

**Kitsap Public Health District
Consent Agenda
January 7, 2025**

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2306 Amendment 2 (2444)	N-22-058-A2	Jefferson County Public Health <i>Nurse Family Partnership Supervisor</i>	Amendment	10/01/2024- 06/30/2025	\$46,736.49	\$0
Description: Amendment to extend the provisions of the original agreement beginning October 1, 2024, through June 30, 2025 and adds \$46,736.49 to original amounts to fund Nurse Supervision, October, November and December, 2024 and January 1 st , 2025- June 30, 2025.						
2443	KC-016-25	Kitsap County Human Services <i>Nurse Family Partnership</i>	Contract	01/01/2025- 12/31/2025	\$150,000	\$0
Description: Funded by 1/10th of 1% sales tax, augments state and federal funding for high-risk mothers and their children. KPHD to deliver nurse home visiting services and provide a bilingual Community Health Worker for outreach and case management of high-risk, low-income mothers and their babies. This project has the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with at-risk families.						

CONTRACT AGREEMENT AMENDMENT #2
By and Between
Kitsap Public Health District and Jefferson County Public Health
Nurse Family Partnership Supervisor

WHEREAS, Kitsap Public Health District (KPHD) (CONTRACTOR) and Jefferson County Public Health (JCPH) (JEFFERSON COUNTY) entered into an agreement on January 1, 2023 and amended said agreement on January 1, 2024 for Professional Services to provide services as Nurse Family Partnership (NFP) Supervisor

WHEREAS, the parties desire to amend this agreement

IT IS AGREED BETWEEN BOTH PARTIES AS NAMED HEREIN AS FOLLOWS:

- 1.) This amendment shall extend the provisions of the Agreement beginning October 1, 2024 and will continue through June 30, 2025 unless terminated as provided by the Agreement.
- 2.) This amendment adds \$46,736.49 in funds to original amounts to fund Nurse Supervision, October, November, and December, 2024 and January 1st, 2025 – June 30, 2025.
- 3.) Work performed consistent with this Agreement during its term, but prior to the adoption of this Agreement Amendment 2, is hereby ratified.
- 4.) All other terms and conditions of the agreement will remain the same.

Dated this 16th day of December, 2024

(SIGNATURES TO FOLLOW ON THE NEXT PAGE)

SIGNATURE PAGE

JEFFERSON COUNTY WASHINGTON

Board of County Commissioners
Jefferson County, Washington

By: 
Kate Dean, Chair

By: 
Greg Brotherton, Commissioner

By: 
Heidi Eisenhour, Commissioner

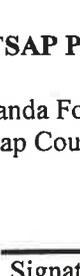
SEAL:



ATTEST:


Carolyn Gallaway
Clerk of the Board

Approved as to form only:

 for 12/04/2024
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

KITSAP PUBLIC HEALTH DISTRICT

Yolanda Fong, Administrator
Kitsap County, WA

By: _____
Signature

Name: _____

Title: _____

Date: _____

KITSAP COUNTY HUMAN SERVICES
1/10th of 1% Mental Health, Chemical Dependency
and Therapeutic Courts Contract

Contract Number: KC-016-25

Contractor: Kitsap Public Health District

Amount: \$150,000.00

Contract Term: January 1, 2025 – December 31, 2025

CFDA#: Not applicable

Purpose: This project provides funding the Nurse-Family Partnership Program and Maternity Support Services, with the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for, substance abuse and/or mental health problems. This project will serve (225) high risk, low-income pregnant women.

This contract is made between Kitsap Public Health District (hereinafter “Contractor”) and the Kitsap County (hereinafter the “County”). This notification of contract, including all material incorporated by reference, contains all terms and conditions agreed to by the parties hereto. No other understandings, oral or otherwise, regarding the subject matter of this agreement shall be deemed to exist or to bind any of the parties hereto.

The rights and obligations of the parties shall be subject to and governed by the terms and conditions contained herein and by the Statement of Work, General Agreement, Special Terms and Conditions, and the Budget. In the event of any inconsistency in this notification of contract, including the items incorporated herein by reference, the inconsistency shall be resolved by giving precedence in the following order: (1) General Agreement; (2) Special Terms and Conditions; (3) Statement of Work; and (4) Budget.

As evidenced by signatures hereon, the parties accept the terms and conditions of this contract.

Dated this ____ day of _____, 2025. Dated this ____ day of _____, 2025.

**CONTRACTOR
KITSAP PUBLIC HEALTH DISTRICT**

**KITSAP COUNTY BOARD OF
COMMISSIONERS**

Yolanda Fong, Administrator

CHRISTINE ROLFES, Chair

ORAN ROOT, Commissioner

KATHERINE T. WALTERS, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office



1/10TH OF 1% MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURTS CONTRACT

CONTRACT GENERAL TERMS AND CONDITIONS

This contract for Human Services (the Contract) is entered into by Kitsap County, a municipal corporation, having its principal offices at 614 Division Street, Port Orchard, Washington, 98366 (the County) and Kitsap Public Health District, having its principal office at 345 6th Street, Suite 300, Bremerton, Washington, 98337.

SECTION 1. EFFECTIVE DATE OF CONTRACT

The Contract will become effective on January 1, 2025 and terminate on December 31, 2025. In no event will the Contract become effective unless and until it is approved and executed by the duly authorized representative of Kitsap County.

SECTION 2. SERVICES TO BE PROVIDED

- 2.1 A description of the services to be performed by the Contractor will be set forth in Attachment B: Statement of Work, which is attached to the Contract.
- 2.2 The Contractor agrees to provide its own labor and materials. Unless otherwise provided for in the Contract, no material, labor or facilities will be furnished by the County.
- 2.3 The Contractor will perform the work specified in the Contract according to standard industry practice.
- 2.4 The Contractor will complete its work in a timely manner and in accordance with the schedule agreed to by the parties.
- 2.5 The Contractor will confer with the County from time to time during the progress of the work. The Contractor will prepare and present status reports and other information that may be pertinent and necessary, or as may be requested by the County.

SECTION 3. CONTRACT REPRESENTATIVES

The County and the Contractor will each have a contract representative. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows.

County's Contract Representative

Hannah Shockley, Human Service Planner
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366

Contractor's Contract Representative

Yolanda Fong, Administrator
Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

SECTION 4. COMPENSATION

- 4.1 A description of the compensation to be paid to the Contractor will be set forth in Attachment C: Budget Summary, which is attached to the Contract.
 - 4.2 The total amount payable under the Contract by the County to the Contractor in no event will exceed \$150,000.00. Any cost incurred by the Contractor over and above the year-end sums set out in the budgets shall be at the Contractor's sole risk and expense.
 - 4.3 Unless otherwise provided in the Contract, the Contractor may submit an invoice to the County once a month for payment of work actually completed to date. Contractor shall use the Department of Human Services Contractor Invoice Form, available from the County. Subject to the other provisions of the Contract, the County generally will pay such an invoice within thirty (30) days of receiving it.
 - 4.4 The County will submit payments for work performed to;

Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337
 - 4.5 The Contractor will be paid only for work expressly authorized in the Contract.
 - 4.6 Payments shall not be construed as a waiver of the County's right to challenge the level of the Contractor's performance under this Contract, and to seek appropriate legal remedies.
 - 4.7 The Contractor will not be entitled to payment for any services that were performed prior to the effective date of the Contract or after its termination, unless a provision of the Contract expressly provides otherwise.
 - 4.8 If the Contractor fails to perform any substantial obligation, and the failure has not been cured within ten (10) days following notice from the County, the County
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may, in its sole discretion and upon written notice to the Contractor, withhold all monies due the Contractor, without penalty, until such failure to perform is cured.

- 4.9 The Contractor shall pay no wages in excess of the usual and accustomed wages for personnel of similar background, qualifications and experience.
- 4.10 The Contractor shall pay no more than reasonable market value for equipment and/or supplies.

SECTION 5. AMENDMENTS AND CHANGES IN WORK

- 5.1 In the event of any errors or omissions by the Contractor in the performance of any work required under the Contract, the Contractor will make all necessary corrections without additional compensation. All work submitted by the Contractor will be certified and checked by the Contractor for errors and omissions. The Contractor will continue to be responsible for the accuracy of work even after the work is accepted by the County.
- 5.2 In order to be effective, any contract renewal, amendment or modification must be in writing, be signed by both parties and be attached to the Contract. Work under a renewal, amendment or modification may not commence until the renewal, amendment or modification has been approved by the County and has become effective.
- 5.3 Either party may request that the Contract terms be renegotiated when circumstances, which were neither foreseen nor reasonably foreseeable by the parties at the time of contracting, arise during the period of performance of the Contract. Such circumstances must have a substantial and material impact upon the performance projected under this Contract, and must be outside the control of either party.

SECTION 6. HOLD HARMLESS AND INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall indemnify, defend and hold harmless the County and its elected and appointed officials, officers, employees and agents from and against all claims resulting from or arising out of the performance of this Contract, whether such claims arise from the acts, errors or omissions of Contractor, its subcontractors, third parties or the County, or anyone directly or indirectly employed by any of them or anyone for whose acts, errors or omissions any of them may be liable. "Claim" means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys' fees and costs, attributable to personal or bodily injury, sickness, disease or death, or to injury to or destruction of property, including the loss of use resulting therefrom. Contractor's duty to indemnify, defend and hold harmless includes but is not limited to claims by Contractor's or any subcontractor's officers, employees or agents. Contractor's duty, however, does not extend to claims arising from the sole negligence or willful

misconduct of the County or its elected or appointed officials, officers or employees. For the purposes of this indemnification provision, Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This indemnification provision shall survive the expiration or termination of the Contract.

SECTION 7. INSURANCE

7.1 **Professional Legal Liability.** The Contractor, if it is a licensed professional, will maintain professional legal liability or professional errors and omissions coverage appropriate to the Contractor's profession. The coverage will have a limit of not less than \$1 million per occurrence. The coverage will apply to liability for a professional error, act or omission arising out of the Contractor's services under the Contract. The coverage will not exclude bodily injury or property damage. The coverage will not exclude hazards related to the work rendered as part of the Contract or within the scope of the Contractor's services under the Contract, including testing, monitoring, measuring operations or laboratory analysis where such services are rendered under the Contract.

7.2 **Workers' Compensation and Employer Liability.** The Contractor will maintain workers' compensation insurance as required by Title 51, Revised Code of Washington, and will provide evidence of coverage to the Kitsap County Risk Management Division. If the Contract is for over \$50,000, then the Contractor will also maintain employer liability coverage with a limit of not less than \$1 million.

Any additional workers' compensation requirements can be found in Attachment A, Special Terms and Conditions.

