

AGREEMENT KC-117-23

This Agreement is entered into between Kitsap County and the Kitsap Public Health District to provide monitoring and evaluation services for 2023 Mental Health, Chemical Dependency and Therapeutic Court Tax Programs.

I. Purpose

This Agreement is for the appropriation of \$37,836 for the purpose of ensuring that the implementation and evaluation of the strategies and programs funded by the Mental Health, Chemical Dependency and Therapeutic Court Treatment Sales Tax are transparent, accountable and collaborative 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 monitoring and evaluation of 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.

II. Project Description

Kitsap County seeks to assure that citizens and policy makers spend the Treatment Sales tax funds collected in an accountable and transparent manner, with community input and support, and with measures to determine the effectiveness of these publicly-funded investments. Each funded program will be evaluated according to performance measures regarding cost effectiveness and the ability to attain stated goals. These programs shall achieve the following policy goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incident and severity of chemical dependency and/or mental health disorders in adults and youth.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

The Kitsap Public Health District will develop and measure specific performance outcomes to ensure funding is meeting proposed goals and those of Kitsap County's strategic plans. The Citizens Advisory Committee (CAC) will quarterly review performance outcomes, determine the success of funded proposals and achievement of County behavioral health goals. The CAC will submit an annual report to the BOC that lists programs funded, amounts allocated and expended, number of individuals served and performance outcomes along with recommended program and/or process changes based on the outcomes and evaluation data.

III. Project Activities

The Kitsap Public Health District will be responsible for the following activities and be reimbursed at the following 2023 hourly rate per employee assigned to the project:

Kitsap Public Health District Assessment and Epidemiology Program Kitsap County 1/10 th of 1% Monitoring and Evaluation Scope of Work 2022		KPHD Staff hourly rate estimate:			
		Epidemiologist (evaluator)	\$85		
		Clerical Staff	\$63		
		Program Manager (supervisor)	\$111		
		IT (database developer)	\$96		
23 Continuation Projects, 8 New Projects = 31 Total Projects					
Activity	Timeline/ Description	Duration/ Frequency	Total hours	Who	Cost
Technical assistance (TA) to projects for M&E development and refinement	January–December: Review, prep, and revise metrics with ongoing follow-up, data management	6 hrs x new project (8); 3 hrs x continuation project (23)	135	Epidemiologist	\$11,475
	January–December: Evaluation Meetings, TA to projects	2 hrs x new meeting; 1 hr x continuation meeting	39	Epidemiologist	\$3,315
Quarterly report review, updates, summaries	January–December	31 projects x 4 hours	124	Epidemiologist	\$10,540
Set-up measures in electronic reporting platform	January–December	1.5 hours x project	46.5	Clerical Staff	\$2,930
Ongoing management of electronic reporting web platform and the addition of new features	January–December	24 hours split CJK	8	IT	\$768
Quarterly contractor meetings	January–December	4 meetings x 2 hours	8	Epidemiologist	\$680
RFP support	January–December	10 hours	10	Epidemiologist	\$850
Participate in monthly CAB meetings	January–December	1 monthly meeting x 2 hours	24	Epidemiologist	\$2,040
Maintain 1/10th of 1% Program Dashboard	January–December	2 hours x project	62	Epidemiologist	\$3,906
Support/input/supervision	Ongoing	1 hour x month	12	Program Manager	\$1,332
				Evaluation Subtotal:	\$23,598
				One-Tenth Online Subtotal:	\$14,238
				Total:	\$37,836

IV. Data Collection

The Kitsap Public Health District will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, 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.

V. 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.

This Agreement shall be effective January 1, 2023.

DATED this 9th day March, 2023.

DATED this 27th day March, 2023.

**CONTRACTOR
KITSAP PUBLIC HEALTH DISTRICT**

Keith Grellner

Keith Grellner, Administrator

**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

Approved as to form by the Prosecuting Attorney's Office

ATTACHMENT A: BUDGET SUMMARY/ESTIMATED EXPENDITURES








2319 KITSAP COUNTY - MHCDC (Epi) (2022)

Final Audit Report

2023-03-09

Created:	2023-03-09
By:	april fisk (april.fisk@kitsappublichealth.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAX8pCT-x75OP7nFt7Q8begHJldvuv30hi

"2319 KITSAP COUNTY - MHCDC (Epi) (2022)" History

-  Document created by april fisk (april.fisk@kitsappublichealth.org)
2023-03-09 - 11:34:04 PM GMT
-  Document emailed to Keith Grellner (keith.grellner@kitsappublichealth.org) for signature
2023-03-09 - 11:34:52 PM GMT
-  Email viewed by Keith Grellner (keith.grellner@kitsappublichealth.org)
2023-03-09 - 11:40:54 PM GMT
-  Document e-signed by Keith Grellner (keith.grellner@kitsappublichealth.org)
Signature Date: 2023-03-09 - 11:41:28 PM GMT - Time Source: server
-  Agreement completed.
2023-03-09 - 11:41:28 PM GMT

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.

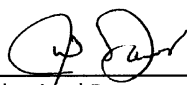
COVERAGE:	PER OCCURRENCE LIMIT	AGGREGATE LIMIT
COMPREHENSIVE GENERAL LIABILITY	\$1,000,000	\$1,000,000
<i>Professional Liability</i>	\$1,000,000	\$1,000,000
<i>Personal Liability</i>	\$1,000,000	\$1,000,000
<i>Products – Complete Operation</i>	\$1,000,000	\$1,000,000
AUTO LIABILITY	N/A	N/A
<i>Combined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

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



Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. KITSAP PUBLIC HEALTH DISTRICT</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one 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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: 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 not 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____ </p> <p style="text-align: center;">LOCAL GOVERNMENT</p>	<p>4 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>5 Address (number, street, and apt. or suite no.) See instructions. 345 6TH STREET, SUITE 300</p> <p>6 City, state, and ZIP code BREMERTON, WA 98337</p>	<p>Requester's name and address (optional) Kitsap County 614 Division Street, MS-7 Port Orchard, WA 98366</p>
	<p>7 List account number(s) here (optional)</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.

	Social security number										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>										
	or										
	Employer identification number										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px; text-align: center;">4</td> <td style="width: 25%; height: 20px; text-align: center;">2</td> <td style="width: 25%; height: 20px; text-align: center;">-</td> <td style="width: 25%; height: 20px; text-align: center;">1</td> <td style="width: 25%; height: 20px; text-align: center;">6</td> <td style="width: 25%; height: 20px; text-align: center;">8</td> <td style="width: 25%; height: 20px; text-align: center;">9</td> <td style="width: 25%; height: 20px; text-align: center;">0</td> <td style="width: 25%; height: 20px; text-align: center;">6</td> <td style="width: 25%; height: 20px; text-align: center;">3</td> </tr> </table>	4	2	-	1	6	8	9	0	6	3
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 ▶ 11/22/2022
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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.

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-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](#)

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