038) Employee District	Employee	EXP-0009259	06/20/2024		82.41 USD	SD
Expense Report: EXP-0009260	Kitsap Public Health District	Kitsap Public Health Martha May (434674) Employee District	Employee	EXP-0009260	06/20/2024		155.91 USD	ISD
Expense Report: EXP-0009261	Kitsap Public Health Melissa O'Brien District (433907)	Melissa O'Brien (433907)	Employee	EXP-0009261	06/20/2024		274.23 USD	OSI
Expense Report: EXP-0009262	Kitsap Public Health Carin Onarheim District (426938)	Carin Onarheim (426938)	Employee	EXP-0009262	06/20/2024		70.00 USD	JSD
Expense Report: EXP-0009263	Kitsap Public Health District	Kitsap Public Health Kelly Snow (435021) Employee District	Employee	EXP-0009263	06/20/2024		05.76 USD	SD
Expense Report: EXP-0009264	Kitsap Public Health District	Kitsap Public Health Jan Wendt (397255) Employee District	Employee	EXP-0009264	06/20/2024		94.47 USD	JSD
Expense Report: EXP-0009265	Kitsap Public Health Erica Whares District (434641)	Erica Whares (434641)	Employee	EXP-0009265	06/20/2024		15.24 USD	JSD

Miscellaneous Payment Requests

Docusign Envelope ID: 151C1C38-5D02-48CF-A267-91A25D4125B3

Miscellaneous Payment Request	nt Request	Company	Á	Payee	Document Number	nber Payment Type	t Type	Request Category	egory	Document Date		Payment Amount		Currency
MPR-16414		Kitsap Public Health District		WILLIAM BJORKLUND (Inactive)	MPR-16414	Check	O	One-Time Payment		06/20/2024		320"(350.00 USD	
MPR-16416		Kitsap Public Health District		STEVE HAAVIG (Inactive) N	MPR-16416	Check	U	One-Time Payment		06/20/2024		350.(350.00 USD	
MPR-16417		Kitsap Public Health District		AMY ROSZAK (Inactive)	MPR-16417	Check	O	One-Time Payment		06/20/2024		350.0	350.00 USD	
Supplier Invoices					-		-	•		•			•	
Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number		Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- 19884	Kitsap Public Health District	Eagles Wings Coordinated Care	JUNE 2024 RENT - #18629	- Eagles Wings Coordinated Car	Net 30	SINV-2024-19884		06/20/2024		07/20/2024	00'0	00'0	1,106.67 USD	OSC
Supplier Invoice: SINV-2024- 19885	Kitsap Public Health District	Olympic NW Property Management	JULY 2024 RENT	Olympic NW Property Management	Net 30	SINV-2024-19885		06/20/2024		07/20/2024	0.00	00.0	1,380.00 USD	asc
Supplier Invoice: SINV-2024- 19887	Kitsap Public Health District	Acranet Cbs Branch	#26141	Acranet Cbs Branch	Net 30	SINV-2024-19887		06/20/2024		07/20/2024	0.00	00.0	344.50 USD	OSC
Supplier Invoice: SINV-2024- 19888	Kitsap Public Health District	A.W. Rehn & Associates, Inc	#15324	A.W. Rehn & Associates, Inc	Immediate	SINV-2024-19888		06/20/2024		06/20/2024	0.00	00.0	95.00 USD	OSC
Supplier Invoice: SINV-2024- 19889	Kitsap Public Health District	City of Bremerton #0008441	#0008441	City of Bremerton - Remit-To: Parks & Recreation	n Net 30	SINV-2024-19889		06/20/2024		07/20/2024	0.00	00.0	96.00 USD	asc
Supplier Invoice: SINV-2024- 19890	Kitsap Public Health District	CashStar, Inc.	#CBD6KRK4XW	CashStar, Inc.	Immediate	SINV-2024-19890		06/20/2024		06/20/2024	0.00	00.0	2,935.10 USD	ası
Supplier Invoice: SINV-2024- 19893	Kitsap Public Health District	City of Bremerton #BKAT000846	#BKAT000846	City of Bremertor - Remit-To: Finance Dept BKAT	n Net 30	SINV-2024-19893		06/20/2024		07/20/2024	0.00	00.0	510,27 USD	ası
Supplier Invoice: SINV-2024- 19895	Kitsap Public Health District	Comcast	JUNE 9 2024 STMNT	Comcast - Remit- To: PO Box 60533	t- Net 30 33	SINV-2024-19895		06/20/2024		07/20/2024	0.00	0.00	449.37 USD	JSD

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Amount to Currency	27.84 USD	3,300.00 USD	364.00 USD	234.49 USD	17.62 USD	237.33 USD	5.06 USD	1,646.19 USD	45.65 USD	24.02 USD	5,896.80 USD
Withheld Tax Amount	0.00	0.00	00.0	00.0	0.00	00.0	0.00	00.0	0.00	0.00	0.00
Discount Taken	0.00	00.00	00.00	00.00	00.0	00.00	0.00	00.0	00.0	00.00	00.0
Due Date	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	06/20/2024
Discount Date											
Invoice Date	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024
Document Number	SINV-2024-19902	SINV-2024-19904	SINV-2024-19906	SINV-2024-19910	SINV-2024-19911	SINV-2024-19913	SINV-2024-19914	SINV-2024-19916	SINV-2024-19918	SINV-2024-19919	SINV-2024-19921
Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Immediate
Payee	Comcast - Remit- To: PO Box 60533	Compensation Connections LLC	King County - Remit-To: 201 s Jackson St, Ste 710	Iron Mountain - Remit-To: Po Box 27128	Lingo - Remit-To: PO Box 660344	Mckesson Medical Surgical	Mckesson Medical Surgical	New West Technologies	ODP Business Solutions, LLC	ODP Business Solutions, LLC	Salesforce, Inc.
Supplier's Invoice Number	JUNE 7 2024 STMNT	#3289	#8004222	#202878998	#0-33982856	#22196663	#22174047	#19365	#368996017001	#368996018001	#29747898
Supplier	Comcast	Compensation	King County	Iron Mountain	Lingo	Mckesson Medical #22196663 Surgical	Mckesson Medical #22174047 Surgical	New West Technologies	ODP Business 3 Solutions, LLC	ODP Business i	Salesforce, Inc.
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- 19902	Supplier Invoice: SINV-2024- 19904	Supplier Invoice: SINV-2024- 19906	Supplier Invoice: SINV-2024- 19910	Supplier Invoice: SINV-2024- 19911	Supplier Invoice: SINV-2024- 19913	Supplier Invoice: SINV-2024- 19914	Supplier Invoice: SINV-2024- 19916	Supplier Invoice: SINV-2024- 19918	Supplier Invoice: SINV-2024- 19919	Supplier Invoice: SINV-2024- 19921
	Supt 1990	Supt 1990	Supt 1990	Supr 1991	Supt 1991	Supr 1991	Supt 1991	Supt 1991	Supr 1991	Supr 1991	Supr 1992

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Currency									
	OSD (82.16 USD	189.66 USD	487.42 USD	460.71 USD	, USD	774.09 USD	50.00 USD	
Amount to Pay	6,070.20 USD	82.16	189.66	487.42	460.71	6,435.67 USD	774.09	50.00	
Withheld Tax Amount	00.0	0.00	00'0	0.00	0.00	00.0	0.00	0.00	
Discount Taken	00.0	0.00	00.00	00.00	0.00	00.00	00.00	0.00	
Due Date	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	07/20/2024	
Discount Date									
Invoice Date	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	06/20/2024	
Document Number	SINV-2024-19924	SINV-2024-19933	SINV-2024-19938	SINV-2024-19941	SINV-2024-19944	SINV-2024-19948	SINV-2024-19952	SINV-2024-19961	
Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	- Net 30	Net 30	Net 30	
Payee	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Staples - Remit- To: Staples	Stericycle Inc - Remit-To: Stericycle Inc	Stericycle Inc - Remit-To: Stericycle Inc	Toyota Financial Services	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Wex Bank	Wa State Board Of Registered	
Supplier's Invoice Number	CWK MAY 2024 TESTING	#7000814422	#8007314551	#8007309249	JUNE 2024 PAYMENT	#9966379715	#97603017	P GIUNTOLI MEMBERSHIP	
Supplier	Spectra Laboratories - Kitsap, LLC	Staples	Stericycle Inc	Stericycle Inc	Toyota Financial Services	Verizon Wireless	Wex Bank	Wa State Board Of Registered	
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	
Supplier Invoice	Supplier Invoice: SINV-2024- 19924	Supplier Invoice: SINV-2024- 19933	Supplier Invoice: SINV-2024- 19938	Supplier Invoice: SINV-2024- 19941	Supplier Invoice: SINV-2024- 19944	Supplier Invoice: SINV-2024- 19948	Supplier Invoice: SINV-2024- 19952	Supplier Invoice: SINV-2024- 19961	:

Remittance

Remittance Events Date Payment Message: ID 2818 for Kitsap Public Health District on 06/20/2024 Process

Process History Settlement Run Process History

Docusign Envelope ID: 151C1C38-5D02-48CF-A267-91A25D4125B3

View Settlement Run



Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	06/20/2024 09:48:18 AM		Junille Schmeling (430378)	~	
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	
Pototo Disciplination of Disciplination							

Related Business Processes History

Status	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed	Successfully Completed
Business Process	Payment Message: ID 2818 for Kitsap Public Health District on 06/20/2024	Payment Message: ID 2819 for Kitsap Public Health District on 06/20/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 06/20/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/20/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/20/2024	Remittance File: For Acranet Cbs Branch on 06/20/2024	Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 06/20/2024	Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 06/20/2024	Remittance File: For Eagles Wings Coordinated Care on 06/20/2024	Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 06/20/2024

Background Processes

A								
Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
06/20/2024 09:48 AM	06/20/2024 09:48 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003713	Completed	00:00:12	Junille Schmeling	

Envelope ID: 151C1C38-5D02-48CF-A267-91A25D4125B3

STL-00003738
Kitsap Public Health District HH
STL-00003738
Complete
06/27/2024
No Settlement Run Settlement Run Information

Number Status

Date

Exclude Negative Payments Yes Express Settlement No Include Payments On Behalf Of

Additional Information

Kitsap Public Health District USD Organization Currency Filters Used

Payment Information

USD 268,712.84 Display Currency Outbound Total

Inbound Total

Expense Report Count Miscellaneous Payment Request Count Supplier Invoice Count

Payment Groups

rayment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap Expense Payment County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Check Fund Warrant Account	Check	06/27/2024	1	05,08 USD 05,08	asn	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/27/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit 06/27/2024	06/27/2024	9	1,339.46 USD	USD	Payment Message: ID 2841 for Kitsap Public Health District on 06/27/2024	Successfully Completed

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Status	Successfully Completed	Successfully Completed	Successfully Completed
Business Process	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 06/27/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/27/2024	Payment Message: ID 2840 for Kitsap Public Health District on 06/27/2024
Currency	asn		
Amount	350.00 USD	262,902.18 USD	4,060.90 USD
Payments	Ψ.	25	ဇ
Date	06/27/2024	06/27/2024	06/27/2024
Payment Type	Check	Check	EFT
Bank Account	Kitsap County Claims Check Fund Warrant Account	Kitsap County Claims Check Fund Warrant Account	Treasurer's Main account
Category	Miscellaneous Payment	Supplier Payment	Supplier Payment
View	Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment(Check) for Kitsap S County Claims Fund Warrant Account	Supplier Payment(EFT) for Treasurer's Main account

		Cul
-		Reimbursable Amount
		Memo
		Expense Report Date
		Document Number
		Type
-		Pay To
		Company
	Expense Reports	Expense Report

Expense Report	Company	Рау То	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009312	Kitsap Public Health Callie Burton District (434296)	Callie Burton (434296)	Employee	EXP-0009312	06/27/2024		29.63 USD	OSC
Expense Report: EXP-0009313	Kitsap Public Health District	Kitsap Public Health Cheryl Clark (435043) Emplo District	Employee	EXP-0009313	06/27/2024		104.99 USD	JSD
Expense Report: EXP-0009314	Kitsap Public Health Paul Giuntoli District (337331)	Paul Giuntoli (337331)	Employee	EXP-0009314	06/27/2024		05.09	OSD
Expense Report: EXP-0009315	Kitsap Public Health Yaneisy Griego District (410072)	Yaneisy Griego (410072)	Employee	EXP-0009315	06/27/2024		89.45 USD	JSD
Expense Report: EXP-0009316	Kitsap Public Health Jakob Hughes District (434256)	Jakob Hughes (434256)	Employee	EXP-0009316	06/27/2024		249.25 USD	JSD
Expense Report: EXP-0009318	Kitsap Public Health District	Kitsap Public Health Martha May (434674) Employee District	Employee	EXP-0009318	06/27/2024		744.75 USD	JSD
Expense Report: EXP-0009319	Kitsap Public Health Jacob Wimpenny		Employee	EXP-0009319	06/27/2024		91,39 USD	JSD