7.3 **Commercial General Liability.** The Contractor will maintain commercial general liability coverage for bodily injury, personal injury and property damage, subject to a limit of not less than \$1 million per occurrence. The general aggregate limit will apply separately to the Contract and be no less than \$2 million. The Contractor will provide commercial general liability coverage that does not exclude any activity to be performed in fulfillment of the Contract. Specialized forms specific to the industry of the Contractor will be deemed equivalent provided coverage is no more restrictive than would be provided under a standard commercial general liability policy, including contractual liability coverage.

7.4 **Automobile Liability.** The Contractor will maintain automobile liability insurance as follows (check ONE of the following options):

Not Applicable.

X The Contractor will maintain commercial automobile liability insurance with a limit of not less than \$1 million each accident combined bodily injury and property damage. The aggregate limit will be at least \$2 million. Coverage will include owned, hired and non-owned automobiles.

The Contractor will maintain automobile liability insurance or equivalent form with a limit of not less than \$100,000 each accident combined bodily injury and property damage. The aggregate limit will be at least \$300,000. If a personal lines automobile liability policy is used to meet this requirement, it must include a business rider and must cover each vehicle to be used in the performance of the Contract and the certificates of insurance must evidence that these conditions have been met. If the Contractor will use non-owned vehicles in performance of the Contract, the coverage will include owned, hired and non-owned automobiles.

7.5 Miscellaneous Insurance Provisions

- A. The Contractor's liability insurance provision will be primary with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees and agents.
 - B. The Contractor's commercial general liability insurance and automobile liability insurance (if applicable) will include the County, its officers, officials, employees and agents as additional insureds with respect to performance of services.
 - C. The Contractor's commercial general liability insurance and automobile liability insurance (if applicable) will contain no special limitations on the scope of protection afforded to the County as an additional insured.
 - D. Any failure to comply with reporting provisions of the policies will not affect the coverage provided to the County, its officers, officials, employees or agents.
 - E. The Contractor's insurance will apply separately to each insured against whom claim is made or suit is brought subject to the limits of the insurer's liability.
 - F. The Contractor will include all subcontractors as insureds under its policies or will furnish separate certificates and endorsements for each subcontractor. All coverage for subcontractors will be subject to all of the requirements stated in these provisions.
 - G. The insurance limits mandated for any insurance coverage required by the Contract are not intended to be an indication of exposure, nor are they limitations on indemnification.
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- H. The Contractor will maintain all required policies in force from the time services commence until services are completed. Certificates, policies and endorsements scheduled to expire before completion of services will be renewed before expiration. If the Contractor's liability coverage is written as claims-made-policy, then the Contractor must evidence the purchase of an extended-reporting period or "tail" coverage for a three-year period after completion of the services.

7.6 Verification of Coverage and Acceptability of Insurers.

- A. The Contractor will place insurance with insurers licensed to do business in the State of Washington and having A.M. Best Company ratings of no less than A-VII, with the exception that excess and umbrella coverage used to meet the requirements for limits of liability or gaps in coverage need not be placed with insurers or re-insurers licensed in the State of Washington.
- B. The Contractor will furnish the County with properly executed certificates of insurance or a signed policy endorsement which will clearly evidence all insurance required in this Section before work under this Contract shall commence. The certificate shall, at a minimum, list limits of liability and coverage. The certificate will provide that the underlying insurance contract may not be canceled, or allowed to expire, except on 30-days' prior written notice to the County. Any certificate or endorsement limiting or negating the insurer's obligation to notify the County of cancellation or changes must be amended so as not to negate the intent of this provision.
- C. The Contractor will furnish the County with evidence that the additional-insured provision required above has been met. Acceptable forms of evidence are the endorsement pages of the policy showing the County as an additional insured or a letter of self-insurance from a public entity risk pool which waives the requirement.
- D. Certificates of insurance will show the certificate holder as Kitsap County and indicate "care of" the appropriate County office or department. The address of the certificate holder will be shown as the current address of the appropriate County office or department.
- E. The Contractor will request that the Washington State Department of Labor and Industries, Workers Compensation Representative, send verification to the County that the Contractor is currently paying workers' compensation.
- F. Evidence of such insurance, as required above, shall be provided to the County at the following address:

Hannah Shockley, Human Services Planner
Program, Kitsap County Department of Human Services

614 Division Street, MS-23
Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

- G. Written notice of cancellation or change will be mailed to the County Risk Management Division as provided above.
- H. The Contractor or its broker will provide a copy of all insurance policies specified in the Contract upon request of the Kitsap County Risk Manager.

SECTION 8. TERMINATION

- 8.1 The County may terminate the Contract in whole or in part whenever the County determines, in its sole discretion, that such termination is in the best interests of the County. The County may terminate the Contract upon giving the Contractor 10-days' written notice. In that event, the County will pay the Contractor for all costs incurred by the Contractor in performing the Contract up to the date of such notice, subject to the other provisions of the Contract.
- 8.2 If funding for the underlying project or matter is withdrawn, reduced or limited in any way after the Contract is signed or becomes effective, the County may summarily terminate the Contract notwithstanding any other termination provision in the Contract. Termination under this provision will be effective upon the date specified in the written notice of termination sent by the County to the Contractor. No costs incurred after the effective date of termination will be paid.
- 8.3 If the Contractor breaches any of its obligations under the Contract, and fails to cure the breach within 10 days of written notice to do so by the County, the County may terminate the Contract. In that event, the County will pay the Contractor only for the costs of services accepted by the County. Upon such termination, the County, at its discretion, may obtain performance of the work elsewhere, and the Contractor will bear all costs and expenses incurred by the County in completing the work and all damages sustained by the County by reason of the Contractor's breach.

SECTION 9. ASSIGNMENT, DELEGATION AND SUBCONTRACTING

- 9.1 The Contractor will perform under the Contract using only its bona fide employees or agents, and the obligations and duties of the Contractor under the Contract will not be assigned, delegated or subcontracted to any other person or firm without the prior express written consent of the County.
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- 9.2 If permitted to use subcontractors, the Contractor is responsible for subcontractor compliance with applicable terms and conditions of this Contract and all applicable laws.
- 9.3 The Contractor warrants that it has not paid, nor has it agreed to pay, any company, person, partnership or firm, other than a bona fide employee working exclusively for the Contractor, any fee, commission percentage, brokerage fee, gift or other consideration contingent upon or resulting from the award or making of the Contract.

SECTION 10. INDEPENDENT CONTRACTOR

- 10.1 The Contractor's services will be furnished by the Contractor as an independent contractor and not as an employee, agent or servant of the County. The Contractor will perform the services in strict accordance with the provisions of the Contract but will be free from control or direction over the performance of the services.
- 10.2 At least one of the following applies: (a) the services to be provided are outside the usual course of business for which the services are performed; (b) the services to be provided will be performed outside all of the places of business of the Contractor; or (c) the Contractor is responsible for the costs of the principal place of business from which the services will be performed.
- 10.3 The Contractor warrants that it either: (a) is customarily engaged in an independently established trade, occupation, profession or business of the same nature as that involved in the Contract; or (b) has a principal place of business for the business it is conducting that is eligible for a business deduction for federal income tax purposes.
- 10.4 The Contractor acknowledges or warrants that it: (a) is responsible for filing at the next applicable filing period a schedule of expenses with the Internal Revenue Service for the type of business the Contractor is conducting; (b) has established an account with the State of Washington Department of Revenue and any other applicable state agencies for the business the Contractor is conducting for the payment of all state taxes normally paid by employers and businesses; and (c) has registered for and received a unified business identifier number from the State of Washington.
- 10.5 The Contractor warrants that it maintains a separate set of books or records that reflect all items of income and expenses of the business that the Contractor is conducting.
- 10.6 The Contractor acknowledges that the entire compensation for the Contract is set forth in the compensation provisions of the Contract and that the Contractor is not entitled to any County benefits, including, but not limited to: vacation pay;
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holiday pay; sick leave pay; medical, dental or other insurance benefits; fringe benefits; or any other rights or privileges afforded to County employees or agents.

- 10.7 In the event that any of the Contractor's employees, agents, servants or subcontractors, carry on activities or conduct themselves in any manner which may either jeopardize the funding of this Contract or indicates that they are unfit to provide those services as set forth within, the Contractor shall be responsible for taking adequate measure to prevent said employee, agent or servant from performing or providing any such services.
- 10.8 The Contractor will hold harmless, indemnify and defend the County, its officers, officials, employees and agents from and against any loss or expense, including, but not limited to, settlements, judgments, set-offs, attorneys' fees or costs, incurred or suffered by reason of claims or demands arising in connection with the provisions of this Section.

SECTION 11. COMPLIANCE WITH LAWS

- 11.1 The Contractor, its employees, assignees, delegates or subcontractors will not discriminate against any person in performance of any of its obligations under the Contract on the basis of race, color, creed, religion, national origin, age, sex, sexual orientation, marital status, veteran status or the presence of disability.
 - 11.2 The Contractor, its employees, assignees, delegates and subcontractors will comply with all applicable provisions of the Americans With Disabilities Act and all regulations interpreting and enforcing such act.
 - 11.3 The Contractor and its subcontractors, employees, agents, assignees and representatives will comply with all applicable federal, state and local laws, rules and regulations in their performance under the Contract.
 - 11.4 Religious Activities. If the Contractor is a faith-based or religious organization, it retains its independence and may continue to carry out its mission, including the definition, development, practice, and expression of its religious beliefs. Such a Contractor, however, may not use any funding provided under this Agreement to support or engage in any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, nor may such a Contractor condition the provision of services provided pursuant to this Agreement upon a participant's engaging in any such explicitly religious activities.
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SECTION 12. DOCUMENTATION AND OWNERSHIP OF MATERIALS

- 12.1 The Contractor will maintain readily accessible records and documents sufficient to provide an audit trail needed by the County to identify the receipt and expenditure of funds under this Contract, and to keep on record all source documents, such as time and payroll records, mileage reports, supplies and material receipts, purchased equipment receipts, and other receipts for goods and services.
- 12.2 The Contractor will maintain property record cards and property identification tabs as may be directed by County codes and changes thereto. This applies only to property purchased from funds under this Contract specifically designated for such purposes. Ownership of equipment purchased with funds under this Contract so designated for purchase shall rest in the County and such equipment shall be so identified.
- 12.3 The Contractor will provide a detailed record of all sources of income for any programs it operates pursuant to this Contract, including state grants, fees, donations, federal funds and others funds outlined in this Contract, or any amendments or modifications to this Contract. Expenditure of all funds payable under this Contract must be in accordance with the attached Statement of Work.
- 12.4 All reports, drawings, plans, specifications, all forms of electronic media, and data and documents produced in the performance of the work under the Contract will be "works for hire" as defined by the U.S. Copyright Act of 1976 and will be owned by the County. Ownership includes the right to copyright, patent, and register, and the ability to transfer these rights.
- 12.5 All property and patent rights, including publication rights, and other documentation, including, machine-readable media, produced by the Contractor in connection with the work provided for under this Contract shall vest in the County and such materials will be provided to the County upon request.
- 12.6 An electronic copy of all word processing documents will be submitted to the County upon request or at the end of the job using the word processing program and version specified by the County.

