

**INTERLOCAL AGREEMENT  
BETWEEN  
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT  
And  
KITITAS COUNTY PUBLIC HEALTH**

This Interlocal Agreement is made and entered into by and between the **Tacoma-Pierce County Health Department**, hereinafter referred to as **DEPARTMENT**, and **KITTITAS COUNTY PUBLIC HEALTH** hereinafter referred to as the **Local Health Jurisdiction**. The **DEPARTMENT** and the **Local Health Jurisdiction** are collectively referred to as the "parties."

**I. RECITALS**

WHEREAS, the **DEPARTMENT** and the **Local Health Jurisdiction** are local health departments as provided for under Chapters 70.05, 70.08, or 70.46 RCW, with authority under Chapter 246-217 WAC to issue food worker cards; and

WHEREAS, it is the purpose of this Interlocal Agreement to provide for the funding and execution of services as described in Addenda A and B, attached hereto and incorporated herein; and

WHEREAS, the parties have the authority to enter into this Agreement pursuant to RCW 39.34.080.

**II. DEFINITIONS**

As used herein, the following terms shall have the meanings set forth below:

- A. **Agreement** means this Interlocal Agreement together with the attached Addenda, and any other documents incorporated therein. Any oral representations or understandings not incorporated herein are excluded. Attached hereto and made a part hereof for all purposes are the following:

Addendum	Number of Pages	Description
A	2	Scope of Work
B	1	Allocation of Fees

- B. **Department Representative** means the individual or individuals designated and authorized by the **DEPARTMENT** to receive notices and to act for it in all matters relating to this Agreement, or the designee of such individual.
- C. **Local Health Jurisdiction's Representative** means the individual designated and authorized by the **Local Health Jurisdiction** to receive notices and to act for it in all matters relating to this Agreement, or the designee of such individual.
- D. **Services** means all work performed by the **DEPARTMENT** or the **Local Health Jurisdiction** pursuant to and governed by this Agreement, including Addenda A and B.

**III. TERM**

The term of this Agreement shall be: January 1, 2014 through December 31, 2016, unless amended earlier pursuant to the terms and conditions herein. Should this Agreement be signed after the term beginning date stated herein, then it shall be retroactive and binding to that date.

**IV. PAYMENT**

Payment for the services described in Addendum A shall be provided as set forth in Addendum B, attached hereto and incorporated by reference.

RECEIVED

JAN 16 2014

TACOMA-PIERCE CO. HEALTH DEPT  
CONTRACTS AND RECORDS

**XII. NON-DISCRIMINATION**

Each party covenants that in providing the services described in Addendum A, no person shall be excluded from participation therein, denied the benefits thereof, or otherwise be subjected to discrimination with respect thereto on the grounds of marital status, presence of any sensory, mental, or physical handicap, unless based upon a bona fide occupational qualification, race, creed, color, national origin, age, religion, gender, sexual orientation, disabled veteran status or Vietnam Era Veteran status.

**XIII. DISPUTES**

This Agreement shall be administered and interpreted under the laws of the State of Washington. In the event that a dispute arises in the interpretation or application of this Agreement, both parties are to proceed to good faith negotiation to resolve said disputes. The parties may also agree in writing to mediation if negotiation is not successful in resolving the dispute. However, in the event such disputes cannot be resolved, the dispute may be appealed to the parties' Local Health Officer or his /her designee for resolution. In the event the Local Health Officers are unable to resolve the dispute, either party may pursue relief in Superior Court. Jurisdiction of litigation arising from this Agreement shall be in the State of Washington. Venue for all actions arising pursuant to this Agreement shall lie within Pierce County, Washington.

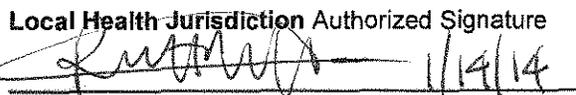
**XIV. SERVICES MANAGEMENT**

The work described in Addendum A shall be performed under the coordination and cooperation of both party representatives. Each party shall provide assistance and guidance to the other party as necessary for the successful performance and goals of this Agreement.

