

**PHSKC Agreement # 1270 EMS - Amendment 4**

**AMENDMENT**

This Amendment between PHSKC and the Recipient changes the referenced Agreement for the following purpose(s): Amendment 4 provides funding for the agency to continue providing a minimum of 32 weeks of Stay Active & Independent for Life (S.A.I.L) exercise classes in collaboration with Redmond Senior Center to older adults in King County and provide pre/post evaluations. Amount this action: \$5000

Recipient Name & Address: City of Redmond, PO BOX 97010, MS 3NFD, 98073-9710

Project Title: FD Small Grants

Effective Date of Amendment: Jan 01 2018

Agreement End Date:  No Change  Change to: Dec 24 2018

Agreement Amount:  No Change  Change to: \$25,000

Funding Details:  No Change  Revise the following funding details:

<u>Funding Source</u>	<u>PHSKC Contract #</u>	<u>Amount</u>	<u>Effective Dates</u>		<u>New or Revised</u>
EMS Levy	1270EMS - AM4	\$5,000	Jan 01 2018	TO Dec 24 2018	New

Funding Summary:  No Change  Revise to read:

FEDERAL: COUNTY: \$25,000 STATE: OTHER:


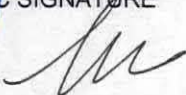
Exhibits:  No Change  Revise as follows:

Add the following exhibits as attached hereto:

- Exhibit B4, Budget
- Exhibit C4, Invoice

King County Terms & Conditions:  No Change  Revise as follows:

All other terms and conditions of the referenced Agreement and any previous Agreement amendment not revised herein shall remain unchanged and in full force and effect.

RECIPIENT SIGNATURE 	PRINTED NAME AND TITLE JANE WELSTEN, EV DEPUTY CITY ADMINISTRATOR	DATE SIGNED 12/4/17
PHSKC SIGNATURE 	PRINTED NAME AND TITLE Michele Plorde EMS Division Director	DATE SIGNED 2/13/18

Public Health – Seattle & King County – EMS Division

Exhibit B4 - BUDGET

City of Redmond, Redmond Fire Department  
Injury Prevention Fire Department Small Grants Program

January 1, 2018 – December 24, 2018

AMENDMENT

Item	Expense	Specifics/Rationale
The direct costs of performing the deliverables in the scope for the S.A.I.L. program –allowable costs include instructors compensation, staff, booklets, advertising & promotional materials and exercise equipment	\$5,000	Compensation for SAIL staff, exercise equipment, marketing materials, advertising, printing and promotional materials
<b>Total Budget</b>	<b>\$5,000</b>	

Revised 10/11/2017

Public Health – Seattle & King County  
Emergency Medical Services Division

Fire Department Small Grant Program

**EXHIBIT C4  
INVOICE AND BUDGET SUMMARY  
AMENDMENT 4**

**FOR PUBLIC HEALTH—SEATTLE & KING COUNTY USE ONLY**

Purchase Order #	
Supplier Name	City of Redmond
Supplier #	2246
Supplier Pay Site	FIRE HDQTRS
Invoice Date	
Invoice #	
Amount to be Paid	
Note to AP	
Print on Remittance	KC EMS InjPrev-FD Small Grant Program Invoice:
PH Prog Name/Phone	
CPA	REQ

AGENCY: City of Redmond, Redmond Fire Department

DATE:

REMIT ADDRESS: PO Box 97010, MS FDADM

CONTACT: Joseph McGrath

Redmond, WA 98073-9710

PHONE: 425-556-2259

CITY

STATE

ZIP

**\*\*PLEASE COMPLETE BOTH SECTIONS\*\***

BUDGET CATEGORIES	CONTRACT BUDGET	ITEM/ DESCRIPTION	FUNDS EXPENDED THIS REPORT	TOTAL FUNDS EXPENDED TO DATE (include current report)	TOTAL FUNDS REMAINING
The direct costs of performing the deliverables in the scope for the S.A.I.L. program –allowable costs include instructors compensation, staff, booklets, advertising & promotional materials and equipment	\$5,000				
<b>TOTAL</b>	<b>\$5,000</b>				

**Accomplishment Report**

TYPE OF ACTIVITY	GOAL	CURRENT REPORT	TOTAL TO DATE (include current report)

**CERTIFICATION FOR PAYMENT:**

I, the undersigned, do hereby certify that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against King County, and that I am authorized to authenticate and certify to said claim.

Agency Representative Signature

Date

Print Name

Title

**FOR SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH USE ONLY**

APPROVED: \_\_\_\_\_  
Program Manager Date

Submit to: King County Emergency Medical Services  
401 Fifth Ave. Suite 1200,  
Seattle, WA 98104  
ATTN: Alan Abe

# City Agreement Routing Form

The Project Administrator should complete the top section of this form, once Department Head/Designee signature has been obtained, attach the specified number of agreement originals to this form (have the contractor/supplier sign all original copies before routing) and forward the documents to the City Clerk for internal city routing. The City Clerk will route the agreement to the Risk Manager for approval of insurance and indemnification requirements, to the City Attorney for approval as to legal form and to the Mayor for signature. The City Clerk will then attest/authenticate the Mayor's signature and will forward this form and remaining agreement(s) to Project Administrator.

Project Title: Stay Active and Independent for Life (SAIL) Injury Prevention Grant - AMENDMENT 4

Type of Service: Fall prevention exercise and education program for seniors

Supplier/Contractor Name: King County EMS

Contract/Agreement Amount, Original: 5,000.00 Amended Amount: 25,000.00

Council Approval Date: 1/21/14 Nature of Funding: Grant - PHSKC Agreement #1270 EMS (formerly #EMS3292)

Project Administrator: Debbie Newman MailStop: 3SFD Phone: x2259

Anticipated Agreement Start Date: 1/1/2018 Estimated Completion Date: 12/24/2018

Does this contract contain the purchase of technology related items/services?  YES  NO  
If Yes, route to: I.S. Manager (3SFN)

I.S. Signature: \_\_\_\_\_ Date: \_\_\_\_\_


Will federal funds be used to pay for all or part of contract?  YES  NO  
If Yes, check for debarment at [www.sam.gov](http://www.sam.gov)  
(print results and keep a copy in project file)

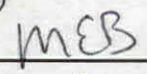
Department Head/  
Designee Signature:  Date: 11/21/17

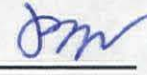
Comments:

Account Numbers/  
Distribution


## ROUTING PROCESS: ( 3 copies)


To: City Clerk \_\_\_\_\_ Date 11/23/17  
(for routing and tracking) 

Risk Manager \_\_\_\_\_ Date 11/27/17  
(Signature or initials) 

City Attorney \_\_\_\_\_ Date 11/30/17  
(Signature or initials) 

(Note: If contract exceeds Mayor's authorized signing limits, route to City Clerk (3NFN) for council approval)

Mayor \_\_\_\_\_ Date 12/4/17  
(Signature or initials) 

City Clerk \_\_\_\_\_ Date 12/4/17  
(Signature or initials) 

**NOTE:** The agreement becomes fully executable once the Mayor has signed it. The Project Administrator may then forward one set of originals to the Contractor/Consultant and work may begin. The City's original will be retained by the City Clerk. Once all signatures have been obtained, forward a copy of this form to Accounts Payable, with payment instructions.

Finance use ONLY Supplier Id \_\_\_\_\_ Date Received \_\_\_\_\_ Agreement # 7518-4