SECTION 13. PATENT/COPYRIGHT INFRINGEMENT

The Contractor will hold harmless, indemnify and defend the County, its officers, officials, employees and agents, from and against any claimed action, cause or demand brought against the County, where such action is based on the claim that information supplied by the Contractor or subcontractor infringes any patent or copyright. The Contractor will be notified promptly in writing by the County of any notice of such claim.

SECTION 14. DISPUTES

Differences, disputes and disagreements between the Contractor and the County arising under or out of the Contract will be brought to the attention of the County at the earliest possible time so that the matter may be settled, or other appropriate action promptly taken. Any dispute relating to the quality or acceptability of performance or compensation due the Contractor will be decided by the County's contract representative or designee. All rulings, orders, instructions, and decisions of the County's contract representative will be final and conclusive.

SECTION 15. CONFIDENTIALITY

The Contractor, its employees, subcontractors, and their employees will maintain the confidentiality of all information provided by the County or acquired by the Contractor in performance of the Contract, except upon the prior express written consent of the County or an order entered by a court of competent jurisdiction. The Contractor will promptly give the County written notice of any judicial proceeding seeking disclosure of such information.

SECTION 16. CHOICE OF LAW, JURISDICTION AND VENUE

- 16.1 The Contract will be construed as having been made and delivered within the State of Washington, and it is agreed by each party that the Contract will be governed by the laws of the State of Washington, both as to its interpretation and performance.
- 16.2 Any action at law, suit in equity or other judicial proceeding arising under or out of the Contract may be instituted and maintained only in a court of competent jurisdiction in Kitsap County, Washington.
- 16.3 If the Contractor is a federally recognized Indian tribe, the following provision applies: Each party hereby grants a limited waiver of sovereign immunity to suit solely with respect to claims made against it by the other party relating to, or arising under, this Contract. Each party hereby voluntarily consents to the personal jurisdiction of the Superior Court of the State of Washington, County of Kitsap, solely for this purpose.

SECTION 17. MISCELLANEOUS

- 17.1 **Authority.** The Contractor certifies that it has the legal authority to apply for the funds covered under this Contract.
 - 17.2 **No Waiver.** The parties agree that the excuse or forgiveness of performance, or waiver of any provisions of the Contract, does not constitute a waiver of such provision or future performance, or prejudice the right of the waiving party to enforce any of the provisions of the Contract at a later time.
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- 17.3 **Remedies.** All remedies provided for in this Contract will be construed as cumulative and will be in addition to any other remedies provided by law.
- 17.4 **Tax Payments.** The Contractor will pay all applicable federal, state and local taxes, fees (including licensing fees) and other amounts.
- 17.5 **Conflict of Interest.** The Contractor will avoid organizational conflicts of interest or the appearance of a conflict of interest in disbursing contract funds for any purpose and in the conduct of procurement activities. The Contractor will ensure that its subcontractors, employees, agents or representatives avoid conflicts of interest or the appearance of a conflict of interest in disbursing contract funds for any purpose and in the conduct of procurement activities.
- 17.6 **Personnel Removal.** The Contractor agrees to remove immediately any of its subcontractors, employees, agents or representative from assignment to perform services under the Contract upon receipt of a written request to do so from the County's contract representative or designee.
- 17.7 **Records Inspection and Retention.** The County may, at reasonable times, inspect the books and records of the Contractor relating to the performance of the Contract. The Contractor will retain for audit purposes all Contract-related records for at least six (6) years after termination of the Contract.
- 17.8 **Publication.** The Contractor will not publish any results of the works performed under this Contract without the advance written permission of the County.
- 17.9 **County Review.** The County may, at reasonable times, review and monitor the financial and service components of the program as established by the Contractor by whatever means are deemed expedient by the Board of County Commissioners, or its respective delegates. Such review may include, but is not limited to, with reasonable notice, on-site inspection by County agents or employees, and the inspection of all records or other materials which the County deems pertinent to the Contract and its performance, except those deemed confidential by law.
- 17.10 **Successors and Assigns.** The County, to the extent permitted by law, and the Contractor each bind themselves, their partners, successors, executors, administrators and assigns to the other party to the Contract and to the partners, successors, administrators and assigns of such other party in respect to all covenants to the Contract.
- 17.11 **Severability.** If a court of competent jurisdiction holds any provision of the Contract to be illegal, invalid or unenforceable, in whole or in part, the validity of the remaining provisions will not be affected and the parties' rights and obligations will be construed and enforced as if the Contract did not contain the particular provision held to be invalid. If any provision of the Contract conflicts
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with any statutory provision of the State of Washington, the provision will be deemed inoperative to the extent of the conflict or modified to conform to statutory requirements.

- 17.12 **Attachments.** The parties acknowledge that the following attachments, which will be attached to this Contract, are expressly incorporated by this reference:

Attachment A – Special Terms and Conditions

Attachment B – Statement of Work

Attachment C – Budget Summary/Estimated Expenditures

Attachment D – Prevailing Wage

In the event of an inconsistency between these General Terms and Conditions and the attachments, precedence shall be given in the following order: (1) General Terms and Conditions; (2) Special Terms and Conditions; (3) Statement of Work; (4) Budget Summary/Estimated Expenditures.

- 17.13 **Whole Agreement.** The parties acknowledge that the Contract is the complete expression of their agreement regarding the subject matter of the Contract. Any oral or written representations or understandings not incorporated in the Contract are specifically excluded.

- 17.14 **Notices.** Any notice will be effective if personally served upon the other party or if mailed by registered or certified mail, return receipt requested, to the addresses set out in the contract representatives provision of the Contract. Notice may also be given by facsimile with the original to follow by regular mail. Notice will be deemed to be given three days following the date of mailing, or immediately if personally served. For service by facsimile, service will be effective at the beginning of the next working day.
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ATTACHMENT A: SPECIAL TERMS and CONDITIONS

1/10th of 1% Mental Health, Chemical Dependency and Therapeutic Courts

Purpose

The purpose of funding provided through this contract is to augment state and federal funding of mental health, chemical dependency and therapeutic court programs and services with the goal of preventing and reducing the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data-driven programs for a continuum of recovery-oriented systems of care per RCW 82.14.460. Funding must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. No funding provided under this contract may be used to supplant existing funding for these programs.

Collaboration and Collective Impact

The Contractor shall take the initiative to work with other systems to reduce fragmentation or duplication and to strengthen working relationships utilizing collective impact strategies. The Contractor will provide quarterly updates on collaborative efforts and outreach activities that will include issues mutually identified by the Contractor and respective systems that can be addresses through collective impact strategies. Examples of such systems include: criminal justice, corrections, juvenile rehabilitation, mental health, aging, veterans, child protection and welfare, adult protection and welfare, education, juvenile justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse and mental health services.

All agencies providing services to working age adults and youth shall establish a connection with the local WorkSource system to ensure people have access to employment training and placement services.

Identification and Coordination of Available Funding Sources

The Contractor is required to identify and coordinate all available funding resources to pay for the mental health and chemical dependency services funded by this contract, including Federal (Medicaid and Affordable Care Act, etc.), State, local, private insurance and other private sources. The 1/10th of 1% funding should be utilized as a Payor of Last Resort. Contractor will provide a report by December 31 and June 30 each year funding is received under this grant detailing what other funding sources have been investigated, what the outcome was and what the future potential for alternative funding.

Requirements.

Background Checks (RCW 43.43, WAC 388-877 & 388-877B)

The Contractor shall ensure a criminal background check is conducted for all staff members; case managers, outreach staff members, etc.; or volunteers who have unsupervised access to children, adolescents, and vulnerable adults.

Services and Activities to Ethnic Minorities and Diverse Populations

The Contractor shall: Ensure all services and activities provided by the Contractor under this Contract shall be designed and delivered in a manner sensitive to the needs of all ethnic minorities. Initiate actions to ensure or improve access, retention, and cultural relevance of treatment, prevention or other appropriate services, for ethnic minorities and other diverse populations in need of treatment and prevention services as identified in their needs assessment.

Audit Requirements

If the Contractor is subject to OMB Circular A-133, the County shall require a copy of the completed Single Audit and ensure corrective action is taken for any audit finding, per A-133 requirements.

ATTACHMENT B: STATEMENT OF WORK

Kitsap Public Health District

Background

In 2005, Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013, the Kitsap County Board of Commissioners passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. The goal of this tax is to prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data-driven programs for a continuum of recovery-oriented systems of care.

Project Description

This project will provide behavioral health services within the Prevention, Early Intervention level of the continuum of care and addresses the following strategic goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

This three-tier project has the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for, substance abuse and/or mental health problems. There are three components to this project:

1. Providing evidence-based Nurse Family Partnership (NFP) services to at least 10 low-income, high-risk first-time mothers and their babies (note total number of clients served by NFP annually is 50-60).
2. Improving access to services by utilizing a community health worker (CHW) for outreach and community infrastructure support.
3. Providing a Postpartum Support Group.

Project Activities

The Kitsap Public Health District will provide the following for the Nurse Family Partnership (NFP) Program:

- Maintain 0.4 FTE Nurse Family Partnership (NFP) nurse home visitor.
 - NFP staff will participate in ongoing training and education as required by NFP Nursing Services Organization.
-

- NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs.
- Existing caseload will be maintained at ten (10) families.
- Maintain outreach and referral plan to reach target population and maintain caseload.
- Provide Home Visits for first time, low-income pregnant women, mothers and infants.
- New clients will be enrolled before twenty-nine (29) weeks of pregnancy and receive visits according to NFP guidelines.
- Content of home visits will be aligned with NFP guidelines.
- Staff who provide home visits will receive individual reflective supervision.
- All staff will participate in reflective case conferences.
- Supervisors and nurse home visitors will review and utilize their data.
- Data will be used for quality and fidelity monitoring and improvement.

The Kitsap Public Health District will provide the following to improve access to services:

- Staff a bilingual (English-Spanish) Community Health Worker (CHW) who will work with the Parent Child Health (PCH) and Nurse Family Partnership team of registered nurses. The CHW will be a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- The CHW will serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- Prenatal and postpartum assessments which include depression and Adverse Childhood Experiences (ACEs) screening.
- Health and parenting education.
- Referrals to community resources and case management.
- Expand outreach efforts to enroll more eligible women.
- Case management activities that can be done by a community health worker (CHW).

The Kitsap Public Health District will continue behavioral health support to mothers during the perinatal/postpartum period through a group peer model during an especially vulnerable time and offer referrals to additional services as needed. They will fund additional staff time (0.1FTE postpartum support group nurse facilitator, 0.1FTE CHW), and expenses (incentives/food) to continue Postpartum Support Groups with exercise, mindfulness, and connection to peers.

Project Design

The Improving Health and Resiliency of High-Risk Mothers and Their Children project (hereafter referred to as “Improving Health project”) includes providing an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. With the use of a best practice evidenced based program and a collective impact approach, this project will improve the health status and wellbeing of Kitsap residents.