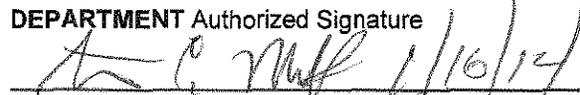
**XV. ALL WRITINGS CONTAINED HEREIN**

This Interlocal Agreement contains all the terms and conditions acknowledged by both parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind the parties hereto.

**IN WITNESS THEREOF** the parties hereto have executed this Agreement as of the date(s) set forth below.

**Local Health Jurisdiction** Authorized Signature  
  
Robin Read  
Administrator  
Date 1/14/14

Kittitas County Public Health  
507 N Nanum Suite #102  
Ellensburg, WA 98926  
(509) 962-7581

**DEPARTMENT** Authorized Signature  
  
Steve Marek  
Division Director  
Date 1/16/14

  
Christopher Schuler  
Business Manager  
Date 1/21/14

Tacoma-Pierce County Health Department  
3629 South D Street, MS 001  
Tacoma, WA 98418  
(253) 798-2899

**ADDENDUM A: SCOPE OF WORK AND SPECIFIC CONDITIONS**

This Addendum A applies to Agreement #1059-32 between The TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (**DEPARTMENT**) and **KITTITAS COUNTY PUBLIC HEALTH (Local Health Jurisdiction)**. In addition to the terms and conditions set forth in the Agreement, the parties agree as follows.

1. **Local Health Jurisdiction's Responsibilities:**

- 1.1. Authorize the **DEPARTMENT** by means of this Agreement to act as the **Local Health Jurisdiction's** "Designated Agent" and provide online food worker training, testing and card issuance to residents of Kittitas County and any out-of-state residents who state they work in Kittitas County, as permitted under Chapter 246-217 WAC.
- 1.2. Hold the **DEPARTMENT** harmless from any actual or purported loss of online food worker training, testing and card issuance income during times of unavoidable lack of access to the **DEPARTMENT's** training, testing and card issuance web site.
- 1.3. Maintain the security of the data originating from and contained in the online food worker card database. This includes but is not limited to adhering to the standard practices for strong password generation and user account management. The **Local Health Jurisdiction** shall not grant unauthorized parties access to the confidential data originating from or contained in the online food worker card database.

2. **The DEPARTMENT's Responsibilities:**

- 2.1. Provide online food worker training, testing and card issuance services as a designated agent of the **Local Health Jurisdiction** in accordance with the State of Washington's requirements under Chapter 246-217 WAC.
- 2.2. Ensure a best-faith effort to maintain a training, testing and card issuance web site that functions and is accessible to residents of Kittitas County and any out-of-state residents who state they work in Kittitas County.
- 2.3. Provide **Local Health Jurisdiction** with the location of a website to which residents of Kittitas County and any out-of-state residents who state they work in Kittitas County may be directed for online training, testing and card issuance. The **DEPARTMENT** may change the location of the website, but must provide re-direction to a new site with a minimum of thirty (30) days advance notice to **Local Health Jurisdiction**.
- 2.4. Provide access to the software to print a food worker card with the **Local Health Jurisdiction** logo which shall be valid throughout the State of Washington for a minimum period of two years from the date of issuance.
- 2.5. Establish a secure online payment gateway and service that will permit online payment services via, credit cards, including but not limited to Visa and MasterCard, as well as debit cards.
- 2.6. Provide and pay for an online maintenance agreement with an outside contractor to provide technical support of the website and online programming of the online food worker card software.
- 2.7. Provide **Local Health Jurisdiction** with a written statement of income on a quarterly basis, or as frequently as the parties may otherwise agree, or a link to an on line report providing the same information.
- 2.8. Provide support and service to **Local Health Jurisdiction** during regular **DEPARTMENT** hours of operation to ensure **Local Health Jurisdiction** has the ability to respond to queries from residents of Kittitas County and any out-of-state residents who state they work in Kittitas County.

