

PHSKC Agreement # 1270 EMS - Amendment 5

AMENDMENT

This Amendment between PHSKC and the Recipient changes the referenced Agreement for the following purpose(s): Amendment 5 provides additional funding for the agency to continue providing services described in the Scope of Work through December 24, 2019.

Recipient Name & Address: City of Redmond, 8450 161st Ave NE, Redmond, WA 98052

Project Title: Fire Department Small Grant Program

Effective Date of Amendment: Jan 01 2019

Agreement End Date: No Change Change to: Dec 24, 2019

Agreement Amount: No Change Change to: \$30,000

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	NA	\$5,000.00	Jan 01 2019	TO Dec 24 2019	New

Funding Summary: No Change Revise to read:

FEDERAL: COUNTY: \$30,000 STATE: OTHER:

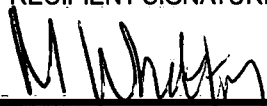
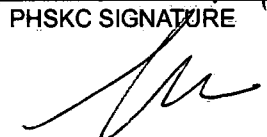
Exhibits: No Change Revise as follows:

Add the following exhibits as attached hereto:

- Exhibit B5 – Budget
- Exhibit C5 – 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 Maxine Whittam, COO	DATE SIGNED 2/1/19
PHSKC SIGNATURE 	PRINTED NAME AND TITLE Michele Pardo, EMS Div. Dir.	DATE SIGNED 3-4-19

Public Health – Seattle & King County – EMS Division

Exhibit B5 - BUDGET

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

January 1, 2019 – December 24, 2019

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
Total Budget	\$5,000	

Revised 08/27/2018

INVOICE

Contract Number:
Exhibit: C5- Invoice
Contract Period of Performance: January 1, 2019 –
December 24, 2019

Contractor Name: City of Redmond, Redmond Fire Dept
Street Address: PO Box 97010; Mail stop FDADM
City: Redmond, WA 98073-9710
Invoice Processing Contact: Debbie Newman
(425) 556-2259
Email: danewman@redmond.gov

Submit signed hardcopy invoice to:
PH Staff: Alan Abe
PH Program Name: Fire Dept Small Grant Program
King County Emergency Medical Services
401 5th Ave., Suite 1200
Seattle, WA 98104

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	_____
Supplier #	_____
Supplier Pay Site	_____
Remit to Address	_____
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____
Note to AP	_____
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	_____
PH Program Name & Phone	_____

Invoices for services rendered under
this contract for the period of:

Start Date	End Date

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1120207	830304	53180	140	101752				

Attach sheet for multiple POETAs

Direct Costs	Budget	Previously Billed	Current Report	Cumulative	Balance
	\$5,000	\$ -	\$ -	\$ -	\$ -
Total Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$5,000	\$ -	\$ -	\$ -	\$ -

\$ -
Amount Due

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed Date

PH Program Manager Approval Date

Print Name

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcv'd
Date					
Initial					

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 5

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: 30,000.00

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

Project Administrator: Dawn DeLoach MailStop: FDADM Phone: x2244

Anticipated Agreement Start Date: 1/1/2019 Estimated Completion Date: 12/24/2019

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
(print results and keep a copy in project file)

Department Head/ Designee Signature:  Date: 1/28/19

Comments:

Account Numbers/
Distribution

ROUTING PROCESS: (3 copies)

To: City Clerk _____ CX Date 1/30/19
(for routing and tracking)

Risk Manager _____ KC Date 2/1/19
(Signature or initials)

City Attorney _____ [Signature] Date 1/31/19
(Signature or initials)

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

Mayor _____ [Signature] ✓ Date 2/1/19
(Signature or initials)

City Clerk _____ CX Date 2/19/19
(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 #

7518-5