

## **AGREEMENT KC-116-23**

This Agreement is entered into between Kitsap County Department of Human Services and Kitsap Public Health District, for the Improving the Health of High-Risk Mothers and Children Program.

### **I. Purpose**

This Agreement is for the appropriation of \$215,668 for the purpose of augmenting 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 for the time period January 1, 2023 – December 31, 2023. 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.

### **II. Collaboration and Collective Impact**

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

All entities 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.

### **III. Identification and Coordination of Available Funding Sources**

Kitsap Public Health District 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 1/10<sup>th</sup> of 1% funding should be utilized as a Payor of Last Resort.

#### **IV. 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 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.

#### **V. Project Activities Project Activities**

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

- Maintain 0.5 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 twelve (12) 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), expenses (space rental, incentives/food) and training to launch a Postpartum Support Group.

## **VI. 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 two 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.

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. An additional activity for the proposal this year includes the development of 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.

## **VII. 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 Citizens Advisory Committee and monitored by the Human Services Department. Kitsap Public Health District will have an evaluation plan with performance measures developed in partnership with Kitsap Public Health District Epidemiologist. 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 Citizens Advisory Committee and Kitsap Public Health District 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 12 mothers and infants (0.5 FTE nurse) will be maintained through December 31, 2023.

Objective #2: Maintain an average retention rate of 85% for Nurse Family Partnership clients over the course of the program year (January-December 2023).

Objective #3: By December 31, 2023 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, 2023, 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, 2023, 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, 2023, 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, 2023, KPHD will provide at least 10 postpartum support group sessions.

Objective #11: By December 31, 2023, Nurse Family Partnership CAB will convene at least 4 meetings to advise, support and sustain the NFP program.

## **VIII. Data Collection and Reporting**

Kitsap Public Health District will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, and October 31, 2023; and January 31, 2024 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.

**IX. Billing and Payment**

Payments to Kitsap Public Health District shall be requested using an invoice form, which is supplied by the County. Kitsap Public Health District invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Kitsap Public Health District is authorized to receive payments in accordance with the cost reimbursable budget included under this Agreement. The Kitsap Public Health District will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Kitsap Public Health District 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 Agreement shall be made to:

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

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

**X. Duration**

This agreement is in effect from January 1, 2023 – December 31, 2023.

**XI. Amendments**

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

**XII. Attachments**

The parties acknowledge that the following attachments, which are attached to this agreement, are expressly incorporated by this reference:

**Attachment A: Budget**

KC-116-23

This Agreement shall be effective January 1, 2023.

Dated this 9<sup>th</sup> day of March, 2023.

**CONTRACTOR  
KITSAP PUBLIC HEALTH DISTRICT**

*Keith Grellner*

Keith Grellner, Administrator

Dated this 27<sup>th</sup> day of March, 2023.

**KITSAP COUNTY BOARD OF  
COMMISSIONERS**

*Charlotte Garrido*

CHARLOTTE GARRIDO, Chair

*Robert Gelder*

ROBERT GELDER, Commissioner

*Katherine T. Walters*

KATHERINE T. WALTERS, Commissioner



ATTEST:

