



**CITY COUNCIL MEETING
TUESDAY, JUNE 6, 2023
HELD REMOTELY & IN PERSON AT CITY HALL
124 S. LEFEVRE ST.**

- Sign up to provide Public Comment at the meeting via calling in
- Submit Written Public Comment Before 4 pm on (June 6, 2023) - *SEE NOTE*
- Join the Zoom Meeting –
<https://us06web.zoom.us/j/83256593720?pwd=aUVqdStpa0ozZFB0Nm1QeDA1VVBVUT09>

Meeting ID: 832 5659 3720

Passcode: 025554

Find your local number: <https://us06web.zoom.us/j/83256593720?pwd=aUVqdStpa0ozZFB0Nm1QeDA1VVBVUT09>

WRITTEN PUBLIC COMMENTS

If you wish to provide written public comments for the council meeting, please email your comments to sweathers@medical-lake.org by 4:00 p.m. the day of the council meeting and include all the following information with your comments:

1. The Meeting Date
2. Your First and Last Name
3. If you are a Medical Lake resident
4. The Agenda Item(s) which you are speaking about

*Note – If providing written comments, the comments received will be acknowledged during the public meeting, but not read. All written comments received by 4:00 p.m. will be provided to the mayor and city council members in advance of the meeting.

Questions or Need Assistance? Please contact City Hall at 509-565-5000

REGULAR SESSION – 6:30 PM

- 1. CALL TO ORDER, PLEDGE OF ALLEGIANCE, ROLL CALL**
- 2. AGENDA APPROVAL**
- 3. INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS**
- 4. ANNOUNCEMENTS / PROCLAMATIONS / SPECIAL PRESENTATIONS**
- 5. REPORTS**
 - A. Council Comments
 - B. Mayor
 - C. City Administrator & City Staff
- 6. WORKSHOP DISCUSSION**
 - A. Shipping Container Ordinance Considerations
 - B. Budget Amendments
 - C. Administrative Fees 2023 Amendment (Resolution 23-600)
 - D. ILA with SCSO for Law Enforcement (Resolution 23-597)
 - E. Park Hours
- 7. ACTION ITEMS**
 - A. Consent Agenda
 - i. Approve **May 16, 2023**, minutes.
 - ii. Approve **June 6, 2023**, Claim Warrants **50175** through **50240** in the amount of **\$96,002.78**.
 - B. Re*Imagine Medical Lake Founder’s Day Fireworks Display Permit
 - C. TNT Fireworks Retail Fireworks Permit
 - D. ARPA Distribution of Funds Round 2
- 8. RESOLUTIONS**
 - A. 23-599 Cost Allocation Policy
 - B. 23-601 Recreation Assistant Job Description
- 9. PUBLIC HEARING – None scheduled.**
- 10. ORDINANCES – None scheduled.**
- 11. EXECUTIVE SESSION – None scheduled.**
- 12. EMERGENCY ORDINANCES – No items listed.**
- 13. UPCOMING AGENDA ITEMS**
- 14. INTERESTED CITIZENS**
- 15. CONCLUSION**

CITY OF MEDICAL LAKE
City Council Regular Meeting

6:30 PM
May 16, 2023

MINUTES

Council Chambers
124 S. Lefevre Street

NOTE: This is not a verbatim transcript. Minutes contain only a summary of the discussion. A recording of the meeting is on file and available from City Hall.

COUNCIL AND ADMINISTRATIVE PERSONNEL PRESENT

Councilmembers

Chad Pritchard (via Zoom)
Heather Starr
Art Kulibert
Bob Maxwell
Ted Olson
Tony Harbolt

Administration/Staff

Terri Cooper, Mayor
Sonny Weathers, City Administrator
Koss Ronholt, Finance Director
Sean King, City Attorney
Steve Cooper, WWTP Director
Scott Duncan, Public Works Director
Roxanne Wright, Administrative Asst.