The project has three components: 1. providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk first-time mothers and their babies (note total number of clients served by NFP annually is (50-60). 2. improving access to services by utilizing a community health worker (CHW) for outreach and community infrastructure support. 3. Providing a Postpartum Support Group with exercise, mindfulness, and connection to peers.

The NFP program is a parental and infancy home visitation service that aims to improve the health, well-being, and self-sufficiency of first time parents and their children. Program activities are designed to link families to needed services, promote good decision making, assist families in making healthy choices, and help women build supportive relationships with families and friends. NFP nurses assess for signs and symptoms of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs) with every client. The nurses provide education to promote health and, because of their trusting relationships with their clients, they are often able to support a parent’s readiness to seek needed treatment services.

The CHW is an established liaison between health/social services and the community and has facilitated access to services with culturally appropriate strategies. The CHW for this project is bilingual in English and Spanish and has been able to provide targeted outreach to Kitsap’s Spanish speaking population. In this proposal the CHW will continue to outreach to our Spanish speaking population and will identify other hard to reach populations with the plan to develop culturally appropriate strategies for engagement. In addition to outreach, the CHW has been integral in the development of new relationships with community partners. These partners all contribute to our prevention and early intervention infrastructure in Kitsap. The CHW will work collaboratively with our new Care Coordinator, who will develop a centralized referral system for early childhood intervention programs to increase access and services for pregnant and childbearing age women that need mental health and substance abuse treatment. Families are often confused about what services they can access, and providers also have challenges keeping up to date on program requirements for appropriate referrals. Creating a centralized process intends to reduce community confusion and increase the likelihood that residents can obtain the appropriate needed services in a timely manner.

Project Outcomes and Measurements

Kitsap Public Health District will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales

Tax are reviewed by the Community Advisory Committee and monitored by the Human Services Department. Kitsap Public Health District will have an evaluation plan with performance measures. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations. Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs)
- Level of change occurring among participants (outcomes)
- Return-on-investment or cost-benefit (system savings) if evidence-based
- Adherence to the model (fidelity)
- Common measures (to be identified by the Community Advisory Committee and Kitsap County Human Service staff that all programs must report on).

Data will be collected to monitor the following goals and objectives identified by the Contractor:

Goal #1: Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems.

Objective #1: Funded case load of at least 10 mothers and infants (0.4 FTE nurse) will be maintained through December 31, 2025.

Objective #2: Maintain an average retention rate of 85% for Nurse Family Partnership clients over the course of the program year (January-December 2025).

Objective #3: By December 31, 2025, Community Healthcare Worker has at least 250 unduplicated outreach and case management encounters.

Objective #4: Since January 2018, at least 80% of NFP clients with a potential or identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System problem Rating Scale at graduation from services.

Objective #5: By December 31, 2025, at least 50 current clients will have a PHQ-9 and GAD-7 screen completed.

Objective #6: Since January 2018, at least 80% of NFP clients with a potential or identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services.

Objective #7: By December 31, 2025, at least 50 current clients will have a Nurse Family Partnership Health Habits (substance abuse topics) questionnaire completed.

Objective #8: Since January 2018, at least 80% or more NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services.

Objective #9: By December 31, 2025, Kitsap Public Health District will maintain required high fidelity to the Nurse Family Partnership model, as required by the National Service Office.

Objective #10: By December 31, 2025, KPHD will provide at least 10 postpartum support group sessions.

Objective #11: By December 31, 2025, Nurse Family Partnership CAB will convene at least 4 meetings to advise, support and sustain the NFP program.

Data Collection

The Contractor will provide a Quarterly Report to the Kitsap County Human Services Department by April 30, July 31, October 31, 2025, and January 31, 2026 each year funding is received under this grant detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

Billing and Payment

Contract payments to Contractor shall be requested using an invoice form, which is supplied by the County. Contractor invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Contractor is authorized to receive payments in accordance with the cost reimbursable budget included under this contract. The Contractor will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Contractor must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of, the year-to-date budgeted total.

All payments to be made by the County under this contract shall be made to:

Kitsap Public Health District

345 6th Street, Suite 300
Bremerton, Washington 98337

The contract shall not exceed the total amount indicated on the cover sheet of this contract and any other modifications hereof.



ATTACHMENT C: BUDGET SUMMARY/ESTIMATED EXPENDITURES



Kitsap County Human Services Department
Expenditure Plan: January 1, 2025 - December 31, 2025

Agency Name: Kitsap Public Health District
Project Name: Improving Health
Contract: NFP MSS **Contract #** KC-016-25

Contract Line item	1/1/2025 3/31/2025	4/1/2025 6/30/2025	7/1/2025 9/30/2025	10/1/2025 12/31/2025	Total Budget
Personnel	\$ 34,889.28	\$ 34,889.28	\$ 34,889.28	\$ 34,889.28	\$ 139,557.12
Manager and Staff (Program Related)	26,232.54	26,232.54	26,232.54	26,232.54	104,930.16
Fringe Benefits	8,656.74	8,656.74	8,656.74	8,656.74	34,626.96
Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	-	-	-	-	-
Office Supplies	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Administration	\$ 2,610.72	\$ 2,610.72	\$ 2,610.72	\$ 2,610.72	\$ 10,442.88
Advertising/Marketing	-	-	-	-	-
Audit/Accounting	-	-	-	-	-
Communication	250.00	250.00	250.00	250.00	1,000.00
Insurance/Bonds	-	-	-	-	-
Postage/Printing	-	-	-	-	-
Training/Travel/Transportation	500.00	500.00	500.00	500.00	2,000.00
% Indirect	1,785.72	1,785.72	1,785.72	1,785.72	7,142.88
Other: Group food	25.00	25.00	25.00	25.00	100.00
Other: Incentives	50.00	50.00	50.00	50.00	200.00
Operations & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Janitorial Service	-	-	-	-	-
Maintenance Contracts	-	-	-	-	-
Maintenance of Existing Landscaping	-	-	-	-	-
Repair of Equipment and Property	-	-	-	-	-
Utilites	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Debt Service	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Project Budget Total	\$ 37,500.00	\$ 37,500.00	\$ 37,500.00	\$ 37,500.00	\$ 150,000.00

BINDER

(Summary of Coverage)

MEMBER:

Kitsap Public Health District
345 6th St, Suite 300
Bremerton, Washington 98337

MEMORANDUM #

2025-012-P-001

EFFECTIVE:

9/1/2024 through 8/31/2025

This binder is subject to the terms and conditions as referenced in the Memorandum of Coverage.

COVERAGE:	COVERAGE TYPE	LIMIT**	DEDUCTIBLE/ CO-PAY
GENERAL LIABILITY <i>General Liability; Professional Liability</i>	Each occurrence	\$20,000,000	\$10,000
AUTO LIABILITY <i>Hired and Non-Owned; Temporary Substitute</i>	Each occurrence	\$20,000,000	\$10,000
PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY	Each Wrongful Act Member Aggregate	\$20,000,000 \$20,000,000	\$10,000
EMPLOYMENT PRACTICES LIABILITY	Aggregate Per member	\$20,000,000	20% Co-pay*
CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	Per Occurrence Member Aggregate	\$250,000 N/A	\$1,000
NAMED POSITION COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	Per Occurrence Member Aggregate	N/A N/A	N/A N/A
PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY	Replacement Cost	Per Schedule with Enduris	Per Schedule with Enduris
CYBER COVERAGE	Member Aggregate APIP Program Aggregate	\$2,000,000 \$40,000,000	20% Co-Pay* -
AUTOMOBILE PHYSICAL DAMAGE	Per Schedule with Enduris	Per Schedule with Enduris	\$250
IDENTITY FRAUD EXPENSE REIMBURSEMENT	Per Occurrence Member Aggregate	\$25,000 \$25,000	\$0

**Co-pay may be waived as per Memorandum of Coverage*

***Subject to limits and sub-limits as noted in the Memorandum of Coverage*



Sheryl Brandt
Authorized Representative
Executive Director

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	Kitsap Public Health District	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.	
	<input checked="" type="checkbox"/> Other (see instructions) _____ Local Government	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
Exempt payee code (if any) _____		
Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____		
<i>(Applies to accounts maintained outside the United States.)</i>		
5 Address (number, street, and apt. or suite no.). See instructions.		
345 6th Street, Suite 300		
6 City, state, and ZIP code		
Bremerton, WA 98337		
7 List account number(s) here (optional)		
Requester's name and address (optional)		
Kitsap County		
614 Division Street, MS-7		
Port Orchard, WA 98366		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	2	-	1	6	8	9	0	6	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>april fisk</i>	Date 11/27/2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name: Principal: From: To:
WA UBI Number: RCW: Penalty:
License Number:

December 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Next Last

Show 25 per page Showing 0 records

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Wages Due
There are no records that match your search criteria.							

Show 25 per page Showing 0 records

First Previous Next Last

New or Renewed Contracts for the Period of 11/01/2024 through 11/30/2024

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
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Active (1 contracts)

DOH, Washington State

ID: 2434	Administration, Yolanda Fong	Amendment	Closed	11/05/24	\$17,733,851.00	11/13/24	01/01/22	12/31/24	CLH31014
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Description: Defines the joint and cooperative relationship and planning efforts between KPHD and DOH. The contract and all statements of work contained are intended to implement applicable objectives under the Public Health Improvement Plan and facilitate the delivery of public health services to the people of Washington.