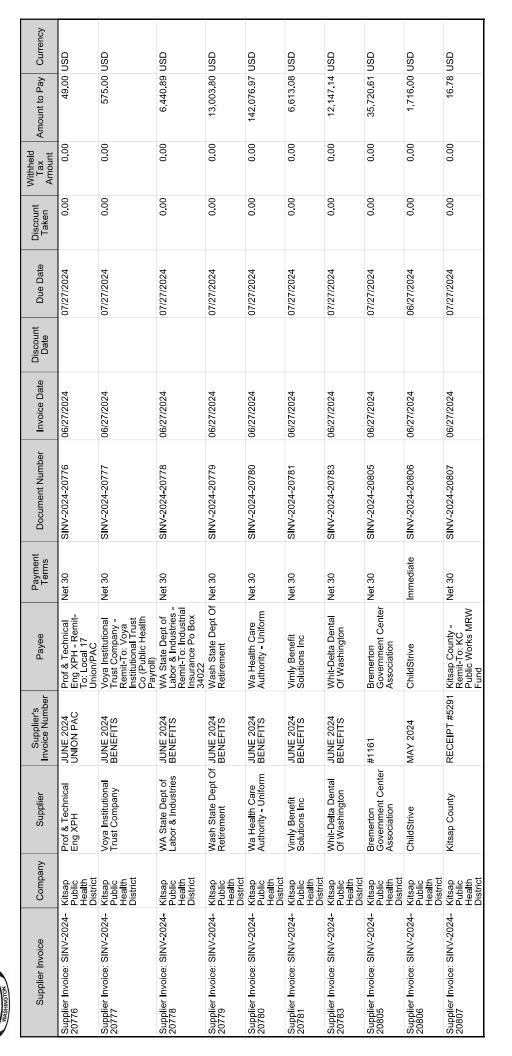
Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-16610	Kitsap Public Health District	Kitsap Public Health STEVEN ALLEN (Inactive) District	MPR-16610	Check	One-Time Payment	06/27/2024	350.00 USD	JSD
Supplier Invoices								

Docusign Envelope ID: 151C1C38-5D02-48CF-A267-91A25D4125B3



ıcy										
Currency	OSD	OSD	USD	USD	OSD -	OSD -	OSD	OSD :	OSD.	USD
Amount to Pay	635.00 USD	2,196.98 USD	6,453.62 USD	3,549.92 USD	2,115.00 USD	11,301.89 USD	7,645.00 USD	625.25 USD	2,296.67 USD	3,843.60 USD
Withheld Tax Amount	00'0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00'0	0.00
Discount Taken	00'0	00.0	0.00	0.00	00.0	0.00	00.00	00.0	00.0	0.00
Due Date	05/18/2024	07/27/2024	07/27/2024	07/27/2024	07/27/2024	07/27/2024	07/27/2024	06/27/2024	06/27/2024	07/27/2024
Discount Date										
Invoice Date	04/18/2024	06/27/2024	06/27/2024	06/27/2024	06/27/2024	06/27/2024	06/27/2024	06/27/2024	06/27/2024	06/27/2024
Document Number	SINV-2024-12561	SINV-2024-20767	SINV-2024-20768	SINV-2024-20769	SINV-2024-20770	SINV-2024-20771	SINV-2024-20772	SINV-2024-20773	SINV-2024-20774	SINV-2024-20775
Payment Terms	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30	Immediate	Immediate	Net 30
Payee	Kania, Sharon Faye	American Family Life Assurance Company	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	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
Supplier's Invoice Number	MAY 2024 RENT	JUNE 2024 BENEFITS	JUNE 2024 PFML BENEFITS	JUNE 2024 WA CARES	JUNE 2024 BENEFITS	JUNE 2024 BENEFITS	JUNE 2024 BENEFITS	JUNE 2024 PARKING	JUNE 2024 DCFSA	JUNE 2024 UN I ON BENEFITS
Supplier	Kania, Sharon Faye MAY 2024 RENT	American Fam il y Life Assurance Company	WA State Employment Security	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
Company	Kitsap Public Health District	Kitsap Public Hea l th District	Kitsap Public Hea l th District	Kitsap Public Hea l th District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Hea l th District	Kitsap Public Hea l th District		Kitsap Public Hea l th District
Supplier Invoice	Supplier Invoice: SINV-2024- 12561	Supplier Invoice: SINV-2024- 20767	Supplier Invoice: SINV-2024- 20768	Supplier Invoice: SINV-2024- 20769	Supplier Invoice: SINV-2024- 20770	Supplier Invoice: SINV-2024- 20771	Supplier Invoice: SINV-2024- 20772	Supplier Invoice: SINV-2024- 20773	Supplier Invoice: SINV-2024- 20774	Supplier Invoice: SINV-2024- 20775



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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	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- 20808	Kitsap Public Hea l th District	Madison Web Works	#000622	Madison Web Works	Immediate	SINV-2024-20808	06/27/2024	_	06/27/2024	00'0	00'0	200.00 USD	OSI
Supplier Invoice: SINV-2024- 20809	Kitsap Public Hea l th District	Clifford A Silliman	JULY 2024 RENT	Clifford A Silliman	Immediate	SINV-2024-20809	06/27/2024	-	06/27/2024	0.00	00.0	700.00 USD	OSÍ
Supplier Invoice: SINV-2024- 20813	Kitsap Public Hea l th District	Staples	#7000824399	Staples - Remit-To: Staples	Net 30	SINV-2024-20813	06/27/2024	-	07/27/2024	0.00	0.00	26.82 USD	OSI
Supplier Invoice: SINV-2024- 20817	Kitsap Public Hea l th District	Staples	#7000925141	Staples - Remit-To: Staples	Net 30	SINV-2024-20817	06/27/2024	-	07/27/2024	0.00	0.00	63.16 USD	OSI
Supplier Invoice: SINV-2024- 20819	Kitsap Public Hea l th District	Washington State Auditor's Office	#L161790	Washington State Auditor's Office	Net 30	SINV-2024-20819	06/27/2024	-	07/27/2024	0.00	00.0	1,460.55 USD	OSI
Supplier Invoice: SINV-2024- 20824	Kitsap Public Hea l th District	United Business Machines of WA	#INV518766	United Business Machines of WA	Net 30	SINV-2024-20824	06/27/2024	-	07/27/2024	0.00	0.00	1,965.35 USD	OSI
Supplier Invoice: SINV-2024- 20825	Kitsap Public Hea l th District	Wa State Board Of Registered	D KATULA RS RENEWAL	Wa State Board Of Registered	Net 30	SINV-2024-20825	06/27/2024	-	07/27/2024	0.00	00.00	50.00 USD	OSI
Supplier Invoice: SINV-2024- 20826	Kitsap Public Hea l th District	Washington State Public Health Assoc	#7582	Washington State Public Health Assoc	Net 30	SINV-2024-20826	06/27/2024	-	07/27/2024	0.00	00.0	475.00 USD	OSI
Supplier Invoice: SINV-2024- 20827	Kitsap Public Health District	We Are Better Together Foundation	2024 M INI GRANT	We Are Better Together Foundation	Immediate	SINV-2024-20827	06/27/2024	-	06/27/2024	0.00	0.00	3,000.00 USD	SD
Remittance Remittance													

Remittance Events

Date

06/27/2024

Process
Payment Message: ID 2840 for Kitsap Public Health District on 06/27/2024

Process History

Envelope ID: 151C1C38-5D02-48CF-A267-91A25D4125B3

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	06/27/2024 09:25:10 AM		Heather Hunsaker (434069)	-	
Settlement Run Event	To Do: Settlement Run has Payment Not Required Handling Instruction	it 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	Successfully Completed Successfully Completed		Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/27/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 06/27/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/27/2024	Sharon Faye on 06/27/2024 Successfully Completed	Business Machines of WA on 06/27/2024 Successfully Completed	ngton State Auditor's Office on 06/27/2024
	Payment Message: ID 2840 for Kitsap Public Health District on 06/27/2024	Payment Message: ID 2841 for Kitsap Public Health District on 06/27/2024	Print Checks: Kitsap County Claims Fund Warrant Ac	Print Checks: Kitsap County Claims Fund Warrant Ac	Print Checks: Kitsap County Claims Fund Warrant Ac	Remittance File: For Kania, Sharon Faye on 06/27/2024	Remittance File: For United Business Machines of WA on 06/27/2024	Remittance File: For Washington State Auditor's Office on 06/27/2024

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
06/27/2024 09:25 AM	06/27/2024 09:25 AM	qof	Settlement Run Complete S	Settlement Run Complete for STL-00003738	Completed	00:00:12	Heather Hunsaker	

Treasurer's Detail Report

For 2024 - Jun

Fund: FD00969 Kitsap Public Health General

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Ledger Account	Revenue or Spend	Journal	Posting Date	Debit	Credit	Balance
'-	5780 -	JE-00059209 - Kitsap Public	6/4/2024	0.00	16,667.00	-16,667.00
	Intergovernmental	Health District - 06/04/2024 - 2024				
5700:Debt Servi	Loans	Mortgage Payment - June				
	5830 - Interest on	JE-00059209 - Kitsap Public	6/4/2024	0.00	8,346.00	- 8,346.00
	Long-Term	Health District - 06/04/2024 - 2024				
5800:Debt Servi	External Debt	Mortgage Payment - June				

-25,013.00

Treasurer's Detail Report

For 2024 - Jun

Fund: FD00969 Kitsap Public Health General

Fulla. FD00303	Kitsap Fublic Healti	i General				
Ledger Account	Revenue or Spend (Journal Journal	Posting Date	Debit	Credit	Balance
	5493 - Bank and	JE-00059977 - Kitsap Public	6/18/2024	0.00	5.00	-5.00
	Credit Card	Health District - 06/18/2024 -				
	Service Fees	Correction - PH - R00229332 -				
5400:Other Serv	<i>l</i>	2024-06-18				ļ
	5493 - Bank and	Operational Journal: Kitsap Public	6/3/2024	0.00	4,339.95	-4,339.95
	Credit Card	Health District - 06/03/2024				
5400:Other Serv	Service Fees					
	5493 - Bank and	Operational Journal: Kitsap Public	6/4/2024	0.00	62.75	-62.75
	Credit Card	Health District - 06/04/2024				
5400:Other Serv	Service Fees					
	5493 - Bank and	Operational Journal: Kitsap Public	6/5/2024	0.00	1,659.12	-1,659.12
	Credit Card	Health District - 06/05/2024				
5400:Other Serv	/ Service Fees					

Treasurer's Detail Report

For 2024 - Jun

Fund: FD00969 Kitsap Public Health General

	 					
Ledger Account	Revenue or Spend	Journal	Posting Date	Debit	Credit	Balance
	3860 - Agency	JE-00059378 - Kitsap Public	6/20/2024	0.00	28,476.00	-28,476.00
	Deposits	Health District - 06/20/2024 -				
		Public Health monthly vital stats				
3800:Other Incre	ŧ	transfer				