1. CALL TO ORDER, PLEDGE OF ALLEGIANCE, ROLL CALL

A. Mayor Cooper called the meeting to order at 6:30 pm, led the Pledge of Allegiance, and conducted roll call. Councilmember Kennedy's absence was approved at the previous meeting. Councilmember Pritchard attended via Zoom. Councilmembers Starr, Kulibert, Maxwell, Olson, and Harbolt were present in person.

2. AGENDA APPROVAL

- A. Additions to Agenda
- i. Add Resolution 23-595 Agreement No. 22ARP1189 for Spokane County ARPA Funds
 - ii. Add Resolution 23-596 ILA with Cheney for Yard Waste Disposal
 1. Motion to approve agenda with additions made by councilmember Harbolt, seconded by councilmember Maxwell, carried 6-0.

3. INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS

A. Cliff Denman, resident of Medical Lake – Shared concerns regarding Lake Street traffic. Cars racing and passing each other in the last week. Motorcycles racing and passing cars. Farm equipment going faster than the posted 25mph. Minibikes racing up and down and not stopping at stop signs. Thanked the city for utilizing the radar trailer as it does help curtail speeding.

4. ANNOUNCEMENTS / PROCLAMATIONS / SPECIAL PRESENTATIONS

- A. None

5. REPORTS

- A. Undersheriff Kittilstved – Shared that he wrote down notes from Mr. Denman’s comments regarding speeding on Lake Street and will speak to the Medical Lake deputies about acquiring hand-held radar guns to help. Reported that local crime is about even compared to last year. Single assault up this month. Ten domestic violence incidents so far this year with four arrests. Spoke about the upcoming Town Hall meeting on May 22nd. Shared that the new Sheriff’s Training Center is scheduled to open ahead of schedule, in late summer, early September. Finalized the Criminal History MOU. Monday, May 15th was National Law Enforcement Memorial. There are five new recruits graduating on May 17th with another ten in training after that. Councilmember Kulibert asked about attrition rate. Undersheriff Kittilstved shared that in 2020 they lost over forty deputies in one year. Now seeing a trend where retirement is slowing down this year and hiring is going up. Nationwide police forces are beginning to see the impacts of 2020.
- B. FD3 Chief Rohrbach – Call volume average for month of April, 68 calls, 80% medical. Wildfire season is coming up. Long-term forecast – snowpack is better than we’ve seen, drought indexes better, predicting close to average wildfire season. Canada already having significant fires. Community events: STEM night, volunteer Jim gave report on Fisherman’s breakfast. Served 377 people and 40 firefighters that were volunteering. 80% of everything for breakfast involved local businesses and citizens. Did well with the fundraiser as well. August 1st ballot, fire levy, primary funding source for the district.
- C. Council Comments
 - i. Councilmember Pritchard – STEM night was a huge success. About 400 students came through.
 - ii. Councilmember Starr – Finance Committee, reviewed many things that Mr. Ronholt will discuss later in the meeting. Went to the STEM night and enjoyed it.
 - iii. Councilmember Kulibert – no report
 - iv. Councilmember Maxwell - General Government committee – City Clean-Up Day was a big success, 20 tons of garbage collected. Utility pump for WWTP, back from being repaired early next week, then the other will go out for repair. Brooks Road will be closed to through traffic from June 5th through mid-September.
 - v. Councilmember Olson – Safety committee - thanked Sheriff and FD3. Town Hall meeting to discuss police services on May 22nd.
 - vi. Councilmember Harbolt – appreciated personal report from sheriff. It’s what we deserve.
- D. Mayor Comments
 - i. Filing week started May 15th for the open council positions, Water District 10 and Medical Lake School District positions. See the Spokane County election website for more information. Community Garden at Pioneer Park will open to begin work on 9am Friday, May 19, 2023. A greenhouse, planters, dirt, and plant starts were all donated. The new Parks and Recreation Director, Glen Horton, started on May 15th and will attend the next council meeting. A Park Advisory Board will be developed very soon, then a community garden committee. Founders’ Day is June 16th and 17th. City employees will be playing in the golf tournament on Friday.