Amendment 21

**Kitsap Public Health Board Meeting
Date: January 7, 2025**

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

Approvals:

	Signature	Date
Administrator	DocuSigned by:  04B011B7E67B465...	12/18/2024
Finance Manager	DocuSigned by:  DB9C788F36B1487...	12/11/2024

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	11/7/2024	\$ 59,428.44
Accounts Payable	11/14/2024	39,841.24
Accounts Payable	11/21/2025	261,685.95
NDGC Mortgage	11/1/2024	25,013.00
Miscellaneous	11/4/2024	12,970.59
Vital Records Transfer	11/20/2024	24,806.00
Accounts Payable Total		\$ 423,745.22
Payroll	11/30/2024	585,401.93
Payroll Benefits (PERS)	11/15/2024	132,821.10
Payroll Taxes	11/27/2024	214,668.69
Payroll Total		\$ 932,891.72
Grand Total		\$ 1,356,636.94

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information

Settlement Run STL-00004167
Name Kitsap Public Health District HH
Number STL-00004167
Status Complete
Date 11/07/2024
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 59,428.44
Inbound Total 0.00
Expense Report Count 11
Miscellaneous Payment Request Count 5
Supplier Invoice Count 19

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	11/07/2024	2	596.42	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/07/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	11/07/2024	9	2,059.97	USD	Payment Message: ID 3185 for Kitsap Public Health District on 11/07/2024	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	11/07/2024	5	1,152.50	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/07/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	11/07/2024	11	52,196.75	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/07/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	11/07/2024	2	3,422.80	USD	Payment Message: ID 3184 for Kitsap Public Health District on 11/07/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0010656	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0010656	11/07/2024		184.25	USD
Expense Report: EXP-0010657	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0010657	11/07/2024		74.37	USD
Expense Report: EXP-0010658	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0010658	11/07/2024		329.38	USD
Expense Report: EXP-0010659	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0010659	11/07/2024		56.28	USD
Expense Report: EXP-0010660	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0010660	11/07/2024		66.33	USD
Expense Report: EXP-0010661	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0010661	11/07/2024		271.22	USD
Expense Report: EXP-0010662	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0010662	11/07/2024		113.90	USD
Expense Report: EXP-0010663	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0010663	11/07/2024		131.30	USD
Expense Report: EXP-0010664	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0010664	11/07/2024		804.67	USD
Expense Report: EXP-0010665	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0010665	11/07/2024		540.14	USD
Expense Report: EXP-0010666	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0010666	11/07/2024		84.55	USD

Miscellaneous Payment Requests



View Settlement Run

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-19151	Kitsap Public Health District	ADVANTAGE PERC & DESIGN (Inactive)	MPR-19151	Check	POS Customer Refund	11/07/2024	200.00	USD
MPR-19152	Kitsap Public Health District	TENERE CUDGET (Inactive)	MPR-19152	Check	One-Time Payment	11/07/2024	150.00	USD
MPR-19153	Kitsap Public Health District	BRE-ANN DUNLAP (Inactive)	MPR-19153	Check	One-Time Payment	11/07/2024	150.00	USD
MPR-19154	Kitsap Public Health District	KIMBERLY RILEY (Inactive)	MPR-19154	Check	One-Time Payment	11/07/2024	300.00	USD
MPR-19155	Kitsap Public Health District	DON RYAN (Inactive)	MPR-19155	Check	POS Customer Refund	11/07/2024	352.50	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-2024-36495	Kitsap Public Health District	Blue Sky Printing	#N20086	Blue Sky Printing	Net 30	SINV-2024-36495	11/07/2024		12/07/2024	0.00	0.00	390.05	USD
Supplier Invoice: SINV-2024-36497	Kitsap Public Health District	Comcast	CCAST4737-10.26 STMT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-36497	11/07/2024		12/07/2024	0.00	0.00	298.97	USD
Supplier Invoice: SINV-2024-36499	Kitsap Public Health District	Eagles Wings Coordinated Care	NOV 2024 RENT	Eagles Wings Coordinated Care	Net 30	SINV-2024-36499	11/07/2024		12/07/2024	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2024-36500	Kitsap Public Health District	Jefferson County	#2262 - SEP 2024	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2024-36500	11/07/2024		12/07/2024	0.00	0.00	2,722.80	USD
Supplier Invoice: SINV-2024-36504	Kitsap Public Health District	Kitsap Sun	KSUN CHANGE IN RATE	Kitsap Sun - Remit-To: PO Box 742699	Net 30	SINV-2024-36504	11/07/2024		12/07/2024	0.00	0.00	73.58	USD
Supplier Invoice: SINV-2024-36506	Kitsap Public Health District	ODP Business Solutions, LLC	#392572478001	ODP Business Solutions, LLC	Net 30	SINV-2024-36506	11/07/2024		12/07/2024	0.00	0.00	429.07	USD
Supplier Invoice: SINV-2024-36508	Kitsap Public Health District	ODP Business Solutions, LLC	#390333655001	ODP Business Solutions, LLC	Net 30	SINV-2024-36508	11/07/2024		12/07/2024	0.00	0.00	92.09	USD



View Settlement Run

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-2024-36515	Kitsap Public Health District	ODP Business Solutions, LLC	#390589195001	ODP Business Solutions, LLC	Net 30	SINV-2024-36515	11/07/2024		12/07/2024	0.00	0.00	25.98	USD
Supplier Invoice: SINV-2024-36517	Kitsap Public Health District	ODP Business Solutions, LLC	#390496974001	ODP Business Solutions, LLC	Net 30	SINV-2024-36517	11/07/2024		12/07/2024	0.00	0.00	19.91	USD
Supplier Invoice: SINV-2024-36518	Kitsap Public Health District	Staples	#6015004671	Staples - Remit-To: Staples	Net 30	SINV-2024-36518	11/07/2024		12/07/2024	0.00	0.00	412.50	USD
Supplier Invoice: SINV-2024-36519	Kitsap Public Health District	Staples	#6014880194	Staples - Remit-To: Staples	Net 30	SINV-2024-36519	11/07/2024		12/07/2024	0.00	0.00	188.63	USD
Supplier Invoice: SINV-2024-36596	Kitsap Public Health District	Staples	#6015004669	Staples - Remit-To: Staples	Net 30	SINV-2024-36596	11/07/2024		12/07/2024	0.00	0.00	140.10	USD
Supplier Invoice: SINV-2024-36597	Kitsap Public Health District	Staples	#6015004670	Staples - Remit-To: Staples	Net 30	SINV-2024-36597	11/07/2024		12/07/2024	0.00	0.00	70.12	USD
Supplier Invoice: SINV-2024-36598	Kitsap Public Health District	Ten Ten Salon & Suites	BIT Wellness Event Venue	Ten Ten Salon & Suites	Net 30	SINV-2024-36598	11/07/2024		12/07/2024	0.00	0.00	1,745.00	USD
Supplier Invoice: SINV-2024-36599	Kitsap Public Health District	US Bank National Association	#4246 0445 5568 8591 9.26.24 STMNT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2024-36599	11/07/2024		12/07/2024	0.00	0.00	30,889.63	USD
Supplier Invoice: SINV-2024-36600	Kitsap Public Health District	VectorUSA	#101679	VectorUSA	Net 30	SINV-2024-36600	11/07/2024		12/07/2024	0.00	0.00	5,735.45	USD
Supplier Invoice: SINV-2024-36604	Kitsap Public Health District	Xiologix, Llc	#11345	Xiologix, Llc	Net 30	SINV-2024-36604	11/07/2024		12/07/2024	0.00	0.00	8,134.41	USD
Supplier Invoice: SINV-2024-36605	Kitsap Public Health District	Washington State Public Health Assoc	#8665	Washington State Public Health Assoc	Net 30	SINV-2024-36605	11/07/2024		12/07/2024	0.00	0.00	1,000.00	USD



View Settlement Run

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-2024-36607	Kitsap Public Health District	American Family Life Assurance Company	#482019	American Family Life Assurance Company	Net 30	SINV-2024-36607	11/07/2024		12/07/2024	0.00	0.00	2,551.26	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 3184 for Kitsap Public Health District on 11/07/2024	11/07/2024	2

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	11/07/2024 08:10:45 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3184 for Kitsap Public Health District on 11/07/2024	Successfully Completed
Payment Message: ID 3185 for Kitsap Public Health District on 11/07/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/07/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/07/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/07/2024	Successfully Completed
Remittance File: For Eagles Wings Coordinated Care on 11/07/2024	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 11/07/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
11/07/2024 08:10 AM	11/07/2024 08:10 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004167	Completed	00:00:13	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run STL-00004187
Name Kitsap Public Health District JS
Number STL-00004187
Status Complete
Date 11/14/2024
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 39,841.24
Inbound Total 0.00
Expense Report Count 24
Miscellaneous Payment Request Count 4
Supplier Invoice Count 25

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	11/14/2024	2	356.78	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/14/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	11/14/2024	22	3,935.61	USD	Payment Message: ID 3201 for Kitsap Public Health District on 11/14/2024	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	11/14/2024	4	1,138.12	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/14/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	11/14/2024	17	25,615.62	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/14/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	11/14/2024	6	8,795.11	USD	Payment Message: ID 3202 for Kitsap Public Health District on 11/14/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0010759	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0010759	11/14/2024		172.19	USD
Expense Report: EXP-0010761	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0010761	11/14/2024		82.07	USD
Expense Report: EXP-0010762	Kitsap Public Health District	Katie Baker (435044)	Employee	EXP-0010762	11/14/2024		9.25	USD
Expense Report: EXP-0010763	Kitsap Public Health District	Richard Bazzell (328436)	Employee	EXP-0010763	11/14/2024		272.69	USD
Expense Report: EXP-0010764	Kitsap Public Health District	Jennifer Breitmayer (435259)	Employee	EXP-0010764	11/14/2024		270.35	USD
Expense Report: EXP-0010765	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0010765	11/14/2024		248.57	USD
Expense Report: EXP-0010767	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0010767	11/14/2024		574.93	USD
Expense Report: EXP-0010768	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0010768	11/14/2024		61.64	USD
Expense Report: EXP-0010774	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0010774	11/14/2024		13.13	USD
Expense Report: EXP-0010775	Kitsap Public Health District	Maria Fergus (434648)	Employee	EXP-0010775	11/14/2024		104.65	USD
Expense Report: EXP-0010777	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0010777	11/14/2024		188.09	USD
Expense Report: EXP-0010778	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0010778	11/14/2024		86.43	USD
Expense Report: EXP-0010779	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0010779	11/14/2024		379.83	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0010780	Kitsap Public Health District	Cristian Inga Dominguez (434769)	Employee	EXP-0010780	11/14/2024		64.72	USD
Expense Report: EXP-0010781	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0010781	11/14/2024		468.60	USD
Expense Report: EXP-0010782	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0010782	11/14/2024		109.88	USD
Expense Report: EXP-0010783	Kitsap Public Health District	Shannon Madden (434318)	Employee	EXP-0010783	11/14/2024		96.90	USD
Expense Report: EXP-0010784	Kitsap Public Health District	Kaela Moontree-Stewart (406607)	Employee	EXP-0010784	11/14/2024		100.37	USD
Expense Report: EXP-0010788	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0010788	11/14/2024		246.47	USD
Expense Report: EXP-0010791	Kitsap Public Health District	Antonio Romaele (435094)	Employee	EXP-0010791	11/14/2024		200.00	USD
Expense Report: EXP-0010792	Kitsap Public Health District	Khushnum Sauna (435096)	Employee	EXP-0010792	11/14/2024		54.94	USD
Expense Report: EXP-0010793	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0010793	11/14/2024		312.89	USD
Expense Report: EXP-0010794	Kitsap Public Health District	Laura Westervelt (434382)	Employee	EXP-0010794	11/14/2024		164.15	USD
Expense Report: EXP-0010795	Kitsap Public Health District	Rebecca Chandler (435269)	Employee	EXP-0010795	11/14/2024		9.65	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-19282	Kitsap Public Health District	CHRISTINA COOPER (Inactive)	MPR-19282	Check	One-Time Payment	11/14/2024	350.00	USD
MPR-19283	Kitsap Public Health District	SHAWN DEVINE (Inactive)	MPR-19283	Check	One-Time Payment	11/14/2024	350.00	USD
MPR-19284	Kitsap Public Health District	CHRSTINA LAWRENCE (Inactive)	MPR-19284	Check	One-Time Payment	11/14/2024	150.00	USD
MPR-19285	Kitsap Public Health District	PILGRIM FIRS CONFERENCE CENTER (Inactive)	MPR-19285	Check	POS Customer Refund	11/14/2024	288.12	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-2024-37379	Kitsap Public Health District	1510 High Ave LLC	DECEMBER 2024 RENT	1510 High Ave LLC	Net 30	SINV-2024-37379	11/14/2024		12/14/2024	0.00	0.00	1,220.00	USD