-28,476.00

			Employer	Employer	
Name	Hours	Gross Pay	Paid Taxes	Paid Benefits	Net Pay
Acosta (278956) Nancy	156.57	\$8,710.47			\$5,418.46 \$4,457.72
Ader (413193) Sam Ah l in (434420) Zachary	173.33 173.33	\$6,539.00 \$5,380.00			\$4,457.72 \$4,034.40
Alexander (435070) Katharine	173.33	\$6,596.00			\$4,452.06
Anderson (419470) Amy	196.33	\$8,350.21			\$5,517.89
Anderson-Hobbs (435083) Nathan	173.33	\$5,246.00			\$3,958.50
Archer (434384) James	79.07	\$2,106.42			\$1,845.16
Armstrong (434291) Jami	173.33	\$6,402.00			\$4,490.87
Atisme-Bevins (433909) Kandice	173.33	\$8,747.00			\$5,476.18
Baker (435044) Katie Banigan (215189) Leslie	173.33 173.33	\$5,508.00 \$7,614.00			\$4,203.49 \$5,464.00
Baum (434397) Rudy	173.33	\$6,282.00			\$4,630.24
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,385.24
Bell (419805) Gus	156.58	\$6,985.78			\$4,680.14
Berger (407902) Angeline	173.33	\$6,282.00			\$4,463.99
Bierman (404611) Dana	173.33	\$9,643.00			\$ 7,125 . 28
Borja (426250) Windie	173.33	\$6,402.00			\$4,451.45
Boysen-Knapp (2058) Karen	173.33 173.33	\$7,636 . 00			\$5,276.52 \$4,303.67
Bronder (434436) Christine Brown (271677) Steven	173.33	\$5,649.00 \$9,643.00			\$5,748.08
Burchett (409212) Brian	173.33	\$6,131.00			\$4,452.62
Burke (434463) Lenore	173.33	\$4,814.00			\$3,481.38
Burton (434296) Callie	173.33	\$4,880.00			\$3,586.12
Byrd (434085) Stephanie	173.33	\$4,574.00			\$3,675.53
Cadorna (434932) Jessi	173.33	\$3,789.00			\$2,671.09
Calderon (434768) Brenda	172.25	\$4,270.23			\$3,249.49
Camarena (434536) Daniel Chang (411387) Margo	173.33 173.33	\$5,760.00 \$5,427.00			\$3,950.83 \$3,915.92
Chen (434841) Jessica	173.33	\$6,596.00			\$5,128.20
Clark (435043) Cheryl	175.83	\$6,974.53			\$4,985.76
Collins (434101) Lori	173.33	\$7,351.00			\$5,089.13
Currie (400651) Krista	173,33	\$5,077.00			\$3,800.89
Davis (433997) Elizabeth	173.33	\$9,184.00			\$6,386.46
Degracia (435196) Allison	173.33	\$5,783.00			\$4,191.12
Deseamus (434593) Dara Dowless (340919) Kelly	173.33 173.33	\$4,648.00 \$7,636.00			\$3,494.35 \$5,237.08
Duren (430735) Ashley	173.33	\$6,402.00			\$4,711.10
Evans (4565) Eric	173.33	\$11,163.00			\$2,820.77
Fergus (434648) Maria	48.00	\$1,416.48			\$730.40
Fine (421693) George	86.67	\$2,287.00			\$1,774.53
Fisk (321284) April	173.33	\$8,840.00			\$5,006.73
Fong (356883) Yolanda	173.33	\$12,903.00			\$8,400.95
Fuchs (435045) Molly Fucini (434997) Heather	172.83 173.33	\$4,591.71 \$6,228.00			\$3,359.96 \$4,999.62
Giuntoli (337331) Paul	173.33	\$8,014.00			\$4,972.03
Gress (421427) Nicole	173.33	\$5,308.00			\$3,908.97
Griego (410072) Yaneisy	173.33	\$5,778.00			\$4,425.14
Guidry (355732) Jessica	173.33	\$10,125.00			\$7,223.53
Hammond (434978) Gabriel	173.33	\$6,596.00			\$4,503.29
Hampton (434838) Adrienne	173.33	\$8,018.00			\$5,800.45 \$3,376.35
Hansen (435085) Isabella Harmon (434977) William	173.33 173.33	\$4,666.00 \$7,883.00			\$3,376.35 \$6,120.48
Hartman (434642) Melissa	173.33	\$6,072.00			\$4,578.85
Holdcroft (270783) Jodie	89.25	\$3,920.75			\$3,170.83
Holdcroft (4579) Grant	173.33	\$9,643.00			\$5,647.13
Holt (2726) Karen	173.33	\$10,631.00			\$6,955.41
Howard (434057) Anne	138.67	\$4,537.00			\$3,463.56
Hubert (435172) Joaquin Hughes (434256) Jakob	168.08 173.33	\$5,237.41 \$5,931.00			\$3,952.52 \$4,384,04
Hunter (409213) Kari	173.33 173.33	\$9,843.00			\$4,384.04 \$6,348.62
Inga Dominguez (434769) Cristian	173.33	\$4,878.00			\$3,670.16
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,068.52
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,628.01
Jones (358933) Kimberly	173.33	\$9,643.00			\$6,578.76
Jury (434709) Thomas	173.33	\$5,649.00			\$4,317.45
Karis Crail (435213) Rebekah Katula (393427) Dayna	173.33 173.33	\$4,899.00 \$9,184.00			\$3,714.53 \$5,670.05
Kench (245476) Donald	173.33	\$4,481.00			\$2,657.13
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			Employer	Employer	
Name	Hours	Gross Pay	Paid Taxes	Paid Benefits	Net Pay
Kiess (250913) John	173.33	\$11,721.00			\$8,724.83
Kimes (433908) Alexandra	173.33	\$8,120.00			\$5,678.78
Kindschy (421430) Brandon	173.33	\$6,866.00			\$4,822.03
Kinnear (434099) Sarah	173.33	\$6,316.00			\$4,849.71
Knoop (16125) Melina	173.33	\$7,614.00			\$5,023.51
Kruse (243184) Charles	173.33	\$8,319.00			\$5,456.35
Kushner (327580) Siri Laird (416539) Melissa	173.33 173.33	\$11,721.00 \$10,631.00			\$7,165.83 \$6,269.22
Lawver (434888) Albert	173.33	\$5,931.00			\$4,459.39
Levine (435209) Naomi	205.33	\$7,125.40			\$5,57 6. 07
Lytle (285038) Ross	173.33	\$7,614.00			\$5,178.50
Madden (434318) Shannon	173.33	\$4,814.00			\$3,520.66
May (434674) Martha	173.33	\$4,694.00			\$3,257.81
Mazur (388104) Karina	173.33	\$8,995.00			\$5,950.99
McMillan (434052) Michelle	173.33	\$5,983.00			\$4,332.52
Miller (435008) Christopher	173.33	\$8,510.00			\$5,621.37
Moen (279971) Anne	173.33	\$7,614.00			\$5,129.37
Moore (434254) Alexandra	173.33	\$5,649.00 \$7,666.00			\$4,210.96 \$5,205.26
Morris (312378) Dawn Morris (434567) Amanda	173.33 173.33	\$7,555.00 \$4,814.00			\$5,305.26 \$3,573.48
Morrow (433895) Nathan	173.33	\$17,214.00			\$8,848.04
Neff Warner (435082) Leah	173.33	\$6,596.00			\$3,734.92
Nguyen (295033) Loan	173.33	\$5,598.00			\$4,034.68
Nielson (434638) Brian	173.33	\$6,852.00			\$5,107.87
Noriega (435095) Yolanda	173,33	\$4,098.00			\$3,215.36
North (22459) Edwin	173.33	\$10,631.00			\$240.35
O'Brien (433907) Melissa	173.33	\$5,124.00			\$4,043.65
Onarheim (426938) Carin	173.33	\$5,983.00			\$4,508.83
Outlaw-Spencer (434984) Gabreiel	173.33	\$6,072.00			\$4,586.96
Pandino (419118) Linda	173.33 173.33	\$5,077.00 \$4,605.00			\$3,838.87 \$3,236.71
Perry (306605) Rachel Petersen (434695) Kayla	173.33	\$4,648.00			\$3,336.71 \$3,374.24
Pittsinger (435173) Lynn	173.33	\$11,721.00			\$7,781.38
Romaelle (435094) Antonio	173.33	\$5,649.00			\$4,239.12
Rork (404613) Ian	173.33	\$6,906.00			\$5,043.44
Sample (434976) Brittany	173.33	\$5,456.00			\$4,120.00
Sauna (435096) Khushnum	141.33	\$4,491.04			\$3,294.27
Shelby (434658) Emmy	156.00	\$7,068.00			\$4,808.28
Sherman (434949) Linnea	173.33	\$4,585.00			\$3,298.71
Shoriz (434893) Justin	173.33	\$5,019.00			\$3,844.57
Shuhler (425553) Yana	173.33	\$4,775.00			\$3,183.54
Sidell (435084) Nathan Simmons (434365) Nolan	173.33 173.33	\$4,996.00 \$5,649.00			\$3,009.21 \$4,274.89
Smith (361388) Terri	173.33	\$8,510.00			\$5,952.35
Snow (435021) Kelly	173.33	\$5,551.00			\$4,209.95
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	\$6,428.00			\$4,497.04
Taveras (435217) Orpa	80.00	\$2,307.20			\$1,855.51
Turner (1682) Denise	173,33	\$5,598.00			\$3,458 . 41
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,255.61
Villahermosa II (435216) Aldrin	173.33	\$5,456.00			\$3,569.13
Wagner (426251) Mary	121.34	\$3,224.00			\$2,317.78 \$4,710.75
Warren (434273) Lisa Wellborn (14545) Brian	151.23 173.33	\$7,267.87 \$4,481.00			\$4,719.75 \$2,960.74
Wendt (397255) Jan	173.33	\$7,733.00			\$5,719.78
Westervelt (434382) Laura	176.33	\$6,708.79			\$4,569.43
Whares (434641) Erica	173.33	\$6,926.00			\$5,429.23
Whitford (434292) Tiffany	173.33	\$4,574.00			\$3,371.62
Wickhamshire (434070) Mark	86.67	\$2,287.00			\$1,820.12
Wimpenny (434923) Jacob	173.33	\$6,866.00			\$4,964.13
Winchester (431493) Layken	173.33	\$5,649.00			\$4,122.70
Wyatt (434415) Janet	169.91	\$7,580.43	#74 OCC 15	#005 050 0 f	\$4,756.13
	21,994.57	\$872,119.72	\$71,228.43	\$235,958.04	\$596,164.21

Treasurer's Detail Report

For 2024 - Jun

Fund: FD00969 Kitsap Public Health General

Revenue or Spend (Posting Date	Debit	Credit	Balance
 Operational Journal: Kitsap Public		6/28/2024	0.00	224,731.15	-224,731.15
	Health District - 06/28/2024				

2317:Payroll Tax Payable

-224,731.15

Treasurer's Detail Report

For 2024 - Jun

Fund: FD00969 Kitsap Public Health General

Ledger Account Reven	Account Revenue or Spend (Journal		Posting Date	Debit	Credit	Balance
Operational Journal: Kitsap Public		ublic 6/14/2024	0.00	136,286.73	-136,286.73	
	Health D	istrict - 06/14/2024				

2315:Employee Benefits Payable

-136,286.73

Kitsap Public Health Board Meeting Date: October 1, 2024

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

Approvals:

	Signature	Date
Administrator	DocuSigned by:	
Yolanda Fong	Yolanda Fong	9/23/2024
	04B011B7E67B465	
Finance Manager	DocuSigned by:	
Melissa Laird	Melissa Laird	9/23/2024
	DB9C788F36B1487	1

Recommended Motion: Approval

Items:

Туре	Warrant/EFT Date	Total Amount
Accounts Payable	8/1/2024	\$ 37,347.36
Accounts Payable	8/8/2024	14,660.79
Accounts Payable	8/15/2024	287,196.56
Accounts Payable	8/22/2024	305,702.89
Accounts Payable	8/29/2024	49,796.55
NDGC Mortgage	8/1/2024	25,013.00
Miscellaneous	8/5/2024	7,284.61
Vital Records Transfer	8/20/2024	27,753.00
Accounts Payable Total		\$ 754,754.76
Payroll	8/30/2024	598,959.81
Payroll Taxes	8/30/2024	219,673.43
Payroll Benefits (PERS)	8/15/2024	136,107.94
Payroll Total		\$ 954,741.18
	Grand Total	\$ 1,709,495.94

Kitsap Public Health Board Action:

☐ Approve
□ Deny
☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

Payment Groups	Payment Groups
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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 08/01/2024	08/01/2024	7	1,209.02 USD	OSD	Payment Message: ID 2920 Failed for Kitsap Public Health District on 08/01/2024	Failed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	08/01/2024	4	4,785.00 USD	USD	Print Checks: Kitsap County Successfully Completed Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/01/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Check Fund Warrant Account	Check	08/01/2024	တ	21,572.64 USD	USD	Print Checks: Kitsap County Successfully Completed Claims Fund Warrant Account for Supplier Payment (Check) on 08/01/2024	Successfully Completed

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC



Status	⁻ ailed
Business Process	Payment Message: ID 2921 Failed for Kitsap Public Health District on 08/01/2024
Currency	
Amount	9,780,70 USD
Payments	5
Date	08/01/2024
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