3. **Public Records Requests.**

3.1 The **DEPARTMENT** holds the records and data generated by the Food Workers Card software as the **Local Health Jurisdiction's** designee. The **DEPARTMENT** will provide all such materials to the **Local Health Jurisdiction** in response to any public record request the **Local Health Jurisdiction** may receive relating to the Food Workers Card database. The **Local Health Jurisdiction** will be responsible for releasing the records to the requester in accordance with RCW 42.56 and Chapter 44-14 WAC. When the **Local Health Jurisdiction** requests records, the **Local Health Jurisdiction** must clearly describe the records that are being requested. The **DEPARTMENT** will notify the **Local Health Jurisdiction** as to the number of days it will take to gather the responsive records. Any public records requests received by the **DEPARTMENT** will be fulfilled by the **DEPARTMENT**. In the event the **DEPARTMENT** receives a request for public records regarding the **Local Health Jurisdiction's** records, the **DEPARTMENT** will notify the **Local Health Jurisdiction** of the request prior to releasing the records.

4. **Liaisons for the Agreement:**

On behalf of the **DEPARTMENT**:

Donald Foreman  
Environmental Health Specialist II  
Tacoma-Pierce County Health Department  
3629 S D Street  
Tacoma, WA 98418  
Phone: (253) 798-3515  
Fax: (253) 798-6539  
Email: [dforeman@tpchd.org](mailto:dforeman@tpchd.org)

On behalf of the **Local Health Jurisdiction**:

Candi Blackford  
Administrative Assistant  
Kittitas County Public Health  
507 N Nanum Suite #102  
Ellensburg, WA 98926  
Phone: (509) 962-7515  
Fax (509) 962-7581  
Email: [candi.blackford@co.kittitas.wa.us](mailto:candi.blackford@co.kittitas.wa.us)

**ADDENDUM B: ALLOCATION OF FOOD WORKER CARD FEES**

This Addendum B applies to Agreement #1059-32 between The TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (**DEPARTMENT**) and **KITTITAS COUNTY PUBLIC HEALTH (Local Health Jurisdiction)**. In addition to the terms and conditions set forth in the Agreement and Addendum A, the parties agree as follows:

**1. Fee Allocation and Method of Payment:**

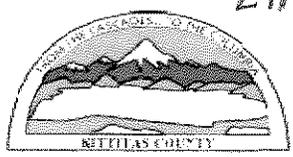
- 1.1. During the period January 1, 2014 through December 31 2016, the **DEPARTMENT** will collect on behalf of the **Local Health Jurisdiction** the maximum fee established under Chapter 246-217 WAC, as now or hereafter amended.
- 1.2. The **DEPARTMENT** will retain a \$3.00 per card fee as payment for the services described in this Agreement from each online food worker card issued online to a resident of Kittitas County and any out-of-state resident who states he or she works in Kittitas County and who enters the [www.foodhandlerscard.com](http://www.foodhandlerscard.com) testing website (or a successor site) by means of the **Local Health Jurisdiction's** web link, the **DEPARTMENT's** web link, or any other approved link. The balance of the monies collected under Chapter 246-217 WAC shall be remitted to the **Local Health Jurisdiction** in accordance with the terms set forth below.
- 1.3. If the actual and indirect costs incurred by the **DEPARTMENT** to provide the services described in this Agreement exceed \$3.00 per card, the **DEPARTMENT** may, in its sole discretion, increase the amount it retains as payment for services to offset the difference and the amount remitted to the **Local Health Jurisdiction** will be reduced. Written notice of rate increases, if any, will be provided in writing ninety (90) days in advance to the **Local Health Jurisdiction**.
- 1.4. The **DEPARTMENT** will retain a \$1.00 per card fee for the services described in this Agreement from each replacement food worker card issued online to a resident of Kittitas County and any out-of-state resident who has lost his or her original food worker card; provided, he or she works in Kittitas County, purchases a replacement food worker card without taking the online test, and enters the [www.foodhandlerscard.com](http://www.foodhandlerscard.com) testing website (or a successor site) by means of the **Local Health Jurisdiction's** web link, the **DEPARTMENT's** web link, or any other approved link. The balance of the monies collected under Chapter 246-217 WAC shall be remitted to the Local Health Jurisdiction in accordance with the terms set forth below.
- 1.5. If a food worker from a **Local Health Jurisdiction** challenges the validity of a payment for an online food worker card and the credit card company charges back or reverses the payment, the **Local Health Jurisdiction** agrees to pay any fees and costs associated with the cost of the reversal. Currently these fees are \$25.00 per transaction in addition to the actual amount reversed.
- 1.6. The **DEPARTMENT** shall remit monies owed to the **Local Health Jurisdiction** on a quarterly basis, together with a written statement of income received, or as frequently as the parties may otherwise agree, or a link to an online report providing the same information. Said funds and the quarterly statement shall be mailed to the **Local Health Jurisdiction** at the address stated below within 20 business days of the end of the quarter.