- E. City Administrator & City Staff
 - i. Koss Ronholt, Finance Director – gave out a handout, “Trust, but Verify” guide and discussed the recent training he attended on how to prevent fraud. See attached.
 - ii. Sonny Weathers, City Administrator – received thank you from AARP Tax aide program. They processed 265 returns with just under \$320,000 in refunds for citizens. Medical Lake was awarded the Well City Distinction which will provide a 2% savings on benefits. Attended Small City (AWC) conference. Shared about the Town Hall meeting May 22nd at 6pm for Law Enforcement discussion. Annual conference in Spokane for AWC (Association of Washington Cities) is June 22nd 4-5:45 pm at Spokane Convention Center if council wanted to send a representative.

6. WORKSHOP DISCUSSION

- A. Vacant Building Ordinance Considerations
 - i. Mr. Weathers reviewed the draft language for a Vacant Building Ordinance.
 - 1. Discussion held regarding proposed changes to the draft language. Ordinance will be updated and brought forward for a first reading at the June 6th meeting.
- B. Drug Possession Ordinance
 - i. Mayor Cooper explained the proposed ordinance. Sean King stated that bills were passed just this afternoon in the State and because of that, this is likely a moot discussion. Motion to table discussion and move to the June 6th agenda as an ordinance made by councilmember Starr, seconded by councilmember Olson, carried. 6-0.

7. ACTION ITEMS

- A. Consent Agenda
 - i. Approve **May 2, 2023**, minutes and corrected **April 18, 2023**, minutes.
 - 1. Motion to approve May 2, 2023, minutes made by councilmember Starr, seconded by councilmember Olson, carried 6-0.
 - 2. Motion to approve corrected April 18, 2023, minutes made by councilmember Maxwell, seconded by councilmember Kulibert, carried 6-0.
 - ii. Approve **May 16, 2023**, Payroll Claim Warrants **50113** through **50120** and Payroll Payable Warrants **30000** through **30006** in the amount of **\$144,012.87** and Claim Warrants **50121** through **50174** in the amount of **\$127,471.35**.
 - 1. Finance committee reviewed and recommended approval. Motion to approve made by councilmember Olson, seconded by councilmember Starr, carried 6-0.
- B. Letter Requesting Amendment to the Water Intertie Agreement with the City of Spokane
 - i. Mayor explained the reason for the request.
 - ii. Motion to approve made by councilmember Starr, seconded by councilmember Kulibert, carried 6-0.
- C. J & M LLC Fireworks Retail Sales Permit Application
 - i. Motion to approve made by councilmember Harbolt, seconded by councilmember Olson, carried 6-0.

8. RESOLUTIONS

- A. 23-587 Jazzercise Instructor Agreement Amendment
 - i. Motion to approve made by councilmember Harbolt, seconded by councilmember Maxwell, carried 6-0.

- B. 23-591 MIDCO Commercial Cleaning Agreement
 - i. Motion to approve made by councilmember Starr, seconded by councilmember Kulibert, carried 6-0
- C. 23-592 Authorizing US Bank Safekeeping Account
 - i. Motion to approve made by councilmember Kulibert, seconded by councilmember Olson, carried 6-0
- D. 23-593 DSHS Land Lease Amendment #3
 - i. Mayor Cooper, Mr. Weathers, and Scott Duncan met with the Capital Asset Manager for DSHS. Mr. Weathers shared some background on the relationship with the city and DSHS on this property. There has been a 38% cost increase in maintenance for the city.
 - ii. Motion to approve made by councilmember Starr, seconded by councilmember Pritchard, carried 6-0.
- E. 23-594 Strathview Water Purchase Agreement
 - i. Mr. Weathers shared information on the proposed agreement.
 - ii. Motion to approve made by councilmember Harbolt, seconded by councilmember Starr, carried 6-0.
- F. 23-595 Agreement No. 22ARP1189 for Spokane County ARPA Funds
 - i. Motion to approve made by councilmember Olson, seconded by councilmember Starr, carried 6-0.
- G. 23-596 ILA with Cheney for Yard Waste Disposal
 - i. Mr. Weathers explained the agreement.
 - ii. Motion to approve made by councilmember Olson, seconded by councilmember Starr, carried 6-0

9. PUBLIC HEARING / APPEALS – None scheduled.

10. ORDINANCES

- A. Second Read Ordinance 1110 Establishing an Independent Salary Commission
 - i. Legal counsel read the ordinance.
 - ii. Motion to approve made by councilmember Starr, seconded by councilmember Maxwell, carried 6-0.