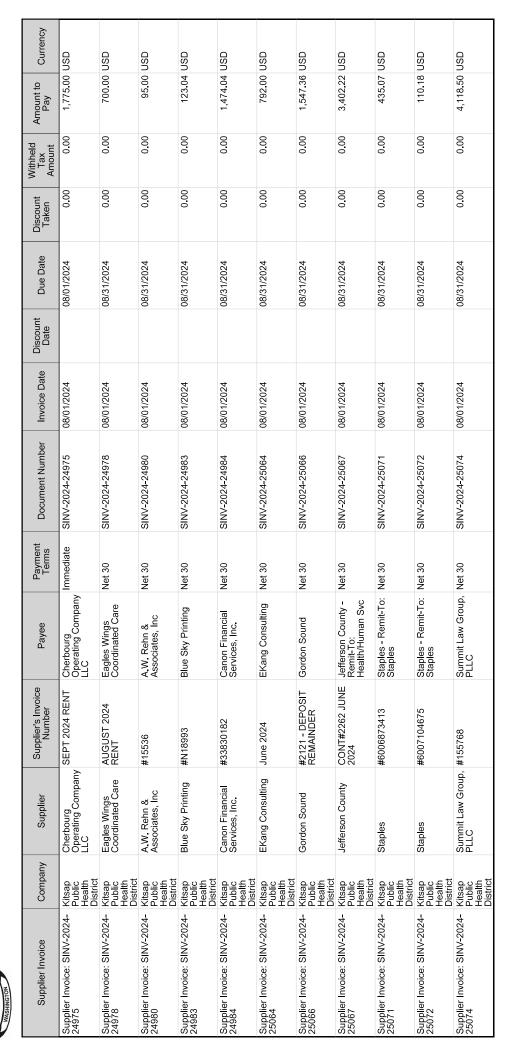
Expense Reports								
Expense Report	Company	Pay To	Туре	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009674	Kitsap Public Health District	Kitsap Public Health Zachary Ahlin (434420) District	Employee	EXP-0009674	08/01/2024		311.55 USD	ISD
Expense Report: EXP-0009675	Kitsap Public Health District	Kitsap Public Health Callie Burton (434296) District	Employee	EXP-0009675	08/01/2024		QSU 89.69	JSD
Expense Report: EXP-0009676	Kitsap Public Health Rebekah Karis Crail District (435213)	Rebekah Karis Crail (435213)	Employee	EXP-0009676	08/01/2024		8.04 USD	ISD
Expense Report: EXP-0009677	Kitsap Public Health District	Kitsap Public Health Cristian Inga Dominguez District	Employee	EXP-0009677	08/01/2024		46.23 USD	ISD
Expense Report: EXP-0009680	Kitsap Public Health District	Kitsap Public Health Carol McClung (435242) District	Employee	EXP-0009680	08/01/2024		GZU 00.00	ISD
Expense Report: EXP-0009681	Kitsap Public Health District	Kitsap Public Health Laura Westervelt (434382) Employee District	Employee	EXP-0009681	08/01/2024		54.94 USD	ISD
Expense Report: EXP-0009682	Kitsap Public Health District	Kitsap Public Health Jacob Wimpenny (434923) Employee District	Employee	EXP-0009682	08/01/2024		48.58 USD	JSD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	External Reference	Document Number	Payment Type	Request Category	Reference Document Number Payment Type Request Category Document Date	Payment Amount Currency	Currency
MPR-17258	Kitsap Public Health District	D FAMILY ENTERPRISES DUPE PAYMENT (Inactive)	DUPE PAYMENT REFUND	MPR-17258	Check	POS Customer Refund	08/01/2024	asu 00.088	asc
MPR-17259	Kitsap Public Health District	MARY O'NEIL (Inactive)		MPR-17259	Check	One-Time Payment 08/01/2024	08/01/2024	350.00 USD	JSD
MPR-17260	Kitsap Public Health District	CSC (Inactive)		MPR-17260	Check	POS Customer Refund	08/01/2024	2,465 <u>.</u> 00 USD	JSD
MPR-17261	Kitsap Public Health District	BUTTER LEAF BAKING (Inactive)		MPR-17261	Check	One-Time Payment 08/01/2024	08/01/2024	1,140 <u>.</u> 00 USD	JSD

Supplier Invoices

t to Currency	48.24 USD
Amount to Pay	
Withheld Tax Amount	00'0
Discount Taken	00.0
Due Date	08/31/2024
Discount Date	
Invoice Date	08/01/2024
Document Number	SINV-2024-24969
Payment Terms	Net 30
Payee	Rebecca Helland
Supplier's Invoice Number	071724-071824 MILES
Supplier	Rebecca Helland 071724-071824 MILES
Company	
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 24969 Public Public Health Health District





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	Currency	USD	USD	USD	
	Withheld Amount to Tax Pay	165.79 USD	16,480.96 USD	85.94 USD	
	Withheld Tax Amount	00'0	00.0	00.00	
	Discount Taken	00'0	00.0	00.0	
	Due Date	08/31/2024	08/31/2024	08/31/2024	
	Discount Date				
	Invoice Date	08/01/2024	08/01/2024	08/01/2024	
	Document Number	SINV-2024-25075	SINV-2024-25077	SINV-2024-25079	
	Payment Terms	Net 30	Net 30	Net 30	
	Payee	Taylor Water Technologies, LLC	US Bank National Association - Remit- To: US Bank Junior Dist's Only	Waxie Sanitary Supply	
	Supplier's Invoice Number	#523893	ACCT #4246 0445 US Bank National Net 30 5568 8591 07.26.24 Association - RemitTo: US Bank Junior Dist's Only	#82608463	
	Supplier	Taylor Water Technologies, LLC	US Bank National Association	Waxie Sanitary Supply	
	Company	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	
	Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 25075 Hublic Health District	Supplier Invoice: SINV-2024 Kitsap 25077 Public Public Information District	Supplier Invoice: SINV-2024- Kitsap 25079 Heath District	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	08/01/2024 11:04:35 AM		Junille Schmeling (430378)	_	
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

Payment Message: ID 2920 for Kitsap Public Health District on 08/01/2024	Failed
Payment Message: ID 2921 for Kitsap Public Health District on 08/01/2024	Failed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/01/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/01/2024	Successfully Completed

Business Process

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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
08/01/2024 11:04 AM	08/01/2024 11:04 AM Job	qof	Settlement Run Complete	Settlement Run Complete Settlement Run Complete for Completed STL-00003845	Completed	00:00:12	Junille Schmeling	

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

Settlement Run Information	
Settlement Run	STL-00003869
Name	Kitsap Public Health District JS
Number	STL-00003869
Status	
Date	08/08/2024
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No
Additional Information	Additional Information
Organization	Kitsap Public Health District
Currency Filters Used	USD
Payment Information	
Display Currency	NSD
Outbound Total	14,660.79
Inbound Total	0.00
Expense Report Count	7
Miscellaneous Payment Request Count	2
Supplier Invoice Count	6

Payment Groups	Payment Groups
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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment (Check) for Kitsap Expense Payment County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Check Fund Warrant Account		08/08/2024	1	136.01 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 08/08/2024	Successfully Completed
Expense Payment(Direct Deposit) for Expense Payment Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit 08/08/2024	08/08/2024	10	1,350,94 USD	USD	Payment Message: ID 2943 Successfully Completed for Kitsap Public Health District on 08/08/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Check Fund Warrant Account		08/08/2024	2	850.00 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/08/2024	Successfully Completed

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

View Settlement Run



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	Status	Successfully Completed	Successfully Completed
	Business Process	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/08/2024	Payment Message: ID 2942 Successfully Completed for Kitsap Public Health District on 08/08/2024
	Currency	asn	USD
	Amount	6,768.84 USD	5,555.00 USD
	Payments	9	ဇ
	Date	08/08/2024	08/08/2024
	Payment Type	Check	EFT
	Bank Account	Kitsap County Claims Check Fund Warrant Account	Treasurer's Main account
	Category	Supplier Payment	Supplier Payment
	View	Supplier Payment(Check) for Kitsap Supplier Payment County Claims Fund Warrant Account	Supplier Payment(EFT) for Treasurer's Supplier Payment Main 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-0009729	Kitsap Public Health Sam Ader (413193) District	Sam Ader (413193)	Employee	EXP-0009729	08/08/2024		243.02 USD	asn
Expense Report: EXP-0009731	Kitsap Public Health District	Kitsap Public Health Leslie Banigan (215189) District	Employee	EXP-0009731	08/08/2024		19.08 USD	USD
Expense Report: EXP-0009733	Kitsap Public Health District	Kitsap Public Health Paul Giuntoli (337331) District	Employee	EXP-0009733	08/08/2024		136.01 USD	USD
Expense Report: EXP-0009734	Kitsap Public Health District	Kitsap Public Health Joaquin Hubert (435172) Employee District	Employee	EXP-0009734	08/08/2024		519.99 USD	USD
Expense Report: EXP-0009735	Kitsap Public Health Ross Lytle (285038) District	Ross Lytle (285038)	Employee	EXP-0009735	08/08/2024		205.69 USD	USD
Expense Report: EXP-0009736	Kitsap Public Health District	Kitsap Public Health Kayla Petersen (434695) Employee District	Employee	EXP-0009736	08/08/2024		GSU 79.79	USD
Expense Report: EXP-0009737	Kitsap Public Health District	Kitsap Public Health Orpa Taveras (435217) District	Employee	EXP-0009737	08/08/2024		73.57 USD	USD
Expense Report: EXP-0009738	Kitsap Public Health District	Kitsap Public Health Nolan Simmons (434365) Employee District	Employee	EXP-0009738	08/08/2024		35.44 USD	USD
Expense Report: EXP-0009739	Kitsap Public Health District	Kitsap Public Health Erica Whares (434641) District	Employee	EXP-0009739	08/08/2024		70.30 USD	USD
Expense Report: EXP-0009741	Kitsap Public Health Layken Winchester District (431493)	Layken Winchester (431493)	Employee	EXP-0009741	08/08/2024		50.12 USD	USD
Expense Report: EXP-0009742	Kitsap Public Health District	Kitsap Public Health Janet Wyatt (434415) District	Employee	EXP-0009742	08/08/2024		06.06 USD	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Payment Type Request Category	Document Date	Payment Amount	Currency
MPR-17423	Kitsap Public Health District	citsap Public Health LYLA BYERS (Inactive)	MPR-17423	Check	One-Time Payment	08/08/2024	350.00 USD	SD
MPR-17424	Kitsap Public Health District	WINSLOW WHARF MARINA (Inactive)	MPR-17424	Check	One-Time Payment	08/08/2024	200.00 USD	SD

Supplier Invoices

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- 25763	Kitsap Public Health District	Rebecca Helland	070824-072624 MILES	Rebecca Helland	Net 30	SINV-2024-25763	08/08/2024	_	09/07/2024	00.0	00.00	120.06 USD	OSI
Supplier Invoice: SINV-2024- 25764	Kitsap Public Health District	1510 High Ave LLC	AUGUST 2024 RENT	1510 High Ave LLC	Net 30	SINV-2024-25764	08/08/2024	_	09/07/2024	00.00	00.00	1,400.00 USD	SD
Supplier Invoice: SINV-2024- 25789	Kitsap Public Health District	Acranet Cbs Branch #26565	#26565	Acranet Cbs Branch Net 30	Net 30		08/08/2024	-	09/07/2024	00.00	00.00	1,984.00 USD	SD
Supplier Invoice: SINV-2024- 25790	Kitsap Public Health District	CashStar, Inc.	#CBD6K4KSNS	CashStar, Inc.	Net 30	SINV-2024-25790	08/08/2024	_	09/07/2024	00.00	00.0	2,321.20 USD	OSI
Supplier Invoice: SINV-2024- 25791	Kitsap Public Health District	Cleverbridge, Inc.	#475151505	Cleverbridge, Inc.	Net 30	SINV-2024-25791	08/08/2024	_	09/07/2024	00.00	00.00	627.90 USD	OSI
Supplier Invoice: SINV-2024- 25792	Kitsap Public Health District	Comcast	#4737 07.26.24 STMNT	Comcast - Remit- To: PO Box 60533	Net 30	SINV-2024-25792	08/08/2024	_	09/07/2024	00.00	00.0	299.68 USD	OSI
Supplier Invoice: SINV-2024-25793	Kitsap Public Health District	Dynamic Budgets LLC	#INV01767	Dynamic Budgets LLC	Net 30		08/08/2024	-	09/07/2024	0.00	0.00	2,000.00 USD	OSI
Supplier Invoice: SINV-2024- 25794	Kitsap Public Health District	Ozark Underground #20240730WA51 Laboratory		Ozark Underground Laboratory	round Net 30	SINV-2024-25794	08/08/2024	-	09/07/2024	00.00	00.0	1,071.00 USD	OSI
Supplier Invoice: SINV-2024- 25795	Kitsap Public Health District	Quadient Finance Usa Inc	07.23.24 POSTAGE	Quadient Finance Usa Inc	Net 30	SINV-2024-25795	08/08/2024	-	09/07/2024	0.00	00.00	2,500.00 USD	OSI
Remittance Remittance											-		
	Proc	Process			Date	Ө		Rem	Remittance Events				
Payment Message: ID 2942 for Kitsap Public Health District on 08/08/2024	for Kitsap Pub	lic Health District on (08/08/2024	08/08/2024							3		
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	08/08/2024 09:48:23 AM		Junille Schmeling (430378)	~	
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	Successfully Completed	Successfully Completed	
Business Process	Payment Message: ID 2943 for Kitsap Public Health District on 08/08/2024	Payment Message: ID 2942 for Kitsap Public Health District on 08/08/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/08/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 08/08/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/08/2024	Remittance File: For Acranet Cbs Branch on 08/08/2024	Remittance File: For Quadient Finance Usa Inc on 08/08/2024	Remittance File: For Ozark Underground Laboratory on 08/08/2024	Background Processes