View Settlement Run

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-2024-37380	Kitsap Public Health District	Griffin Glen Apartments LLC	DECEMBER 2024 RENT	Griffin Glen Apartments LLC	Net 30	SINV-2024-37380	11/14/2024		12/14/2024	0.00	0.00	1,471.00	USD
Supplier Invoice: SINV-2024-37381	Kitsap Public Health District	Kania, Sharon Faye	DECEMBER 2024 RENT	Kania, Sharon Faye	Net 30	SINV-2024-37381	11/14/2024		12/14/2024	0.00	0.00	635.00	USD
Supplier Invoice: SINV-2024-37382	Kitsap Public Health District	Daniel R. Niblock	DECEMBER 2024 RENT	Daniel R. Niblock	Net 30	SINV-2024-37382	11/14/2024		12/14/2024	0.00	0.00	1,080.00	USD
Supplier Invoice: SINV-2024-37383	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	DECEMBER 2024 RENT	NSE Kitsap Fee Owner, LLC	Net 30	SINV-2024-37383	11/14/2024		12/14/2024	0.00	0.00	445.00	USD
Supplier Invoice: SINV-2024-37384	Kitsap Public Health District	Post Cottage Bay, LP	DECEMBER 2024 RENT	Post Cottage Bay, LP	Net 30	SINV-2024-37384	11/14/2024		12/14/2024	0.00	0.00	1,221.00	USD
Supplier Invoice: SINV-2024-37385	Kitsap Public Health District	Clifford A Silliman	DECEMBER 2024 RENT	Clifford A Silliman	Net 30	SINV-2024-37385	11/14/2024		12/14/2024	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2024-37386	Kitsap Public Health District	The Sinclair II, LLC of Washington	DECEMBER 2024 RENT	The Sinclair II, LLC of Washington	Net 30	SINV-2024-37386	11/14/2024		12/14/2024	0.00	0.00	888.00	USD
Supplier Invoice: SINV-2024-37387	Kitsap Public Health District	Paul Simmons	DECEMBER 2024 RENT	Paul Simmons	Net 30	SINV-2024-37387	11/14/2024		12/14/2024	0.00	0.00	950.00	USD
Supplier Invoice: SINV-2024-37388	Kitsap Public Health District	Washington Home Solutions	DECEMBER 2024 RENT	Washington Home Solutions	Net 30	SINV-2024-37388	11/14/2024		12/14/2024	0.00	0.00	721.00	USD
Supplier Invoice: SINV-2024-37389	Kitsap Public Health District	Acranet Cbs Branch	#27236	Acranet Cbs Branch	Net 30	SINV-2024-37389	11/14/2024		12/14/2024	0.00	0.00	134.00	USD
Supplier Invoice: SINV-2024-37390	Kitsap Public Health District	City of Bremerton	#BKAT000880	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2024-37390	11/14/2024		12/14/2024	0.00	0.00	510.27	USD



View Settlement Run

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-2024-37392	Kitsap Public Health District	BLUE OUTDOOR	#2024-11-24052	BLUE OUTDOOR	Net 30	SINV-2024-37392	11/14/2024		12/14/2024	0.00	0.00	9,999.96	USD
Supplier Invoice: SINV-2024-37393	Kitsap Public Health District	Kitsap County	OCTOBER 2024	Kitsap County - Remit-To: KC Information Services	Net 30	SINV-2024-37393	11/14/2024		12/14/2024	0.00	0.00	2,364.33	USD
Supplier Invoice: SINV-2024-37394	Kitsap Public Health District	Kitsap County	NOVEMBER 2024	Kitsap County - Remit-To: KC Information Services	Net 30	SINV-2024-37394	11/14/2024		12/14/2024	0.00	0.00	2,364.33	USD
Supplier Invoice: SINV-2024-37396	Kitsap Public Health District	Franciscan Health System	#57080901400	Franciscan Health System - Remit-To: 1780 NW Myhre Rd	Net 30	SINV-2024-37396	11/14/2024		12/14/2024	0.00	0.00	200.14	USD
Supplier Invoice: SINV-2024-37398	Kitsap Public Health District	Loomis	#13595775	Loomis - Remit-To: Palatine, IL	Net 30	SINV-2024-37398	11/14/2024		12/14/2024	0.00	0.00	874.84	USD
Supplier Invoice: SINV-2024-37399	Kitsap Public Health District	ODP Business Solutions, LLC	#394485349001	ODP Business Solutions, LLC	Net 30	SINV-2024-37399	11/14/2024		12/14/2024	0.00	0.00	88.64	USD
Supplier Invoice: SINV-2024-37407	Kitsap Public Health District	Propio LS, LLC	#0310071024	Propio LS, LLC	Net 30	SINV-2024-37407	11/14/2024		12/14/2024	0.00	0.00	493.80	USD
Supplier Invoice: SINV-2024-37410	Kitsap Public Health District	Quest Diagnostics	#9212235275	Quest Diagnostics	Net 30	SINV-2024-37410	11/14/2024		12/14/2024	0.00	0.00	252.00	USD
Supplier Invoice: SINV-2024-37411	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#24-08925	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-37411	11/14/2024		12/14/2024	0.00	0.00	1,408.00	USD
Supplier Invoice: SINV-2024-37412	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	OCT 2024 - PIC MONTHLY TESTING	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-37412	11/14/2024		12/14/2024	0.00	0.00	4,816.00	USD



View Settlement Run

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-2024-37414	Kitsap Public Health District	United Business Machines of WA	#INV526791	United Business Machines of WA	Net 30	SINV-2024-37414	11/14/2024		12/14/2024	0.00	0.00	679.62	USD
Supplier Invoice: SINV-2024-37415	Kitsap Public Health District	Wex Bank	#100828876	Wex Bank	Net 30	SINV-2024-37415	11/14/2024		12/14/2024	0.00	0.00	659.31	USD
Supplier Invoice: SINV-2024-37416	Kitsap Public Health District	Iron Mountain	#202931158	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2024-37416	11/14/2024		12/14/2024	0.00	0.00	234.49	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 3202 for Kitsap Public Health District on 11/14/2024	11/14/2024	6

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	11/14/2024 08:15:18 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3202 for Kitsap Public Health District on 11/14/2024	Successfully Completed
Payment Message: ID 3201 for Kitsap Public Health District on 11/14/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/14/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/14/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/14/2024	Successfully Completed
Remittance File: For Kania, Sharon Faye on 11/14/2024	Successfully Completed
Remittance File: For Acranet Cbs Branch on 11/14/2024	Successfully Completed
Remittance File: For The Sinclair II, LLC of Washington on 11/14/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 11/14/2024	Successfully Completed



View Settlement Run

Business Process	Status
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 11/14/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 11/14/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
11/14/2024 08:15 AM	11/14/2024 08:15 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004187	Completed	00:00:13	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run STL-00004211
Name Kitsap Public Health District HH
Number STL-00004211
Status Complete
Date 11/21/2024
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 261,685.95
Inbound Total 0.00
Expense Report Count 10
Miscellaneous Payment Request Count 1
Supplier Invoice Count 40

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	11/21/2024	1	62.31	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/21/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	11/21/2024	9	1,583.14	USD	Payment Message: ID 3225 for Kitsap Public Health District on 11/21/2024	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	11/21/2024	1	200.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/21/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	11/21/2024	27	247,313.18	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/21/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	11/21/2024	7	12,527.32	USD	Payment Message: ID 3224 for Kitsap Public Health District on 11/21/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0010844	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0010844	11/21/2024		78.32	USD
Expense Report: EXP-0010845	Kitsap Public Health District	Rudy Baum (434397)	Employee	EXP-0010845	11/21/2024		312.82	USD
Expense Report: EXP-0010846	Kitsap Public Health District	Rebekah Karis Crail (435213)	Employee	EXP-0010846	11/21/2024		18.09	USD
Expense Report: EXP-0010848	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0010848	11/21/2024		54.74	USD
Expense Report: EXP-0010849	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0010849	11/21/2024		62.31	USD
Expense Report: EXP-0010850	Kitsap Public Health District	Joaquin Hubert (435172)	Employee	EXP-0010850	11/21/2024		671.27	USD
Expense Report: EXP-0010851	Kitsap Public Health District	Kayla Petersen (434695)	Employee	EXP-0010851	11/21/2024		31.62	USD
Expense Report: EXP-0010852	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0010852	11/21/2024		262.64	USD
Expense Report: EXP-0010853	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0010853	11/21/2024		91.33	USD
Expense Report: EXP-0010854	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0010854	11/21/2024		62.31	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-19461	Kitsap Public Health District	LANCE FITZHUGH (Inactive)	MPR-19461	Check	POS Customer Refund	11/21/2024	200.00	USD