11. EXECUTIVE SESSION – None scheduled.

12. EMERGENCY ORDINANCES – No items listed.

13. UPCOMING AGENDA ITEMS

- A. none

14. INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS

- A. none

15. CONCLUSION

- A. Motion to conclude the meeting made by councilmember Pritchard, seconded by councilmember Olson. Motion carried 6-0 and meeting concluded at 8:30 pm.

Terri Cooper, Mayor

Koss Ronholt, Finance Director/City Clerk

DRAFT



Trust, but verify:

A guide for elected officials
& appointed boards to
prevent fraud

Look inside for our special
pullout with three simple
techniques to detect fraud



Office of the Washington State Auditor

November 2022

Preventing fraud begins at the top

Fraud occurs when an employee is deliberately deceptive in order to attain personal or financial gain, and it costs businesses billions of dollars every year. While corporate fraud may dominate the headlines, in reality, smaller organizations—including local governments—are more vulnerable to fraud, and their average financial loss is twice that of larger organizations.

Employee fraud often comes as a shock to those charged with oversight of a government when it happens in their own agencies. It shouldn't. Just because fraud hasn't been discovered or possibly hasn't happened, does not mean that your agency is not vulnerable.

Not only can fraud damage your government's finances, assets and hard-earned reputation, it can also affect your government's ability to obtain funding, attract top staff and maintain public trust.

As an elected official or a member of an appointed board, you have a duty to understand your government's operations. You also have a key role to play when it comes to fighting fraud. Boards and other officials have the responsibility to lead by example, which demonstrates to employees that you are committed to preventing, detecting and responding to fraud.

The State Auditor's Office (SAO) created this resource to help you understand your role as an elected official or board member in fighting employee fraud. Throughout this resource, you will find tips for implementing policies and best practices that can help you prevent, detect and respond to fraud in your government.



Types of employee fraud

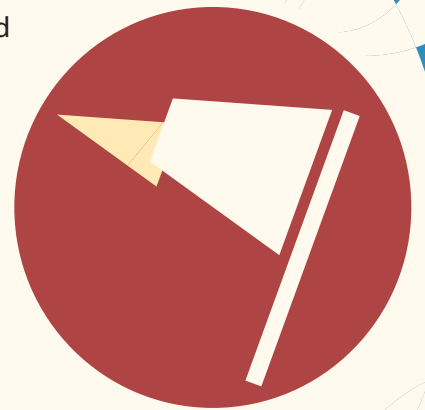
Employee fraud comes in many forms and appears at all levels within your government. An employee intending to commit fraud will often take their time to learn a process fully before they misuse it for personal gain. Examples of fraud schemes used by employees include:

- Pocketing cash or equivalent (inventory/equipment/supplies)
- Not properly recording vacation and sick leave used, and then cashing out leave
- Falsifying reporting of overtime or extra pay, or creating and adding fictitious employees to the payroll
- Changing vendor bank account information to their personal bank account
- Using agency credit cards and/or fuel cards for personal purchases
- Submitting reimbursements for expenses not incurred
- Using government assets for personal gain

Red flags

Employees who commit fraud often show certain behaviors—or red flags—that indicate they might be engaging in wrongdoing. While these red flags do not always mean that an employee is committing fraud, understanding and recognizing them can help your government more quickly detect fraud and mitigate any losses. For example, an employee who works long or odd hours and does not take sick leave or vacation may seem like a very dedicated public employee. However, that employee may also be taking advantage of business hours in which they are less likely to get caught committing fraud. Here are other behavioral red flags to be aware of:

- Living beyond their means
- Experiencing financial difficulties
- Excessive control issues or unwillingness to share duties
- Unusually close relationship with a vendor or customer



The ACFE 2022 Report to the Nations concluded that at least one of these red flags appeared in 92 percent of fraud cases. The ACFE also estimates that the average organization loses 5 percent of its annual revenue to fraud each year, causing a median loss of \$117,000 before it is detected.