Dadrigi Odilla I Toccosoco								
Created Date and Time	Started Date and Time F	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
08/08/2024 09:48 AM	08/08/2024 09:48 AM	qor	Settlement Run Complete	Settlement Run Complete for STI -00003869	Completed	00:00:15	Junille Schmeling	

Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

STL-00003890
Kitsap Public Health District HH
STL-0003890
Approved
08/15/2024
No
No Settlement Run Settlement Run Information

Number Status

Date

Exclude Negative Payments Express Settlement Include Payments On Behalf Of

Additional Information

Kitsap Public Health District USD Organization Currency Filters Used

Payment Information

USD 287,196.56 Display Currency Outbound Total

00.00 Inbound Total

Expense Report Count Miscellaneous Payment Request Count Supplier Invoice Count

Payment Groups

Payment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap Expense Payment County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Check Fund Warrant Account		08/15/2024	1	76.38 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 08/15/2024	In Progress
Expense Payment(Direct Deposit) for Expense Payment Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit 08/15/2024	08/15/2024	20	3,562.96 USD	USD	Payment Message: ID 2961 for Kitsap Public Health District on 08/15/2024	Successfully Completed

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

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Status	In Progress	In Progress	Successfully Completed	
Business Process	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/15/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/15/2024	Payment Message: ID 2960 for Kitsap Public Health District on 08/15/2024	
Currency	asn	USD	USD	
Amount	700.00 USD	281,987.73 USD	869.49 USD	
Payments	2	55	2	
Date	08/15/2024	08/15/2024	08/15/2024	
Payment Type	Check	Check	EFT	
Bank Account	Kitsap County Claims Check Fund Warrant Account	Kitsap County Claims Check Fund Warrant Account	Treasurer's Main account	
Category	Miscellaneous Payment	Supplier Payment	Supplier Payment	
View	Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment(EFT) for Treasurer's Main account	

Expense Reports								
Expense Report	Company	Рау То	Туре	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009791	Kitsap Public Health District	Kitsap Public Health Katie Baker (435044) District	Employee	EXP-0009791	08/15/2024		80.11 USD	SD
Expense Report: EXP-0009792	Kitsap Public Health District	Kitsap Public Health Christine Bronder (434436) District	Employee	EXP-0009792	08/15/2024		328.30 USD	SD
Expense Report: EXP-0009793	Kitsap Public Health District	Kitsap Public Health Callie Burton (434296) District	Employee	EXP-0009793	08/15/2024		163.48 USD	SD
Expense Report: EXP-0009794	Kitsap Public Health District	Kitsap Public Health Cheryl Clark (435043) District	Employee	EXP-0009794	08/15/2024		334.82 USD	SD
Expense Report: EXP-0009795	Kitsap Public Health District	Kitsap Public Health Dara Deseamus (434593) District	Employee	EXP-0009795	08/15/2024		121.20 USD	SD
Expense Report: EXP-0009796	Kitsap Public Health District	Kitsap Public Health Ashley Duren (430735) District	Employee	EXP-0009796	08/15/2024		43.68 USD	SD
Expense Report: EXP-0009797	Kitsap Public Health District	Kitsap Public Health Maria Fergus (434648) District	Employee	EXP-0009797	08/15/2024		237.18 USD	SD
Expense Report: EXP-0009798	Kitsap Public Health District	Kitsap Public Health George Fine (421693) District	Employee	EXP-0009798	08/15/2024		29.28 USD	SD
Expense Report: EXP-0009799	Kitsap Public Health District	Kitsap Public Health Paul Giuntoli (337331) District	Employee	EXP-0009799	08/15/2024		76.38 USD	SD
Expense Report: EXP-0009800	Kitsap Public Health District	Kitsap Public Health Yaneisy Griego (410072) District	Employee	EXP-0009800	08/15/2024		161.45 USD	SD
Expense Report: EXP-0009801	Kitsap Public Health District	Kitsap Public Health Kimberly Jones (358933) District	Employee	EXP-0009801	08/15/2024		35.51 USD	SD
Expense Report: EXP-0009802	Kitsap Public Health District	Kitsap Public Health Thomas Jury (434709) District	Employee	EXP-0009802	08/15/2024		382.32 USD	SD
Expense Report: EXP-0009803	Kitsap Public Health District	Kitsap Public Health Albert Lawver (434888) District	Employee	EXP-0009803	08/15/2024		64.52 USD	SD

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Expense Report	Company	Рау То	Туре	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009804	Kitsap Public Health District	Kitsap Public Health Ross Lytle (285038) District	Employee	EXP-0009804	08/15/2024		155.44 USD	SD
Expense Report: EXP-0009805	Kitsap Public Health District	Kitsap Public Health Gabreiel Outlaw-Spencer (434984) District	Employee	EXP-0009805	08/15/2024		516.74 USD	SD
Expense Report: EXP-0009806	Kitsap Public Health District	Kitsap Public Health Antonio Romaelle (435094) District	Employee	EXP-0009806	08/15/2024		174.34 USD	SD
Expense Report: EXP-0009807	Kitsap Public Health District	Kitsap Public Health Khushnum Sauna (435096) District	Employee	EXP-0009807	08/15/2024		95.14 USD	SD
Expense Report: EXP-0009808	Kitsap Public Health District	Kitsap Public Health Nolan Simmons (434365) District	Employee	EXP-0009808	08/15/2024		45.49 USD	SD
Expense Report: EXP-0009809	Kitsap Public Health District	Kitsap Public Health Laura Westervelt (434382) District	Employee	EXP-0009809	08/15/2024		64.99 USD	SD
Expense Report: EXP-0009810	Kitsap Public Health District	Kitsap Public Health Jacob Wimpenny (434923) District	Employee	EXP-0009810	08/15/2024		72,89 USD	SD
Expense Report: EXP-0009824	Kitsap Public Health District	Kitsap Public Health Elizabeth Davis (433997) District	Employee	EXP-0009824	08/15/2024		456.08 USD	SD
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Company (itsap Public Health District (itsap Public Health	Payee MARY A HICKS (Inactive) N EVELYN SPARKS	Document Number APR-17542 APR-17543	Payment Type Check Check	Request Category One-Time Payment One-Time Payment	Document Date 08/15/2024 08/15/2024	350.00 USD 350.00 USD	Currency USD
ict	(Inactive)						

Supplier Invoices

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	Currency	OSD	USD	USD	OSD
	Amount to Pay Currency	1,471.00 USD	585.00 USD	635.00 USD	1,080.00 USD
	Withheld Tax Amount	00'0	0.00	00.0	0.00
	Discount Taken	00'0	0.00	00'0	00.0
	Due Date	08/15/2024	08/15/2024	09/14/2024	08/15/2024
	Discount Date				
	Invoice Date	08/15/2024	08/15/2024	08/15/2024	08/15/2024
	Document Number	SINV-2024-26592	SINV-2024-26594	SINV-2024-26595	SINV-2024-26597
	Payment Terms	Immediate	Immediate	Net 30	Immediate
	Payee	Griffin Glen Apartments LLC	The Heights at Sheridan Road	Kania, Sharon Faye	Daniel R. Niblock
	Supplier's Invoice Number	SEPTEMBER 2024 Griffin Glen RENT Apartments LLC	SEPTEMBER 2024 The Heights at RENT Sheridan Road	SEPTEMBER 2024 Kania, Sharon RENT Faye	Daniel R. Niblock RENT RENT RENT
	Supplier	Griffin Glen Apartments LLC	The Heights at Sheridan Road	Kania, Sharon Faye	Daniel R. Niblock
	Company	Kitsap Public Hea l th District	Kitsap Public Hea l th District	Kitsap Public Hea l th District	Kitsap Public Health
	Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 26592 Health Health District	Supplier Invoice: SINV-2024- Kitsap 26594 Public Heblic Heblic District	Supplier Invoice: SINV-2024- Kitsap 26595 Public Public Public District	Supplier Invoice: SINV-2024- Kitsap 26597 Health Health



<i>></i> :											
Currency	asn	USD	USD	USD	OSD	OSD	USD	USD	OSD	OSD	USD
Amount to Pay	00.099	1,221.00 USD	950.00 USD	1,204.00 USD	1,889 <u>.</u> 00 USD	178.05 USD	7,860 <u>.</u> 00 USD	295.00 USD	3,013.92 USD	240,100.00 USD	16,759.11 USD
Withheld Tax Amount	00'0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Discount Taken	00'0	00.00	00.00	0.00	00.0	00.00	00.0	0.00	00.0	00.0	00.00
Due Date	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024
Discount Date											
Invoice Date	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024
Document Number	SINV-2024-26599	SINV-2024-26601	SINV-2024-26605	SINV-2024-26608	SINV-2024-26613	SINV-2024-26614	SINV-2024-26615	SINV-2024-26616	SINV-2024-26618	SINV-2024-26647	SINV-2024-26648
Payment Terms	Immediate	Immediate	Immediate	Immediate	Immediate	Net 30	Net 30	Net 30	Net 30	Net 30	Net 30
Payee	NSE Kitsap Fee Owner, LLC	Post Cottage Bay, LP	Paul Simmons	Pottery Creek	Diverzify Buyer LLC	Blue Sky Printing	Compensation Connections LLC	Department Of Ecology - Remit- To: Cashiering Unit Po Box 47611	Docusign, Inc	Enduris Washington	Granicus
Supplier's Invoice Number		SEPTEMBER 2024 RENT	SEPTEMBER 2024 RENT	SEPTEMBER 2024 RENT	#554036	#N19379	#3396	#CW-96160204	#111100363410	#R25-012-1	#188307
Supplier	NSE Kitsap Fee Owner, LLC	Post Cottage Bay, LP	Paul Simmons	Pottery Creek	Diverzify Buyer LLC	Blue Sky Printing	Compensation Connections LLC	Department Of Ecology	Docusign, Inc	Enduris Washington	Granicus
Company	Kitsap Public Hea l th District	Kitsap Public Health District	Kitsap Public Hea l th District	Kitsap Public Health District	Kitsap Public Hea l th District	Kitsap Public Hea l th District	Kitsap Public Health District				
Supplier Invoice		Supplier Invoice: SINV-2024- 26601	Supplier Invoice: SINV-2024- 26605	Supplier Invoice: SINV-2024- 26608	Supplier Invoice: SINV-2024- 26613	Supplier Invoice: SINV-2024- 26614		Supplier Invoice: SINV-2024- 26616	Supplier Invoice: SINV-2024- 26618	Supplier Invoice: SINV-2024- 26647	Supplier Invoice: SINV-2024- 26648



Discount Tax Amount to Pay Currency Amount	0.00 0.00 234.49 USD	0.00 0.00 73.24 USD	0.00 0.00 1,123.44 USD	0.00 0.00 272.13 USD	0.00 0.00 95.44 USD	0.00 0.00 75.46 USD	0.00 0.00 71.20 USD	0.00 0.00 36.57 USD	0.00 0.00 32.79 USD	0.00 0.00 39.15 USD	
unt Due Date	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	09/14/2024	NC0C/11/00
Invoice Date Date	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024	08/15/2024
Document Number	SINV-2024-26649	SINV-2024-26651	SINV-2024-26654	SINV-2024-26655	SINV-2024-26656	SINV-2024-26657	SINV-2024-26660	SINV-2024-26662	SINV-2024-26663	SINV-2024-26664	SINV-2024-2665
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	Iron Mountain - Remit-To: Po Box 27128	Laboratory Corporation of America	Loomis - Remit- To: Palatine, II	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	Propio LS, LLC	Propio I.S. L.C.
Supplier's Invoice Number	#202894741	#80892905	#13535230	#376091718001	#377734274001	#377878200001	#379105535001	#373216474001	#373220378001	#0310070724	#0310070324
Supplier	Iron Mountain	Laboratory Corporation of America	Loomis	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	ODP Business Solutions, LLC	Propio LS, LLC	Propio I S 11 C
Company	Kitsap Public Health District	Kitsap Public Health	Kitsap Public Health District		Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District	Kitsap Public Health District		Kitsan
Supplier Invoice	Supplier Invoice: SINV-2024- 26649	Supplier Invoice: SINV-2024- 26651	Supplier Invoice: SINV-2024- 26654	Supplier Invoice: SINV-2024- 26655	Supplier Invoice: SINV-2024- 26656	Supplier Invoice: SINV-2024- 26657	Supplier Invoice: SINV-2024- 26660	Supplier Invoice: SINV-2024- 26662	Supplier Invoice: SINV-2024- 26663	Supplier Invoice: SINV-2024- 26664	Supplier Invoice: SINV-2024-