*Dana Daniels*

Dana Daniels, Clerk of the Board

**Attachment A: Budget**



## Total Agency or Departmental Budget Form

Agency Name: Kitsap Public Health District Project: Improving Health

Accrual      Cash

AGENCY REVENUE AND EXPENSES	2021		2022		2023	
	Budget	Percent	Budget	Percent	Budget	Percent
<b>AGENCY REVENUE</b>						
Federal Revenue	\$ 1,131,797	8%	\$ 1,188,386	8%	\$ 1,247,806	8%
WA State Revenue	\$ 2,919,464	21%	\$ 3,065,437	21%	\$ 3,218,709	21%
Local Revenue	\$ 5,037,409	37%	\$ 5,289,279	37%	\$ 5,553,743	37%
Private Funding Revenue	\$ 66,938	0%	\$ 70,284	0%	\$ 73,799	0%
Agency Revenue	\$ 4,160,085	30%	\$ 4,368,089	30%	\$ 4,586,494	30%
Miscellaneous Revenue	\$ 395,073	3%	\$ 414,827	3%	\$ 435,568	3%
<b>Total Agency Revenue (A)</b>	<b>\$ 13,710,765</b>		<b>\$ 14,396,303</b>		<b>\$ 15,116,118</b>	
<b>AGENCY EXPENSES</b>						
<b>Personnel</b>						
Staff	\$ 7,582,091	55%	\$ 7,961,196	55%	\$ 8,359,255	55%
Total Benefits	\$ 3,059,536	22%	\$ 3,212,513	22%	\$ 3,373,139	22%
<b>Subtotal</b>	<b>\$ 10,641,627</b>	<b>77%</b>	<b>\$ 11,173,709</b>	<b>77%</b>	<b>\$ 11,732,394</b>	<b>77%</b>
<b>Supplies/Equipment</b>						
Equipment	\$ 95,037	1%	\$ 99,789	1%	\$ 104,778	1%
Office Supplies	\$ 255,801	2%	\$ 268,591	2%	\$ 282,020	2%
<b>Subtotal</b>	<b>\$ 350,837</b>	<b>3%</b>	<b>\$ 368,379</b>	<b>3%</b>	<b>\$ 386,798</b>	<b>3%</b>
<b>Administration</b>						
Advertising/Marketing	\$ 6,050	0%	\$ 6,353	0%	\$ 6,670	0%
Professional Services	\$ 781,242	6%	\$ 820,304	6%	\$ 861,319	6%
Communication/Postage	\$ 162,305	1%	\$ 170,420	1%	\$ 178,941	1%
Insurance/Bonds	\$ 201,260	1%	\$ 211,323	1%	\$ 221,889	1%
Training/Travel/Transportation	\$ 442,332	3%	\$ 464,449	3%	\$ 487,671	3%
<b>Subtotal</b>	<b>\$ 1,593,188</b>	<b>12%</b>	<b>\$ 1,672,848</b>	<b>12%</b>	<b>\$ 1,756,490</b>	<b>12%</b>
<b>Ongoing Operations and Maintenance</b>						
Repair of Equipment and Property	\$ 537,994	4%	\$ 564,893	4%	\$ 593,138	4%
Utilities	\$ 2,200	0%	\$ 2,310	0%	\$ 2,426	0%
Rentals/Leases	\$ 100,111	1%	\$ 105,117	1%	\$ 110,372	1%
<b>Subtotal</b>	<b>\$ 640,305</b>	<b>5%</b>	<b>\$ 672,320</b>	<b>5%</b>	<b>\$ 705,936</b>	<b>5%</b>
<b>Other Costs</b>						
Debt Service	\$ 298,655	2%	\$ 313,588	2%	\$ 329,267	2%
Non-Expenditures	\$ 240,000	2%	\$ 252,000	2%	\$ 264,600	2%
<b>Subtotal</b>	<b>\$ 538,655</b>	<b>4%</b>	<b>\$ 565,588</b>	<b>4%</b>	<b>\$ 593,867</b>	<b>4%</b>
<b>Total Direct Expenses</b>	<b>\$ 13,764,613</b>		<b>\$ 14,452,844</b>		<b>\$ 15,175,486</b>	
<b>Balance</b>	<b>\$ (53,848.34)</b>		<b>\$ (56,540.76)</b>		<b>\$ (59,367.79)</b>	

## Mental Health, Chemical Dependency and Therapeutic Court Program 2023 Continuation Grant Proposal Special Project Budget Form

Agency Name:

Kitsap Public Health District

Project: Improving Health

Enter the estimated costs associated with your project/program	2022			2023		
	Award	Expenditures	%	Request	Modifications	%
<b>Personnel</b>						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 141,625.00	\$ 62,147.67	44%	\$ 142,975.00	\$ 1,350.00	1%
Total Benefits	\$ 56,022.00	\$ 24,150.50	43%	\$ 56,472.00	\$ 450.00	1%
<b>SUBTOTAL</b>	<b>\$ 197,647.00</b>	<b>\$ 86,298.17</b>	<b>44%</b>	<b>\$ 199,447.00</b>	<b>\$ 1,800.00</b>	<b>1%</b>
<b>Supplies &amp; Equipment</b>						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Administration</b>						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 751.00	\$ 363.99	48%	\$ 751.00	\$ -	0%
Support Group Training	\$ 1,800.00	\$ -	0%	\$ -	\$ (1,800.00)	-100%
Group Session Food	\$ 400.00	\$ -	0%	\$ 400.00	\$ -	0%
Group Session Incentives	\$ 1,000.00	\$ -	0%	\$ 1,000.00	\$ -	0%
Group Session Space Rental	\$ 2,000.00	\$ -	0%	\$ 2,000.00	\$ -	0%
Training/Travel/Transportation	\$ 1,800.00	\$ -	0%	\$ 1,800.00	\$ -	0%
% Indirect (Limited to 5%)	\$ 10,270.00	\$ 2,232.48	22%	\$ 10,270.00	\$ -	0%
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ 18,021.00</b>	<b>\$ 2,596.47</b>	<b>14%</b>	<b>\$ 16,221.00</b>	<b>\$ (1,800.00)</b>	<b>-10%</b>
<b>Ongoing Operations &amp; Maintenance</b>						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Sub-Contracts</b>						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Other</b>						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Total Project Budget</b>	<b>\$ 215,668.00</b>	<b>\$ 88,894.64</b>	<b>41%</b>	<b>\$ 215,668.00</b>	<b>\$ -</b>	<b>0%</b>