**2. Remittance Address: DEPARTMENT will remit payment to the address stated below:**

Kittitas County Public Health  
507 N Nanum Street Suite #102  
Ellensburg, WA 98926  
Phone: (509) 962-7515

**3. Accounting Information:**

- 3.1. Source of Funding: N/A
- 3.2. **DEPARTMENT** Program Number: 1059-Food Safety



# Kittitas County Review Form Grants & Contract Agreement

Today's Date 08/13/2012	Agenda Date
Fund/Department 116-Public Health	

### Contract/Grant Information

Contract /Grant Agency: Interagency Agreement between Tacoma-Pierce County Health Department (TPCHD) and Kittitas County Public Health Department (KCPHD)	
Period Begin Date: 01/01/2014	Period End Date: 12/31/2016
Total Grant/Contract Amount: \$20,664 fee estimate for three year contract	
Grant/Contract Number:	
Contract/Grant Summary: The Interagency Agreement between Tacoma-Pierce County Health Department and Kittitas County Public Health Department is made and entered into so that KCPHD may issue food workers cards from the Tacoma- Pierce Food Handlers on line system. The agreement also outlines funding and maintenance of the online version of the Tacoma Pierce County Food Handlers test in Kittitas County.	

### Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_

Department Head Signature: [Signature], Administrator Date: 1/30/14

### Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

<u>[Signature]</u>	<u>12/4/13</u>
Signature of Prosecutor's Office	Date
<u>[Signature]</u>	<u>12/11/13</u>
Signature of Auditor's Office	Date
<u>[Signature]</u>	<u>19 Dec 13</u>
Signature of Board of Health member	Date

### Financial Information

Total Amount \$ 20,664	State Funds \$ n/a	Federal Funds \$n/a
Percentage County Funds n/a	Matching Funds \$ n/a	CFDA# n/a

	In-Kind \$ n/a Explain
Is Equipment being purchased? no	Who owns equipment? n/a
New Personnel being hired? no	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:  Tacoma-Pierce County Health Department will retain \$3.00 per Food Handler’s card taken via the online test (\$1.00 per replacement card). The remaining \$7.00 (\$10.00 replacement card) per card fee will be paid to the Kittitas County Health Department on a quarterly basis.	

**Budget Information**

Budget Amendment Needed? No	Yes <input type="checkbox"/> attach budget form	No <input checked="" type="checkbox"/> Why not Estimations for payments received from Tacoma-Pierce County Health Department has been included in the 2014 budgeting process
New Division Created? no		
Revenue Code: 116-61556132120		

**Pass Through Information**

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

**Prosecutor Review**

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**County Departments Impacted**

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

**Submitted**

Signature:	Date:
Department:	

**Assignment of Tracking Information**

Auditor’s Office	
Human Resource	
Prosecutor’s Office	
Who Signed the grant application	

Reviewer	Date
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