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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-2024-38364	Kitsap Public Health District	Comcast	#1975 11,9,24 INV	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-38364	11/21/2024		12/21/2024	0.00	0.00	449.96	USD
Supplier Invoice: SINV-2024-38366	Kitsap Public Health District	Comcast	#222118198	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2024-38366	11/21/2024		12/21/2024	0.00	0.00	589.48	USD
Supplier Invoice: SINV-2024-38367	Kitsap Public Health District	Hummingbird Insights LLC	#0182	Hummingbird Insights LLC	Net 30	SINV-2024-38367	11/21/2024		12/21/2024	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2024-38369	Kitsap Public Health District	Lingo	#34203046	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2024-38369	11/21/2024		12/21/2024	0.00	0.00	12.83	USD
Supplier Invoice: SINV-2024-38371	Kitsap Public Health District	Mckesson Medical Surgical	#22890712	Mckesson Medical Surgical	Net 30	SINV-2024-38371	11/21/2024		12/21/2024	0.00	0.00	81.42	USD
Supplier Invoice: SINV-2024-38372	Kitsap Public Health District	Mckesson Medical Surgical	#22869301	Mckesson Medical Surgical	Net 30	SINV-2024-38372	11/21/2024		12/21/2024	0.00	0.00	76.49	USD
Supplier Invoice: SINV-2024-38376	Kitsap Public Health District	Naccho	#394855	Naccho	Net 30	SINV-2024-38376	11/21/2024		12/21/2024	0.00	0.00	1,475.00	USD
Supplier Invoice: SINV-2024-38379	Kitsap Public Health District	NEOGOV	#INV-123959	NEOGOV	Net 30	SINV-2024-38379	11/21/2024		12/21/2024	0.00	0.00	6,607.50	USD
Supplier Invoice: SINV-2024-38382	Kitsap Public Health District	Outfront Media LLC	#06677983	Outfront Media LLC	Net 30	SINV-2024-38382	11/21/2024		12/21/2024	0.00	0.00	1,200.00	USD
Supplier Invoice: SINV-2024-38383	Kitsap Public Health District	Outfront Media LLC	#06657578	Outfront Media LLC	Net 30	SINV-2024-38383	11/21/2024		12/21/2024	0.00	0.00	1,200.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-38385	Kitsap Public Health District	Outfront Media LLC	#06658148	Outfront Media LLC	Net 30	SINV-2024-38385	11/21/2024		12/21/2024	0.00	0.00	895.00	USD
Supplier Invoice: SINV-2024-38389	Kitsap Public Health District	Staples	#6016531763	Staples - Remit-To: Staples	Net 30	SINV-2024-38389	11/21/2024		12/21/2024	0.00	0.00	192.99	USD
Supplier Invoice: SINV-2024-38390	Kitsap Public Health District	Staples	#6016591019	Staples - Remit-To: Staples	Net 30	SINV-2024-38390	11/21/2024		12/21/2024	0.00	0.00	14.62	USD
Supplier Invoice: SINV-2024-38392	Kitsap Public Health District	Taylor Water Technologies, LLC	#533268	Taylor Water Technologies, LLC	Net 30	SINV-2024-38392	11/21/2024		12/21/2024	0.00	0.00	108.00	USD
Supplier Invoice: SINV-2024-38394	Kitsap Public Health District	Toyota Financial Services	11.8.24 LEASE STATEMENT	Toyota Financial Services	Net 30	SINV-2024-38394	11/21/2024		12/21/2024	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2024-38399	Kitsap Public Health District	United Business Machines of WA	#INV527461	United Business Machines of WA	Net 30	SINV-2024-38399	11/21/2024		12/21/2024	0.00	0.00	1,699.87	USD
Supplier Invoice: SINV-2024-38400	Kitsap Public Health District	United Business Machines of WA	#INV524971	United Business Machines of WA	Net 30	SINV-2024-38400	11/21/2024		12/21/2024	0.00	0.00	764.87	USD
Supplier Invoice: SINV-2024-38401	Kitsap Public Health District	Verizon Wireless	#9978491774	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2024-38401	11/21/2024		12/21/2024	0.00	0.00	6,210.77	USD
Supplier Invoice: SINV-2024-38402	Kitsap Public Health District	University of Washington	#CI-00145313	University of Washington	Net 30	SINV-2024-38402	11/21/2024		12/21/2024	0.00	0.00	300.00	USD
Supplier Invoice: SINV-2024-38404	Kitsap Public Health District	FedEx	#8-682-82030	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2024-38404	11/21/2024		12/21/2024	0.00	0.00	36.26	USD
Supplier Invoice: SINV-2024-38405	Kitsap Public Health District	Stericycle Inc	#8008839488	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-38405	11/21/2024		12/21/2024	0.00	0.00	159.72	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-38406	Kitsap Public Health District	Stericycle Inc	#8008836664	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-38406	11/21/2024		12/21/2024	0.00	0.00	356.68	USD
Supplier Invoice: SINV-2024-38408	Kitsap Public Health District	King County	#8004321	King County - Remit-To: 201 s Jackson St, Ste 710	Net 30	SINV-2024-38408	11/21/2024		12/21/2024	0.00	0.00	160.00	USD
Supplier Invoice: SINV-2024-38416	Kitsap Public Health District	American Family Life Assurance Company	NOV 2024 BENEFITS	American Family Life Assurance Company	Net 30	SINV-2024-38416	11/21/2024		12/21/2024	0.00	0.00	2,070.09	USD
Supplier Invoice: SINV-2024-38418	Kitsap Public Health District	Health Equity	NOV 2024 BENEFITS	Health Equity	Net 30	SINV-2024-38418	11/21/2024		12/21/2024	0.00	0.00	1,765.00	USD
Supplier Invoice: SINV-2024-38419	Kitsap Public Health District	Hra Veba Trust	NOV 2024 BENEFITS	Hra Veba Trust	Net 30	SINV-2024-38419	11/21/2024		12/21/2024	0.00	0.00	10,935.30	USD
Supplier Invoice: SINV-2024-38420	Kitsap Public Health District	Nationwide Retirement Solutions	NOV 2024 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2024-38420	11/21/2024		12/21/2024	0.00	0.00	6,616.50	USD
Supplier Invoice: SINV-2024-38421	Kitsap Public Health District	A.W. Rehn & Associates, Inc	NOV 2024 PARKING BENEFITS	A.W. Rehn & Associates, Inc	Net 30	SINV-2024-38421	11/21/2024		12/21/2024	0.00	0.00	321.75	USD
Supplier Invoice: SINV-2024-38422	Kitsap Public Health District	A.W. Rehn & Associates, Inc	NOV 2024 DCFSA BENEFITS	A.W. Rehn & Associates, Inc	Net 30	SINV-2024-38422	11/21/2024		12/21/2024	0.00	0.00	1,880.67	USD
Supplier Invoice: SINV-2024-38425	Kitsap Public Health District	Prof & Technical Eng XPH	NOV 2024 BENEFITS UNION	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2024-38425	11/21/2024		12/21/2024	0.00	0.00	3,939.42	USD
Supplier Invoice: SINV-2024-38426	Kitsap Public Health District	Prof & Technical Eng XPH	NOV 2024 BENEFITS PAC	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2024-38426	11/21/2024		12/21/2024	0.00	0.00	35.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-38427	Kitsap Public Health District	Voya Institutional Trust Company	NOV 2024 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2024-38427	11/21/2024		12/21/2024	0.00	0.00	575.00	USD
Supplier Invoice: SINV-2024-38429	Kitsap Public Health District	Wash State Dept Of Retirement	NOV 2024 BENEFITS	Wash State Dept Of Retirement	Net 30	SINV-2024-38429	11/21/2024		12/21/2024	0.00	0.00	14,986.65	USD
Supplier Invoice: SINV-2024-38431	Kitsap Public Health District	Wa Health Care Authority - Uniform	NOV 2024 BENEFITS	Wa Health Care Authority - Uniform	Net 30	SINV-2024-38431	11/21/2024		12/21/2024	0.00	0.00	131,641.00	USD
Supplier Invoice: SINV-2024-38432	Kitsap Public Health District	Vimly Benefit Solutions Inc	NOV 2024 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2024-38432	11/21/2024		12/21/2024	0.00	0.00	6,285.54	USD
Supplier Invoice: SINV-2024-38433	Kitsap Public Health District	Whit-Delta Dental Of Washington	NOV 2024 BENEFITS	Whit-Delta Dental Of Washington	Net 30	SINV-2024-38433	11/21/2024		12/21/2024	0.00	0.00	11,636.01	USD
Supplier Invoice: SINV-2024-38442	Kitsap Public Health District	Bremerton Government Center Association	#1233	Bremerton Government Center Association	Net 30	SINV-2024-38442	11/21/2024		12/21/2024	0.00	0.00	35,720.61	USD
Supplier Invoice: SINV-2024-38455	Kitsap Public Health District	Eagles Wings Coordinated Care	DECEMBER 2024 RENT	Eagles Wings Coordinated Care	Net 30	SINV-2024-38455	11/21/2024		12/21/2024	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2024-38573	Kitsap Public Health District	Lola Restaurant Bremerton LLC	#1029	Lola Restaurant Bremerton LLC	Net 30	SINV-2024-38573	11/21/2024		12/21/2024	0.00	0.00	1,474.20	USD
Supplier Invoice: SINV-2024-38576	Kitsap Public Health District	VectorUSA	#102831	VectorUSA	Net 30	SINV-2024-38576	11/21/2024		12/21/2024	0.00	0.00	5,930.59	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 3224 for Kitsap Public Health District on 11/21/2024	11/21/2024	6



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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	11/21/2024 10:05:18 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3224 for Kitsap Public Health District on 11/21/2024	Successfully Completed
Payment Message: ID 3225 for Kitsap Public Health District on 11/21/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/21/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/21/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/21/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 11/21/2024	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 11/21/2024	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 11/21/2024	Successfully Completed
Remittance File: For NEOGOV on 11/21/2024	Successfully Completed
Remittance File: For Eagles Wings Coordinated Care on 11/21/2024	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 11/21/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
11/21/2024 10:05 AM	11/21/2024 10:05 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004211	Completed	00:00:12	Heather Hunsaker	

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Nov

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5700:Debt Service Principal	5780 - Intergovernmental Loans	JE-00067862 - Kitsap Public Health District - 11/01/2024 - 2024 Mortgage Payment - November	11/1/2024	0.00	16,667.00	-16,667.00
5800:Debt Service Interest	5830 - Interest on Long-Term External Debt	JE-00067862 - Kitsap Public Health District - 11/01/2024 - 2024 Mortgage Payment - November	11/1/2024	0.00	8,346.00	-8,346.00
				0.00	25,013.00	-25,013.00

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Nov

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 11/04/2024	11/4/2024	0.00	4,319.50	-4,319.50
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 11/04/2024	11/4/2024	0.00	62.50	-62.50
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 11/05/2024	11/5/2024	0.00	1,128.90	-1,128.90
5890:Custodial Activities	5890.10 - Agency Withdrawals	Operational Journal: Kitsap Public Health District - 11/26/2024 Unemployment Security Payment	11/26/2024	0.00	7,459.69	-7,459.69
				0.00	12,970.59	-12,970.59