Currency	asn	asn	asn	USD
Amount to Pay Currency	1,251 . 80 USD	283.73 USD	225.00 USD	1,058.00 USD
Withheld Tax Amount	00'0	00.0	0.00	0.00
Discount Taken	00'0	0.00	0.00	0.00
Due Date	09/14/2024	09/14/2024	08/15/2024	09/14/2024
Discount Date				
Invoice Date	08/15/2024	08/15/2024	08/15/2024	08/15/2024
Document Number	SINV-2024-26666	SINV-2024-26667	SINV-2024-26669	SINV-2024-26671
Payment Terms	cs Net 30	Net 30	Immediate	Net 30
Payee	Quest Diagnostics	Staples - Remit- To: Staples	University of Florida	Wex Bank
Supplier's Invoice Number	#9210936601	#6007686952	#13820	#98914148
Supplier	Quest Diagnostics #9210936601	Staples	University of Florida	Wex Bank
Company	Kitsap Public Hea l th District	Kitsap Public Hea l th District		Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 26666 Public Health District	Supplier Invoice: SINV-2024- Kitsap 26667 Public Public Public Public Public Public Public Public	Supplier Invoice: SINV-2024- Kitsap 26669 Public Public Public Health	Supplier Invoice: SINV-2024- Kitsap 26671 Health Health

Remittance Remittance Process History Settlement Run Process History

Payment Message: ID 2960 for Kitsap Public Health District on 08/15/2024

Comment All Persons Person (Up to 5) Heather Hunsaker (434069) Due Date 08/15/2024 08:02:51 AM Completed On Step Completed Settlement Run Event Settlement Run Event

Remittance Events

Date

08/15/2024

To Do: Settlement Run has Payment Not Required Handling Instruction
To Do: AP Wire was Settled
To Do: Wire Payment Settled
Not Required Settlement Run Event Settlement Run Event Settlement Run Event

0 00

Related Business Processes History

Payment Message: ID 2961 for Kitsap Public Health District on 08/15/2024 Payment Message: ID 2960 for Kitsap Public Health District on 08/15/2024 Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/15/2024 Print Checks: Kitsan County Claims Fund Warrant Account for Expense Payment (Check) on 08/15/2024	Status Successfully Completed Successfully Completed In Progress
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/15/2024	In Progress

Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

Status	Successfully Completed	Successfully Completed	
Business Process	Remittance File: For Kania, Sharon Faye on 08/15/2024	Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 08/15/2024	

Background Processes								
Created Date and Time	Started Date and Time Process Type	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
08/15/2024 08:02 AM	08/15/2024 08:02 AM	dob	Settlement Run Complete	Complete Settlement Run Complete for Completed STL-00003890	Completed	00:00:12	Heather Hunsaker	



Kitsap Public Health District JS STL-00003916 STL-00003916 08/22/2024 Complete ž 2 2 Number Name Status Date Settlement Run Include Payments On Behalf Of Exclude Negative Payments Express Settlement Settlement Run Information Additional Information

Organization Kitsap Public Health District

Currency USD

Filters Used
Payment Information
Display Currency USD

Outbound Total 305,702.89
Inbound Total 0.00
Expense Report Count 11
Miscellaneous Payment Request Count 4
Supplier Invoice Count 34

Payment Groups

Print Checks: Kitsap Successfully Completed County Claims Fund Warrant Account for Expense Payment (Check) on 08/22/2024 Payment Message: ID 2981 Successfully Completed for Kitsap Public Health District on 08/22/2024 Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/22/2024 Status **Business Process** Currency 992.83 USD 1,498.22 USD 1,682,54 USD Amount 6 **Payments** Date 08/22/2024 Direct Deposit 08/22/2024 08/22/2024 Payment Type Kitsap County Claims Check Fund Warrant Account Check Kitsap County Claims Fund Warrant Account Bank Account Treasurer's Main account Miscellaneous Payment Category Expense Payment(Direct Deposit) for Expense Payment Treasurer's Main account Expense Payment Expense Payment(Check) for Kitsap County Claims Fund Warrant Account Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account View Payment Groups

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC

View Settlement Run

TO BOOK TO THE WAY TO

Status	Successfully Completed	Successfully Completed
Business Process	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/22/2024	Payment Message: ID 2982 Successfully Completed for Kitsap Public Health District on 08/22/2024
Currency	OSD	USD
Amount	268,269,45 USD	33,259.85 USD
Payments	25	4
Date	08/22/2024)8/22/2024
Payment Type		EFT (
Bank Account Payment Type	Kitsap County Claims Check Fund Warrant Account	Treasurer's Main account
Category	Supplier Payment	Supplier Payment
View	Supplier Payment (Check) for Kitsap Supplier Payment County Claims Fund Warrant Account	Supplier Payment(EFT) for Treasurer's Supplier Payment Main account

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LApelise i tepults								
Expense Report	Company	Рау То	Туре	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009859	Kitsap Public Health District	Kitsap Public Health Katie Baker (435044) District	Employee	EXP-0009859	08/22/2024		37.67 USD	JSD
Expense Report: EXP-0009860	Kitsap Public Health District	Kitsap Public Health Jennifer Breitmayer (435259) District	Employee	EXP-0009860	08/22/2024		862.18 USD	JSD
Expense Report: EXP-0009862	Kitsap Public Health District	Kitsap Public Health George Fine (421693) District	Employee	EXP-0009862	08/22/2024		28.61 USD	JSD
Expense Report: EXP-0009863	Kitsap Public Health District	Kitsap Public Health Paul Giuntoli (337331) District	Employee	EXP-0009863	08/22/2024		130.65 USD	JSD
Expense Report: EXP-0009864	Kitsap Public Health District	Kitsap Public Health Gabriel Hammond (434978) District	Employee	EXP-0009864	08/22/2024		399.37 USD	JSD
Expense Report: EXP-0009867	Kitsap Public Health District	Kitsap Public Health Siri Kushner (327580) District	Employee	EXP-0009867	08/22/2024		08.68 USD	JSD
Expense Report: EXP-0009868	Kitsap Public Health District	Kitsap Public Health Alexandra Moore (434254) District	Employee	EXP-0009868	08/22/2024		509.87 USD	JSD
Expense Report: EXP-0009869	Kitsap Public Health District	(9	Employee	EXP-0009869	08/22/2024		30.28 USD	JSD
Expense Report: EXP-0009870	Kitsap Public Health District	Kitsap Public Health Orpa Taveras (435217) District	Employee	EXP-0009870	08/22/2024		51.66 USD	JSD
Expense Report: EXP-0009871	Kitsap Public Health District	Kitsap Public Health Aldrin Villahermosa II (435216) Employee District	Employee	EXP-0009871	08/22/2024		119.53 USD	JSD
Expense Report: EXP-0009875	Kitsap Public Health District	Kitsap Public Health Jacob Wimpenny (434923) District	Employee	EXP-0009875	08/22/2024		252.55 USD	JSD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number Payment Type Request Category	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-17741	Kitsap Public Health District	Kitsap Public Health THE COFFEE OASIS District (Inactive)	MPR-17741	Check	POS Customer Refund	08/22/2024	537.50 USD	OSI
MPR-17742	Kitsap Public Health J District	JOHN CRAVEN (Inactive)	MPR-17742	Check	One-Time Payment 08/16/2024	08/16/2024	350.00 USD	OSI
MPR-17743	Kitsap Public Health District	TRACYTON MOVIE HOUSE (Inactive)	MPR-17743	Check	One-Time Payment 08/16/2024	08/16/2024	445.04 USD	OSI



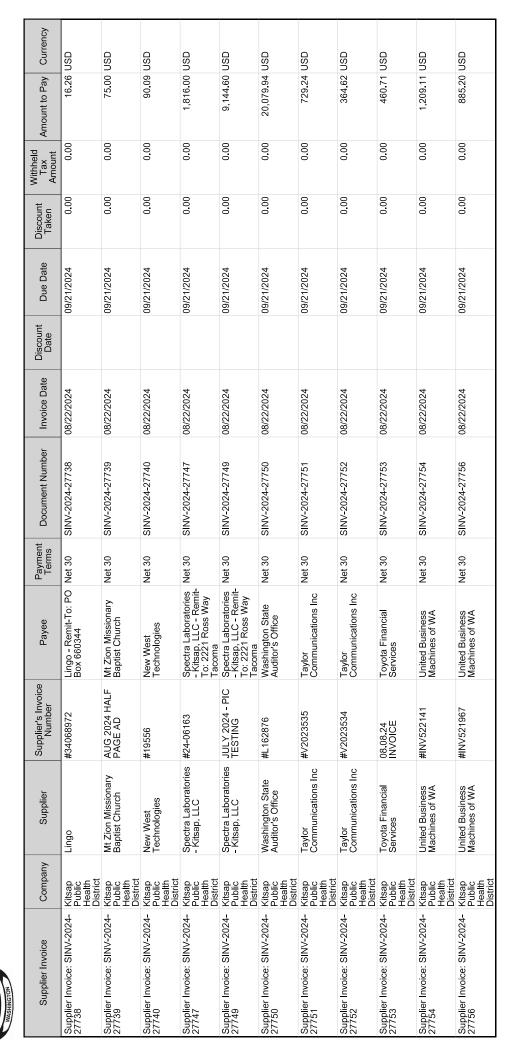
	08/22/2024	One-Time Payment	Check	MPR-17744	BRIDGET ROBINSON	Kitsap Public Health District	MPR-17744
Payment A	Document Date	Request Category	Payment Type	Document Number	Payee	Company	Miscellaneous Payment Request

Currency Currency 575.00 USD 3,895.49 USD 1,989.54 USD 1,765.00 USD 11,124,93 USD 7,645.00 USD 625.25 USD 2,296.67 USD 49.00 USD Amount to Pay 350.00 USD Amount 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Tax Amount Withheld 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Discount Taken Due Date 09/21/2024 09/21/2024 09/21/2024 09/21/2024 09/21/2024 09/21/2024 09/21/2024 09/21/2024 09/21/2024 Discount Date Invoice Date 08/22/2024 08/22/2024 08/22/2024 08/22/2024 08/22/2024 08/22/2024 08/22/2024 08/22/2024 08/22/2024 Document Number SINV-2024-27718 SINV-2024-27709 SINV-2024-27715 SINV-2024-27716 SINV-2024-27708 SINV-2024-27710 SINV-2024-27711 SINV-2024-27714 SINV-2024-27717 Payment Terms Net 30 Prof & Technical Eng Net 30 XPH - Remit-To: Local Union 17 Net 30 Prof & Technical Eng N XPH - Remit-To: Local 17 Union/PAC Voya Institutional Trust Company -Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll) American Family Life Assurance Company Nationwide Retirement Solutions A W Rehn & Associates, Inc Hra Veba Trust A.W. Rehn & Associates, Inc Payee Health Equity Supplier's Invoice Number AUGUST 2024 BENEFITS UNION AUGUST 2024 BENEFITS PAC AUGUST 2024 BENEFITS PARKING AUGUST 2024 BENEFITS AUG 2024 DCFSA American Family Life Assurance Company Prof & Technical Eng XPH Nationwide Retirement Solutions Prof & Technical Eng XPH Voya Institutional Trust Company A W Rehn & Associates, Inc A W Rehn & Associates, Inc Hra Veba Trust Supplier Health Equity Company Kitsap Public Health District Kitsap Public Health Supplier Invoice: SINV-2024-27710 Supplier Invoice: SINV-2024-27711 Supplier Invoice: SINV-2024-27717 Supplier Invoice: SINV-2024-27708 Supplier Invoice: SINV-2024-27709 Supplier Invoice: SINV-2024-27714 Supplier Invoice: SINV-2024-27716 Supplier Invoice: SINV-2024-27718 Supplier Invoice: SINV-2024-27715 Supplier Invoice Supplier Invoices



