

CONTRACT # EMS3292
AMENDMENT # 2

CONTRACT AMENDMENT / CHANGE ORDER

PROJECT NAME: Fire Department Small Grant Program

PHSKC PROGRAM MONITOR: Alan Abe

CONTRACTOR: City of Redmond Fire Department
8450 161st Ave NE
Redmond WA, 98052

ORIGINAL CONTRACT START DATE: 1/1/14

AMENDMENT EFFECTIVE DATE: 1/1/2016

This amendment effects the following changes:

CHANGES TO CONTRACT BOILERPLATE

1. Extend the end date to 12/24/2016
2. Increase the contract amount by \$5,000 to \$15,000

CHANGES TO CONTRACT EXHIBITS

1. Add Exhibit A, 2016 Scope of Work
2. Add Exhibit B, 2016 Budget
3. Add Exhibit C, 2016 Invoice

All other terms and conditions of the referenced contract shall remain unchanged.

IN WITNESS HEREOF, the parties hereto have caused this amendment to be executed and instituted on the date first written.

KING COUNTY

CONTRACTOR

James M Fogarty FOR
King County Executive

M. Marchione for
Signature

1/26/16
Date

John Marchione, Mayor
Name (please type or print)

James Fogarty
Division Director
Emergency Medical Services

1/11/16
Date

Amendment 2
2016 Exhibit A- Scope of Work
King County Emergency Medical Services Division
City of Redmond, Redmond Fire Department

1. Identification Information

- A. Fire Department: City of Redmond, Redmond Fire Department
- B. Fire Department Administrator: Chief Tommy Smith
- C. Agency Contract Monitor Name: Debbie Newman
Address: 8450 161st Ave NE **Remit Address:** Debbie Newman
Redmond, WA, 98052-3848 Redmond Fire Dept
Phone: 425-556-2259 8450 161st Ave NE
Fax: 425-556-2227 Redmond, WA, 98052-3848
E-mail: danewman@redmond.gov

2. Goals: This funding is intended as reimbursement to the Agency for the following:

- A. Stay Active and Independent for Life (SAIL) Instructors for at least four 8 –week SAIL courses that meet twice a week maintaining an average of 15 students per session.
- B. Advertisement of the SAIL classes and fall prevention resources in relevant publications offered by City of Redmond, Redmond Senior Center, Redmond Reporter and Redmond Patch.
- C. Provide outreach packets to students, including promotional items like water bottles, stretch bands, ankle weights etc. to encourage participation in SAIL classes.

3. The Agency shall:

- A. Partner with the Redmond Senior Center and Redmond Police Department to coordinate the “Stay Active & Independent for Life” (SAIL) classes.
- B. Recruit and engage students to maintain an average of at least 15 students attending class regularly.
- C. Advertise the classes and fall-prevention resources in relevant publications such as those offered by the City of Redmond and Redmond Senior Center. Provide outreach packets to students, including items like hand weights and stretch-bands, to encourage participation in the SAIL program and spread enthusiasm by word of mouth.
- D. Educate Redmond Fire/EMS personnel about the King County One Step Ahead Fall Prevention Program and other resources for seniors.
- E. Perform periodic fitness tests, collect feedback forms from students and track attendance for the SAIL classes.
- F. Provide a program manager to maintain liaison with the Agency regarding all contract activities

4. Public Health Seattle-King County Department, Emergency Medical Services, shall reimburse to the Agency

- A. The costs associated with the SAIL program –instructor’s salaries, staff, marketing materials/fitness equipment.

5. Program Reporting: the Agency shall comply with the following reporting requirements during the contract period:

- A. Frequency of project reports and invoices must be submitted on quarterly basis and at the conclusion of project. These reports and invoices must include:
 - a. Accomplishments compared to project goals and activities. Also the number of participant assessments in the fall prevention program and a post evaluation of each participant.
 - b. Were activities accomplished as scheduled?
 - c. Project expenses/invoices- due dates April 14, July 15, Oct 14, Dec 11, 2016 for reimbursements-each quarter must also complete an accomplishment report in relation to your goals. Final year-end report due Dec. 24, 2016.
 - d. Invoices along with Exhibit “C” invoice with original signature must be mailed to Alan Abe, King County EMS, 401 Fifth Ave., Suite 1200, Seattle, WA 98104.

Public Health – Seattle & King County – EMS Division

Exhibit B – 2016 BUDGET
Amendment 2

City of Redmond, Redmond Fire Department
Injury Prevention Fire Department Small Grants Program
January 1, 2016 – December 24, 2016

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 10/27/2015

Public Health – Seattle & King County
 Emergency Medical Services Division
 Fire Department Small Grant Program
EXHIBIT C – INVOICE AND BUDGET SUMMARY
Amendment 2

01/01/2016 – 12/24/2016 FOR PUBLIC HEALTH – SEATTLE & KING COUNTY USE ONLY	
Purchase Order #	
Supplier Name	
Supplier #	
Supplier Pay Site	
Invoice Date	
Invoice #	
Amount to be Paid	
Note to AP	
Print on Remittance	
PH Program name & phone	

AGENCY: City of Redmond, Redmond Fire Department DATE:

REMIT ADDRESS: 8450 – 161st Ave NE CONTACT: Debbie Newman

Redmond, WA 98052 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				
TOTAL	\$5,000				

Accomplishment Report

TYPE OF ACTIVITY	GOAL	CURRENT REPORT	TOTAL TO DATE (include current report)
Four 8 week classes of S.A.I.L(33 weeks)	15 per class		

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 _____

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

FOR SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH USE ONLY

APPROVED: _____ Date _____
 Program Manager