NOTE: Indirect is limited to 5%

**Mental Health, Chemical Dependency and Therapeutic Court Program  
2023 Continuation Grant Proposal Project Salary Summary**

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**Agency Name:** Kitsap Public Health District

**Project:** Improving Health

<b>Description</b>	
Number of Professional FTEs	1.45
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.22
<b>Total Number of FTEs</b>	<b>1.67</b>

<b>Salary Information</b>	
Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 117,151.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Administrative	\$ 25,824.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
<b>Total Salaries</b>	<b>\$ 142,975.00</b>
Total Payroll Taxes	\$ 10,834.00
Total Cost of Benefits	\$ 31,121.00
Total Cost of Retirement	\$ 14,517.00
<b>Total Payroll Costs</b>	<b>\$ 199,447.00</b>

Enduris  
**EVIDENCE OF COVERAGE**

**INSURED/PARTICIPANT:**

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

**MEMORANDUM#:** 2023-00-012

**EFFECTIVE: September 1, 2022 through August 31, 2023**

*This is to certify that the Memorandum of Coverage has been issued to the Insured/Participant for the period indicated.*

**CERTIFICATE HOLDER:**

Kitsap County  
614 Division Street, MS-7  
Port Orchard, WA 98366

*The Evidence of Coverage does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.*

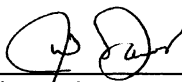
<b>COVERAGE:</b>	<b>PER OCCURRENCE LIMIT</b>	<b>AGGREGATE LIMIT</b>
<b>COMPREHENSIVE GENERAL LIABILITY</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>
<i>Professional Liability</i>	\$1,000,000	\$1,000,000
<i>Personal Liability</i>	\$1,000,000	\$1,000,000
<i>Products – Complete Operation</i>	\$1,000,000	\$1,000,000
<b>AUTO LIABILITY</b>	<b>N/A</b>	<b>N/A</b>
<i>Combined Single Limit; Hired and Non-Owned; Temporary Substitute</i>	N/A	N/A
<b>CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY</b>	<b>N/A</b>	<b>N/A</b>
<i>Per Occurrence Aggregate</i>	N/A	N/A
<b>PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY</b>		
<i>Property</i>	N/A	N/A
<i>Mobile Equipment</i>		
<b>AUTOMOBILE PHYSICAL DAMAGE</b>	<b>N/A</b>	<b>N/A</b>
<b>OTHER COVERAGE: N/A</b>	<b>N/A</b>	<b>N/A</b>

**CANCELLATION:**

Should any of the above described coverage be cancelled before the expiration date of thereof. Notice will be delivered in accordance with the provisions of the MOC.

**MEMO:**

Evidence of coverage in respects to the Real Estate Contract and Security Agreement, KCHD 240.



Authorized Representative  
August 8, 2022

**enduris**<sup>TM</sup>  
WASHINGTON

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>KITSAP PUBLIC HEALTH DISTRICT</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>LOCAL GOVERNMENT</b></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>345 6TH STREET, SUITE 300</b></p> <p><b>6</b> City, state, and ZIP code <b>BREMERTON, WA 98337</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional) <b>Kitsap County</b> <b>614 Division Street, MS-7</b> <b>Port Orchard, WA 98366</b></p>

**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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
or										
<b>Employer identification number</b>										
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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>April Fisk</i>	Date ▶ 11/22/2022
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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](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## 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 Due:  Wage Due:   
License Number:

[Apply Filters](#) [Reset](#)

[Download all debarment data](#)

Show <input type="text" value="25"/> per page		Showing 0 records										First	Previous	Next	Last
Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due						
There are no records that match your search criteria.															
Show <input type="text" value="25"/> per page		Showing 0 records										First	Previous	Next	Last