Currency	asn	OSD	OSD	OSD	OSD	OSD	OSD	OSD	OSD	OSD	USD
Amount to Pay	12,042 <u>.</u> 88 USD	138,974.52 USD	6,330.42 USD	12,079.13 USD	1,220.00 USD	95.00 USD	35,720.61 USD	21,580.96 USD	449.80 USD	591.54 USD	579.29 USD
Withheld Tax Amount	0.00	00.00	00.00	0.00	0.00	00.00	00.0	00.00	00.00	00.00	0.00
Discount Taken	00.0	00.0	00.0	0.00	00.0	00.00	00.0	00.0	00.00	00.00	00.0
Due Date	09/21/2024	09/21/2024	09/21/2024	09/21/2024	09/21/2024	09/21/2024	09/21/2024	09/21/2024	09/21/2024	09/21/2024	09/21/2024
Discount Date											
Invoice Date	08/22/2024	08/22/2024	08/22/2024	08/22/2024	08/22/2024	08/22/2024	08/22/2024	08/22/2024	08/22/2024	08/22/2024	08/22/2024
Document Number	SINV-2024-27720	SINV-2024-27723	SINV-2024-27724	SINV-2024-27725	SINV-2024-27729	SINV-2024-27730	SINV-2024-27731	SINV-2024-27732	SINV-2024-27733	SINV-2024-27734	SINV-2024-27735
Payment Terms	Net 30	Inc. 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	1510 High Ave LLC	A.W. Rehn & Associates, Inc	Bremerton Government Center Association	Champ Software, Inc.	Comcast - Remit-To: PO Box 60533	Comcast - Remit-To: PO Box 37601	Comcast - Remit-To: PO Box 37601
Supplier's Invoice Number	AUGUST 2024 BENEFITS	AUGUST 2024 BENEFITS	AUGUST 2024 BENEFITS	AUGUST 2024 BENEFITS	SEPTEMBER 2024 RENT	#15749	#1187	#6179	CCAST 1975 8.9.24	#211478818	#203446238
Supplier	Wash State Dept Of Retirement	Wa Health Care Authority - Uniform	Vimly Benefit Solutions Inc	Whit-Delta Dental Of Washington	1510 High Ave LLC	A.W. Rehn & Associates, Inc	Bremerton Government Center Association	Champ Software, Inc. #6179	Comcast	Comcast	Comcast
Company	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- 27720	Supplier Invoice: SINV-2024- 27723	Supplier Invoice: SINV-2024- 27724	Supplier Invoice: SINV-2024- 27725	Supplier Invoice: SINV-2024- 27729	Supplier Invoice: SINV-2024- 27730		Supplier Invoice: SINV-2024- 27732	Supplier Invoice: SINV-2024- 27733	Supplier Invoice: SINV-2024- 27734	Supplier Invoice: SINV-2024- 27735







Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-27758	Kitsap Public Health District	University of Washington	#CE000165916	University of Washington	Net 30	SINV-2024-27758	08/22/2024		09/21/2024	0.00	0.00	125.00 USD	OSC
Supplier Invoice: SINV-2024- 27760	Kitsap Public Health District	Verizon Wireless	#9971226225	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2024-27760	08/22/2024		09/21/2024	00.00	00.0	6,323.45 USD	OSC
Supplier Invoice: SINV-2024- 27769	Kitsap Public Health District	Comcast	#208948154	Comcast - Remit-To: Net 30 PO Box 37601	Net 30	SINV-2024-27769	08/22/2024		09/21/2024	00.00	0.00	580.05 USD	JSD
Remittance Remittance													
	P	Process			Date	te		Œ	Remittance Events				
Payment Message: ID 2982 for Kitsap Public Health District on 08/22/2024	for Kitsap Pu	blic Health District on 0	18/22/2024	08/22/2024							4		
Process History Settlement Run Process History	listory												
Process		0)	Step	Status		Completed On	Due Date		Person (Up to 5)	7	All Persons	Comment	nent
Settlement Bin Event		Sottlement Bin Event	=vent	Step Completed	2/80	08/22/2024 09:11:07 AM		alliui	Unille Schmeling (130378)	78)		1	

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	08/22/2024 09:11:07 AM		Junille Schmeling (430378)	~	
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	Successfully Completed	Successfully Completed	Successfully Completed
Business Process	Payment Message: ID 2981 for Kitsap Public Health District on 08/22/2024	Payment Message: ID 2982 for Kitsap Public Health District on 08/22/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 08/22/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 08/22/2024	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/22/2024	Remittance File: For United Business Machines of WA on 08/22/2024	Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 08/22/2024	Remittance File: For University of Washington on 08/22/2024	Remittance File: For Washington State Auditor's Office on 08/22/2024



Created Date and Time Started Date and Time Process Type Process Type Process Type Process Type Settlement Run Complete Settle	Background Processes								
M 08/22/2024 09:11 AM Job Settlement Run Complete Settlement Run Complete for Completed 00:00:12 STL-00003916	Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
	08/22/2024 09:11 AM	08/22/2024 09:11 AM	Job	Complete	Settlement Run Complete for STL-00003916	Completed	00:00:12	Junille Schmeling	

Envelope ID: 7EF28AFC-DDF	-5-488B-B49C-67AFC30CDCBC				
usign	Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC	Almon well	0	Wa sunner ON	- STANING I STAN

Kitsap Public Health District HH STL-00003938 STL-00003938 08/29/2024 Complete Yes ž Number Status Name Date Settlement Run Include Payments On Behalf Of **Exclude Negative Payments** Express Settlement Settlement Run Information Additional Information

Organization Kitsap Public Health District

Currency USD

Filters Used

Payment Information

Display Currency

Outbound Total 49,796.55

Inbound Total 0.00

Expense Report Count 11

Supplier Invoice Count 17

Payment Groups

Successfully Completed Successfully Completed Successfully Completed Status Print Checks: Kitsap Scounty Claims Fund Warrant Account for Expense Payment (Check) on 08/29/2024 Payment Message: ID 2998 for Kitsap Public Health District on 08/29/2024 Print Checks: Kitsap Scounty Claims Fund Warrant Account for Supplier Payment (Check) on 08/29/2024 **Business Process** Currency 38.86 USD 1,447.64 USD 42,833,83 USD Amount 10 10 Payments Date 08/29/2024 08/29/2024 Expense Payment Treasurer's Main account Direct Deposit 08/29/2024 Payment Type Check Check Expense Payment Kitsap County Claims Fund Warrant Account Supplier Payment Kitsap County Claims Fund Warrant Account Bank Account Category Expense Payment(Check) for Kitsap County Claims Fund Warrant Account Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account Expense Payment(Direct Deposit) for Treasurer's Main account View Payment Groups

Docusign Envelope ID: 7EF28AFC-DDF5-488B-B49C-67AFC30CDCBC



Г		
	Status	Payment Message: ID Successfully Completed 2999 for Kitsap Public Health District on 802912024
	Business Process	Payment Message: ID 2999 for Kitsap Public Health District on 08/29/2024
	Currency	USD
	Amount	5,476.22 USD
	Payments	8
	Date	08/29/2024
	Payment Type	EFT
	Bank Account	Supplier Payment Treasurer's Main account EFT
	Category	-
	View	Supplier Payment(EFT) for Treasurer's Main account

EAPERISE INCHOLES								
Expense Report	Company	Рау То	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009913	Kitsap Public Health District	Katie Baker (435044) Employee	Employee	EXP-0009913	08/29/2024		asn 00.06	OSr
Expense Report: EXP-0009914	Kitsap Public Health Callie Burton District (434296)	Callie Burton (434296)	Employee	EXP-0009914	08/29/2024		315.70 USD	JSD
Expense Report: EXP-0009915	Kitsap Public Health District	Eric Evans (4565)	Employee	EXP-0009915	08/29/2024		116.00 USD	JSD
Expense Report: EXP-0009916	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0009916	08/29/2024		38.86 USD	JSD
Expense Report: EXP-0009917	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0009917	08/29/2024		74.50 USD	JSD
Expense Report: EXP-0009918	Kitsap Public Health District	Martha May (434674) Employee	Employee	EXP-0009918	08/29/2024		145.93 USD	JSD
Expense Report: EXP-0009919	Kitsap Public Health District	Anne Moen (279971) Employee	Employee	EXP-0009919	08/29/2024		26.13 USD	JSD
Expense Report: EXP-0009921	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0009921	08/29/2024		417.68 USD	JSD
Expense Report: EXP-0009923	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0009923	08/29/2024		154.30 USD	JSD
Expense Report: EXP-0009924	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0009924	08/29/2024		61.64 USD	JSD
Expense Report: EXP-0009925	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0009925	08/29/2024		45.76 USD	JSD
Supplier Invoices								
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Currency	OSD	USD
Amount to Co	1,050.00 USD	1,474.04 USD
Withheld Tax Amount	00'0	0.00
Discount Taken	00'0	0.00
Due Date	09/28/2024	09/28/2024
Discount Date		
Invoice Date	08/29/2024	08/29/2024
Payment Document Number Invoice Date	SINV-2024-28440	SINV-2024-28443
Payment Terms	Health Net 30	Net 30
Рауее	American Public Health Association	Canon Financial Services, Inc.
Supplier's Invoice Number	#AGYR25	#34501747
Supplier	American Public Health #AGYR25 Association	Canon Financial Services, Inc.
Company	Kitsap Public Health District	Kitsap Public Health District
Supplier Invoice	Supplier Invoice: SINV-2024- Kitsap 28440 Public Health District	Supplier Invoice: SINV-2024- Kitsap 28443 Health Health District



to Currency	26,630.83 USD	1,336.40 USD	56.25 USD	924.00 USD	1,732.81 USD	365.00 USD	232.04 USD	84.02 USD	69.33 USD	52.33 USD	299.91 USD
Amount to Pay											
Tax	00.0	00.0	00.0	00.0	00.00	00.00	00.00	00.00	00.0	00.0	00.00
Discount Taken	00.0	00.00	00.0	00.0	00.00	00.00	00.00	00.0	00.0	00.00	0.00
Due Date	09/28/2024	09/28/2024	09/28/2024	09/28/2024	09/28/2024	09/28/2024	09/28/2024	09/28/2024	09/28/2024	09/28/2024	09/28/2024
Date Date											
Invoice Date	08/29/2024	08/29/2024	08/29/2024	08/29/2024	08/29/2024	08/29/2024	08/29/2024	08/29/2024	08/29/2024	08/29/2024	08/29/2024
Document Number	SINV-2024-28444	SINV-2024-28446	SINV-2024-28448	SINV-2024-28452	SINV-2024-28455	SINV-2024-28482	SINV-2024-28483	SINV-2024-28485	SINV-2024-28487	SINV-2024-28489	SINV-2024-28493
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	Catalyst Workplace Activation	ChildStrive	Collins Computing Inc	Kitsap County - Remit- To: KC Parks & Recreation	Sanofi Pasteur, Inc	Sensoscientific Inc	Staples - Remit-To: Staples	Staples - Remit-To: Staples	Staples - Remit-To: Staples	Staples - Remit-To: Staples	Stericycle Inc - Remit- To: Stericycle Inc
Supplier's Invoice Number	#103111 D- INITIAL	JULY 2024	#069862	#0002169	#1136054710	#0153347-IN	#6009376340	#6008930363	#6009447999	#6008869465	#1000820641
Supplier	Catalyst Workplace Activation	ChildStrive	Collins Computing Inc	Kitsap County	Sanofi Pasteur, Inc	Sensoscientific Inc	Staples	Staples	Staples	Staples	Stericycle Inc
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
Supplier Invoice	Supplier Invoice: SINV-2024- 28444	Supplier Invoice: SINV-2024- 28446	Supplier Invoice: SINV-2024- 28448	Supplier Invoice: SINV-2024- 28452	Supplier Invoice: SINV-2024- 28455	Supplier Invoice: SINV-2024- 28482	Supplier Invoice: SINV-2024- 28483	Supplier Invoice: SINV-2024- 28485	Supplier Invoice: SINV-2024- 28487	Supplier Invoice: SINV-2024- 28489	Supplier Invoice: SINV-2024- 28493



Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024- 28496	Kitsap Public Health District	Stericycle Inc	#1000164903	Stericycle Inc - Remit- Net 30 To: Stericycle Inc		SINV-2024-28496	08/29/2024		09/28/2024	00.00	0.00	150.47 USD	OSD
Supplier Invoice: SINV-2024- 28499	Kitsap Public Health District	Structured	#0244590-IN	Structured	Net 30	SINV-2024-28499	08/29/2024		09/28/2024	00.00	0.00	4,602.79 USD	OSD
Supplier Invoice: SINV-2024- 28501	Kitsap Public Health District	Summit Law Group, PLLC	#156525	Summit Law Group, PLLC	Net 30	SINV-2024-28501	08/29/2024		09/28/2024	00.00	0.00	3,551.80 USD	OSD
Supplier Invoice: SINV-2024- 28503	Kitsap Public Health District	VectorUSA	#100769	VectorUSA	Net 30	SINV-2024-28503	08/29/2024		09/28/2024	0.00	0.00	5,698.03 USD	OSD
Remittance Remittance													
	Prc	Process			Date			Re	Remittance Events				
Payment Message: ID 2999 for Kitsap Public Health District on 08/29/2024	for Kitsap Put	olic Health District on 08/	29/2024	08/29/2024							3		
Process History													
Settlement Run Process History	listory												
Process		₩ ₩	Step	Status		Completed On	Due Date		Person (Up to 5)	All	All Persons	Comment	nent
Settlement Run Event		Settlement Run Event	vent	Step Completed	08/2	08/29/2024 09:14:41 AM		Heath	Heather Hunsaker			1	