Kitsap Public Health District - 11/30/24

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Ader (413193) Sam	173.33	\$6,539.00			\$4,457.73
Alexander (435070)	157.33	\$5,987.04			\$4,055.06
Anderson (419470) Amy	173.33	\$6,964.00			\$4,497.03
Anderson-Hobbs (435083)	173.33	\$5,456.00			\$4,111.35
Armstrong (434291) Jami	173.33	\$6,402.00			\$4,490.87
Atisme-Bevins (433909)	173.33	\$8,747.00			\$5,476.17
Baker (435044) Katie	173.33	\$5,508.00			\$4,148.43
Banigan (215189) Leslie	173.33	\$7,614.00			\$5,463.99
Baum (434397) Rudy	173.33	\$6,282.00			\$4,630.25
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,326.73
Bell (419805) Gus	173.33	\$7,733.00			\$5,226.89
Berger (407902) Angeline	173.33	\$6,282.00			\$4,463.99
Bierman (404611) Dana	173.33	\$9,643.00			\$6,952.37
Borja (426250) Windie	173.33	\$6,716.00			\$4,682.68
Boysen-Knapp (2058)	173.33	\$7,636.00			\$5,276.52
Breitmayer (435259)	152.33	\$6,796.19			\$5,253.57
Bronder (434436) Christine	173.33	\$5,649.00			\$4,303.66
Brown (271677) Steven	173.33	\$9,643.00			\$5,748.08
Burchett (409212) Brian	173.33	\$6,228.00			\$4,512.46
Burke (434463) Lenore	173.33	\$4,814.00			\$3,381.39
Burton (434296) Callie	173.33	\$4,880.00			\$3,586.11
Cadorna (434932) Jessi		\$0.00			\$0.00
Camarena (434536) Daniel	173.33	\$6,048.00			\$4,133.48
Chandler (435269)	172.33	\$7,688.39			\$3,359.44
Chang (411387) Margo	173.33	\$5,427.00			\$3,915.93
Chen (434841) Jessica	173.33	\$6,926.00			\$4,930.97
Clark (435043) Cheryl	173.33	\$6,830.00			\$4,929.32
Collins (434101) Lori	173.33	\$7,351.00			\$5,089.16
Collins (435290) River	173.33	\$3,789.00			\$2,899.16
Crail (435213) Rebekah	173.33	\$4,899.00			\$3,617.53
Currie (400651) Krista	173.33	\$5,077.00			\$3,800.92
Davis (433997) Elizabeth	173.33	\$9,184.00			\$6,386.46
Degracia (435196) Allison	173.33	\$5,783.00			\$4,251.65
Dowless (340919) Kelly	173.33	\$8,018.00			\$5,466.48
Duren (430735) Ashley	173.33	\$6,722.00			\$4,944.04
Evans (4565) Eric	173.33	\$11,163.00			\$5,980.85
Fergus (434648) Maria	173.33	\$5,366.00			\$3,919.58
Fine (421693) George	86.67	\$2,287.00			\$1,774.52
Fisk (321284) April	173.33	\$8,840.00			\$5,041.91
Fong (356883) Yolanda	173.33	\$12,903.00			\$8,400.94
Fuchs (435045) Molly	173.33	\$4,605.00			\$3,369.64
Fucini (434997) Heather	173.33	\$6,228.00			\$4,999.64
Giuntoli (337331) Paul	173.33	\$7,614.00			\$4,712.58
Gress (421427) Nicole	173.33	\$5,308.00			\$3,908.98
Griego (410072) Yaneisy	173.33	\$6,444.00			\$4,830.50
Guidry (355732) Jessica	173.33	\$10,125.00			\$7,223.53
Hammond (434978) Gabriel	173.33	\$6,926.00			\$4,703.24
Hampton (434838)	145.67	\$6,738.45			\$4,821.94
Hansen (435085) Isabella	173.33	\$4,666.00			\$3,376.33
Harmon (434977) William	173.33	\$8,270.00			\$6,406.81
Hartman (434642) Melissa	16.00	\$560.48			\$511.40
Holt (2726) Karen	173.33	\$10,631.00			\$6,955.39
Howard (434057) Anne	138.67	\$4,537.00			\$2,986.62
Howell (435293) Jessica	86.67	\$1,882.00			\$1,503.28
Hubert (435172) Joaquin	173.33	\$5,401.00			\$4,462.34
Hughes (434256) Jakob	173.33	\$6,228.00			\$4,574.16
Hunter (409213) Kari	173.33	\$9,643.00			\$6,267.56
Inga Dominguez (434769)	173.33	\$5,116.00			\$3,843.40
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,068.51
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,632.92
Jones (358933) Kimberly	173.33	\$9,643.00			\$6,578.76
Jury (434709) Thomas	173.33	\$5,649.00			\$4,317.44
Katula (393427) Dayna	173.33	\$9,643.00			\$5,967.74
Kench (245476) Donald	173.33	\$4,481.00			\$2,635.11
Kiess (250913) John	173.33	\$11,721.00			\$8,724.80
Kimes (433908) Alexandra	173.33	\$8,120.00			\$5,678.79

Kitsap Public Health District - 11/30/24

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kindschy (421430) Brandon	173.33	\$6,866.00			\$4,822.02
Kinnear (434099) Sarah	173.33	\$6,316.00			\$4,849.71
Knoop (16125) Melina	173.33	\$7,614.00			\$5,023.50
Kruse (243184) Charles	173.33	\$7,719.00			\$5,205.75
Kushner (327580) Siri	173.33	\$11,721.00			\$7,165.83
Laird (416539) Melissa	173.33	\$10,631.00			\$6,661.24
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	\$8,114.00			\$5,502.79
Madden (434318) Shannon	173.33	\$4,814.00			\$3,520.67
May (434674) Martha	173.33	\$4,694.00			\$3,257.81
Mazur (388104) Karina	156.00	\$8,096.00			\$5,375.96
McClung (435242) Carol	173.33	\$8,419.00			\$5,568.00
McMillan (434052) Michelle	173.33	\$6,282.00			\$4,516.25
Miller (435008) Christopher	173.33	\$8,510.00			\$5,621.35
Moen (279971) Anne	173.33	\$8,330.00			\$5,593.76
Moontree-Stewart (406607)	172.91	\$6,057.29			\$4,614.63
Moore (434254) Alexandra	173.33	\$5,931.00			\$4,389.80
Morris (312378) Dawn	173.33	\$7,555.00			\$5,305.28
Morris (434567) Amanda	173.33	\$4,814.00			\$3,573.49
Morrow (433895) Nathan	173.33	\$17,214.00			\$10,006.38
Navarro (435294) Alee	173.33	\$4,297.00			\$3,274.86
Neff Warner (435082) Leah		\$0.00			\$0.00
Nguyen (295033) Loan	173.33	\$5,598.00			\$4,034.66
North (22459) Edwin	173.33	\$10,631.00			\$240.34
O'Brien (433907) Melissa	173.33	\$5,649.00			\$4,425.83
Onarheim (426938) Carin	173.33	\$5,983.00			\$4,508.83
Outlaw-Spencer (434984)	173.33	\$6,072.00			\$4,586.95
Pandino (419118) Linda	173.33	\$5,077.00			\$3,838.88
Perry (306605) Rachel	173.33	\$4,605.00			\$3,336.70
Petersen (434695) Kayla	173.33	\$4,648.00			\$3,374.23
Pittsinger (435173) Lynn	173.33	\$11,721.00			\$7,781.38
Renteria (435276) Anna	173.33	\$4,547.00			\$3,538.71
Romaele (435094) Antonio	173.33	\$5,649.00			\$4,239.10
Rork (404613) Ian	173.33	\$7,251.00			\$5,262.27
Sample (434976) Brittany	175.33	\$5,828.15			\$4,360.58
Sauna (435096) Khushnum	173.33	\$5,508.00			\$4,087.04
Shelby (434658) Emmy	156.00	\$7,068.00			\$4,808.29
Sherman (434949) Linnea	173.33	\$4,814.00			\$3,465.42
Shoriz (434893) Justin	165.33	\$5,021.04			\$3,846.06
Shuhler (425553) Yana	173.33	\$4,775.00			\$3,183.55
Sidell (435084) Nathan	173.33	\$5,456.00			\$3,312.06
Simmons (434365) Nolan	173.33	\$5,931.00			\$4,456.75
Smith (361388) Terri	173.33	\$8,510.00			\$5,952.33
Snow (435021) Kelly	173.33	\$5,551.00			\$4,209.95
Sooter (427776) Thaddeus	173.33	\$9,643.00			\$6,894.99
Stedman (347366) Kelsey	173.33	\$9,643.00			\$6,226.09
Stewart (423168) Tobbi	173.33	\$6,228.00			\$4,367.67
Taveras (435217) Orpa	173.33	\$5,000.00			\$3,742.28
Turner (1682) Denise	173.33	\$6,198.00			\$4,100.28
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,255.61
Villahermosa II (435216)	173.33	\$5,456.00			\$3,929.05
Wagner (426251) Mary	121.34	\$3,224.00			\$2,317.78
Warren (434273) Lisa	88.00	\$4,229.28			\$2,803.46
Wellborn (14545) Brian	173.33	\$4,481.00			\$2,960.72
Wendt (397255) Jan	173.33	\$7,733.00			\$5,719.76
Westervelt (434382) Laura	173.33	\$6,539.00			\$4,442.33
Whares (434641) Erica	173.33	\$6,926.00			\$5,436.24
Whitford (434292) Tiffany	173.33	\$4,574.00			\$3,371.63
Wimpenny (434923) Jacob	173.33	\$7,209.00			\$5,184.62
Winchester (431493)	173.33	\$5,649.00			\$4,122.70
Wyatt (434415) Janet	165.33	\$7,376.12			\$4,626.53
	21,222.21	\$851,121.43	\$68,511.81	\$221,806.77	\$585,401.93

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
 For 2024 - Nov

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 11/15/2024	11/15/2024	0.00	132,821.10	-132,821.10
2317:Payroll Tax Payable		Operational Journal: Kitsap Public Health District - 11/27/2024	11/27/2024	0.00	214,668.69	-214,668.69
				0.00	347,489.79	-347,489.79

Certificate Of Completion

Envelope Id: 3DBC0D2C-BAB7-404B-8390-E63FC8C90B92	Status: Completed
Subject: Please sign: 01.07.2025 BOH Consent Agenda for Warrants & EFTs	
Source Envelope:	
Document Pages: 26	Signatures: 2
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Carol McClung
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	345 6th Street, Suite 300
	Bremerton, WA 98337
	Carol.mcclung@kitsappublichealth.org
	IP Address: 146.218.141.215

Record Tracking

Status: Original	Holder: Carol McClung	Location: DocuSign
12/10/2024 4:10:40 PM	Carol.mcclung@kitsappublichealth.org	

Signer Events

Signer Events	Signature	Timestamp
Melissa Laird melissa.laird@kitsappublichealth.org Finance Manager Kitsap Public Health District Security Level: Email, Account Authentication (None)	 <p>DocuSigned by: Melissa Laird DB9C788F36B1487...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 146.218.141.198</p>	<p>Sent: 12/10/2024 4:15:24 PM Viewed: 12/11/2024 10:43:38 AM Signed: 12/11/2024 10:45:28 AM</p>

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Yolanda Fong yolanda.fong@kitsappublichealth.org Administrator kitsap Public health District Security Level: Email, Account Authentication (None)	 <p>DocuSigned by: Yolanda Fong 04B011B7E67B465...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 146.218.141.163</p>	<p>Sent: 12/10/2024 4:15:24 PM Resent: 12/18/2024 1:47:37 PM Viewed: 12/18/2024 2:26:00 PM Signed: 12/18/2024 2:26:45 PM</p>
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Editor Delivery Events

Agent Delivery Events

Intermediary Delivery Events

Certified Delivery Events

Carbon Copy Events

Witness Events

Notary Events

Envelope Summary Events

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/10/2024 4:15:24 PM
Certified Delivered	Security Checked	12/18/2024 2:26:00 PM
Signing Complete	Security Checked	12/18/2024 2:26:45 PM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	12/18/2024 2:26:45 PM
Payment Events	Status	Timestamps