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	08/29/2024 09:14:41 AM		Heather Hunsaker (434069)	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	
Related Business Processes History							

Business Process	Status
Payment Message: ID 2999 for Kitsap Public Health District on 08/29/2024	Successfully Completed
Payment Message: ID 2998 for Kitsap Public Health District on 08/29/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 08/29/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 08/29/2024	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 08/29/2024	Successfully Completed

Business Process	Status
Remittance File: For Canon Financial Services, Inc. on 08/29/2024	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 08/29/2024	Successfully Completed
Background Processes	

packground Processes								
Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
08/29/2024 09:14 AM	08/29/2024 09:14 AM	qor	Settlement Run Complete	Settlement Run Complete for STL-00003938	Completed	00:00:10	Heather Hunsaker	

Treasurer's Detail Report

For 2024 - Aug

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
5700:Debt Service Principal	5780 - Intergovernmental Loans	JE-00062262 - Kitsap Public Health District - 08/01/2024 - 2024 Mortgage Payment - August	8/1/2024	0.00	16,667.00	-16,667.00
5800:Debt Service Interest	5830 - Interest on Long-Term External Debt	JE-00062262 - Kitsap Public Health District - 08/01/2024 - 2024 Mortgage Payment - August	8/1/2024	0.00	8,346.00	-8,346.00

25,013.00

Treasurer's Detail Report

For 2024 - Aug

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 08/02/2024	8/2/2024	0.00	62.75	-62.75
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 08/05/2024	8/5/2024	0.00	5,620.23	-5,620.23
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 08/06/2024	8/6/2024	0.00	1,601.63	-1,601.63

7,284.61

Treasurer's Detail Report

For 2024 - Aug

Fund: FD00969 Kitsap Public Health General

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Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
3800:Other Increases in Fund Resources	3860 - Agency Deposits	JE-00062763 - Kitsap Public Health District - 08/20/2024 - Public Health monthly vital stats transfer	8/20/2024	0.00	27,753.00	-27,753.00

27,753.00

Kitsap Public Health - 08/3 Name	1/2024 Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Acosta (278956) Nancy	37.49	\$2,085.94	Tuxes	Bellelito	\$0.00
Ader (413193) Sam	173.33	\$6,539.00			\$4,457.72
Ahlin (434420) Zachary	54.50	\$1,691.68			\$1,496.00
Alexander (435070)	160.58	\$6,110.73			\$4,135.67
Anderson (419470) Amy	173.33	\$6,964.00			\$4,497.03
Anderson-Hobbs (435083)	173.33	\$5,246.00			\$3,958.49
Armstrong (434291) Jami	173.33	\$6,402.00			\$4,490.88
Atisme-Bevins (433909)	173.33	\$8,747.00 \$5,508.00			\$5,476.17
Baker (435044) Katie Banigan (215189) Leslie	173.33 173.33	\$7,614.00			\$4,148.42 \$5,464.00
Baum (434397) Rudy	173.33	\$6,282.00			\$4,630.26
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,385.24
Bell (419805) Gus	173.33	\$7,733.00			\$5,154.10
Berger (407902) Angeline	173.33	\$6,282.00			\$4,463.99
Bierman (404611) Dana	173.33	\$9,643.00			\$7,125.29
Borja (426250) Windie	173.33	\$6,402.00			\$4,451.46
Boysen-Knapp (2058)	173.33	\$7,636.00			\$5,276.52
Breitmayer (435259)	203.83	\$9,093.61			\$7,009.46
Bronder (434436) Christine	173.33	\$5,649.00 \$10,143.00			\$4,303.66
Brown (271677) Steven Burchett (409212) Brian	173.33 173.33	\$6,228.00			\$6,119.19 \$4,512.46
Burke (434463) Lenore	173.33	\$4,814.00			\$3,481.39
Burton (434296) Callie	173.33	\$4,880.00			\$3,586.10
Byrd (434085) Stephanie	173.33	\$4,574.00			\$3,636.66
Cadorna (434932) Jessi	173.33	\$3,978.00			\$2,812.18
Calderon (434768) Brenda	173.33	\$4,297.00			\$3,268.96
Camarena (434536) Daniel	173.33	\$6,048.00			\$4,133.50
Chang (411387) Margo	173.33	\$5,427.00			\$3,915.94
Chen (434841) Jessica	173.33	\$6,926.00			\$5,345.31
Clark (435043) Cheryl	173.33	\$6,680.00			\$4,799.05
Collins (434101) Lori	173.33	\$7,351.00			\$5,089.16
Crail (435213) Rebekah Currie (400651) Krista	145.33	\$4,107.72			\$3,041.54
Davis (433997) Elizabeth	173.33 173.33	\$5,077.00 \$9,184.00			\$3,800.92 \$6,386.47
Degracia (435196) Allison	173.33	\$5,783.00			\$4,269.23
Deseamus (434593) Dara	173.33	\$4,880.00			\$3,663.22
Dowless (340919) Kelly	173.33	\$7,636.00			\$5,237.08
Duren (430735) Ashley	173.33	\$6,402.00			\$4,711.11
Evans (4565) Eric	173.33	\$11,163.00			\$7,036.86
Fergus (434648) Maria	173.33	\$5,116.00			\$3,699.15
Fine (421693) George	86.67	\$2,287.00			\$1,774.50
Fisk (321284) April	173.33	\$8,840.00			\$5,006.73
Fong (356883) Yolanda Fuchs (435045) Molly	173.33	\$12,903.00			\$8,400.96
Fucini (434997) Heather	173.33 173.33	\$4,605.00 \$6,228.00			\$3,369.64 \$4,999.64
Giuntoli (337331) Paul	173.33	\$7,614.00			\$4,712.58
Gress (421427) Nicole	173.33	\$5,508.00			\$4,054.26
Griego (410072) Yaneisy	173.33	\$6,253.00			\$4,711.03
Guidry (355732) Jessica	173.33	\$10,125.00			\$7,223.53
Hammond (434978)	173.33	\$6,596.00			\$4,503.30
Hampton (434838)	159.17	\$7,362.96			\$5,223.39
Hansen (435085) Isabella	173.33	\$4,666.00			\$3,376.34
Harmon (434977) William	173.33	\$7,883.00			\$6,120.47
Hartman (434642) Melissa	173.33	\$6,072.00			\$4,578.84
Holdcroft (270783) Jodie Holdcroft (4579) Grant	134.11 27.04	\$5,891.45 \$1,504.51			\$4,740.57
Holt (2726) Karen	173.33	\$1,504.51			\$0.00 \$6,955.40
Howard (434057) Anne	138.67	\$4,537.00			\$2,986.63
Hubert (435172) Joaquin	158.33	\$4,933.60			\$4,111.52
Hughes (434256) Jakob	173.33	\$6,228.00			\$4,574.15
Hunter (409213) Kari	173.33	\$9,643.00			\$6,232.38
Inga Dominguez (434769)	173.33	\$4,878.00			\$3,670.14
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,068.50
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,632.92
Jones (358933) Kimberly	173.33	\$10,043.00			\$6,831.39
Jury (434709) Thomas	173.33	\$5,649.00			\$4,317.43
Katula (393427) Dayna Kench (245476) Donald	173.33 173.33	\$9,184.00 \$4,481.00			\$5,670.05 \$2,635.12
Kiess (250913) John	173.33	\$11,721.00			\$2,635.12 \$8,724.80
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Kitsap Public Health - 08/3 Name	31/2024 Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kimes (433908) Alexandra	173.33	\$8,270.00	Taxes	Dellellis	\$5,775.21
Kindschy (421430)	173.33	\$6,866.00			\$4,822.01
Kinnear (434099) Sarah	173.33	\$6,316.00			\$4,849.70
Knoop (16125) Melina	173.33	\$7,614.00			\$5,023.50
Kruse (243184) Charles	173.33	\$7,719.00			\$5,340.83
Kushner (327580) Siri	173.33	\$11,721.00			\$7,165.83
Laird (416539) Melissa	173.33	\$10,631.00			\$6,473.75
Lawver (434888) Albert	173.33	\$6,228.00			\$4,649.50
Levine (435209) Naomi	173.33	\$6,015.00			\$4,602.62
Lytle (285038) Ross	173.33	\$7,614.00			\$5,178.49
Madden (434318) Shannon	173.33	\$4,814.00			\$3,520.68
May (434674) Martha	173.33	\$4,694.00			\$3,257.81
Mazur (388104) Karina	165.22	\$0.00			\$0.00
McClung (435242) Carol McMillan (434052) Michelle	165.33 173.33	\$8,030.36 \$6,133.00			\$4,911.44 \$4,424.68
Miller (435008) Christopher	173.33	\$8,510.00			\$5,621.35
Moen (279971) Anne	173.33	\$7,614.00			\$5,129.36
Moontree-Stewart (406607)		\$3,362.88			\$2,965.21
Moore (434254) Alexandra	173.33	\$5,931.00			\$4,389.81
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			\$8,848.06
Neff Warner (435082) Leah	173.33	\$6,596.00			\$3,751.91
Nguyen (295033) Loan	173.33	\$5,598.00			\$4,034.67
Nielson (434638) Brian	173.33	\$6,852.00			\$5,107.88
Noriega (435095) Yolanda	173.33	\$4,098.00			\$3,215.34
North (22459) Edwin	173.33	\$10,631.00			\$240.34
O'Brien (433907) Melissa	173.33	\$5,380.00			\$4,230.02
Onarheim (426938) Carin	173.33	\$5,983.00			\$4,508.82
Outlaw-Spencer (434984)	164.46	\$5,761.28			\$4,360.76
Pandino (419118) Linda Perry (306605) Rachel	174.33	\$5,120.94			\$3,871.48
Petersen (434695) Kayla	173.33 173.33	\$5,105.00 \$4,648.00			\$3,679.50 \$3,374.24
Pittsinger (435173) Lynn	173.33	\$11,721.00			\$7,781.39
Romaelle (435094) Antonio		\$5,649.00			\$4,239.10
Rork (404613) lan	173.33	\$7,106.00			\$5,171.97
Sample (434976) Brittany	173.33	\$5,456.00			\$4,120.00
Sauna (435096) Khushnum	173.33	\$5,508.00			\$4,087.02
Shelby (434658) Emmy	156.00	\$7,068.00			\$4,808.28
Sherman (434949) Linnea	173.33	\$4,814.00			\$3,465.40
Shoriz (434893) Justin	173.33	\$5,264.00			\$4,025.00
Shuhler (425553) Yana	173.33	\$4,775.00			\$3,183.55
Sidell (435084) Nathan	173.33	\$4,996.00			\$3,009.23
Simmons (434365) Nolan	173.33	\$5,649.00			\$4,274.87
Smith (361388) Terri	173.33	\$8,510.00			\$5,952.32 \$4,005.40
Snow (435021) Kelly Sooter (427776) Thaddeus	171.58	\$5,346.47			\$4,065.10
Stedman (347366) Kelsey	173.33 173.33	\$9,643.00 \$9,843.00			\$6,895.00 \$6,356.77
Stewart (423168) Tobbi	173.33	\$6,228.00			\$4,226.14
Taveras (435217) Orpa	178.58	\$5,227.12			\$3,909.53
Turner (1682) Denise	173.33	\$5,598.00			\$3,458.39
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,255.61
Villahermosa II (435216)	119.33	\$3,756.08			\$2,691.62
Wagner (426251) Mary	121.34	\$3,224.00			\$2,317.78
Warren (434273) Lisa	173.33	\$8,330.00			\$5,501.96
Wellborn (14545) Brian	173.33	\$4,481.00			\$2,960.72
Wendt (397255) Jan	173.33	\$7,733.00			\$5,719.77
Westervelt (434382) Laura	173.33	\$6,539.00			\$4,443.74
Whares (434641) Erica	173.33	\$6,926.00			\$5,429.22
Whitford (434292) Tiffany	173.33	\$4,574.00			\$3,371.64
Wickhamshire (434070)	40.00	\$1,055.60			\$882.77 \$5.184.61
Wimpenny (434923) Jacob Winchester (431493)	173.33	\$7,209.00 \$5,649.00			\$5,184.61 \$4.122.70
Wyatt (434415) Janet	173.33 149.16	\$5,649.00 \$6,654.78			\$4,122.70 \$4,169.00
, att (101110) ballot		\$869,445.71	\$70,905.23	\$227,917.77	
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Treasurer's Detail Report

For 2024 - Aug

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Cat	Journal	Posting Date	Debit	Credit	Balance
2315:Employee Benefits Payable	Pi	perational Journal: Kitsap ublic Health District - 8/15/2024	8/15/2024	0.00 13	36,107.94	-136,107.94
2317:Payroll Tax Payable	Pi	perational Journal: Kitsap ublic Health District - 8/30/2024	8/30/2024	0.00 21	19,673.43	-219,673.43