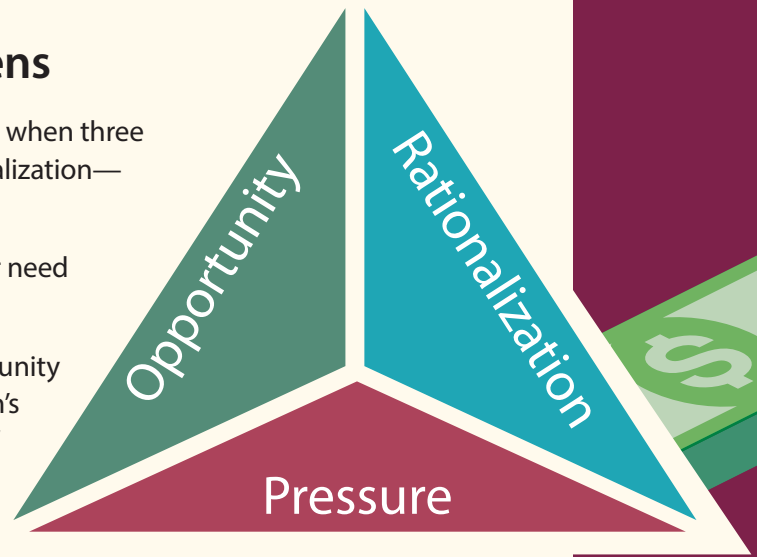
SAO investigates frauds in all types of governments, from large state agencies to small special purpose districts. We have found that people in all types of positions at every level of government, from administrative assistants to department heads and elected officials, perpetrate fraud. On average, our office reports \$3.8 million of public fund losses annually. No matter what type or size of government you oversee, fraud could happen to you.

How employee fraud happens

Usually, an employee chooses to commit fraud when three factors align: pressure, opportunity and rationalization—also known as the Fraud Triangle.

- **Pressure.** The employee has a motivation or need for money, often due to financial hardship.
- **Opportunity.** The employee has the opportunity to commit fraud because of the organization's poor internal controls. For example, a lack of segregation of duties allows an employee to commit and conceal the fraud at the same time.
- **Rationalization.** The employee convinces themselves that what they did was okay. For example, they rationalize that they deserve the additional compensation because they are underpaid and overworked.

An organization has little control over the pressures an employee may feel or the rationalizations they may make. To break the Fraud Triangle, governments instead must focus on reducing the opportunity for a fraud to occur.



Learn more

ACFE explains the Fraud Triangle in this short [video](#)

Preventing fraud

Your first line of defense in minimizing fraud risk is fraud prevention. Board members have a responsibility to develop an organization-wide framework that aims to prevent fraud. Here are tips to consider when designing your government's fraud-prevention framework:

- **Set the tone at the top.** A key responsibility of the board is to set the appropriate tone at the top through your attitudes, actions and communications. This tone helps define your agency's culture and influences the behavior of managers, employees, vendors, contractors and other stakeholders.
- **Set expectations for every employee as it relates to fraud.** Do not tolerate fraud at any level of the agency. Communicate this message—verbally and in writing—to all your employees. Ensure that management is encouraging ethical behavior and empowering employees, customers and vendors to insist that ethical standards are met every day.
- **Talk about fraud risks at your board meetings.** Have discussions at the board level about how fraud could occur, what internal controls your government has in place to prevent fraud, and how someone could override those controls.
- **Establish a fraud policy.** A well-crafted fraud policy is critical for communicating your agency's anti-fraud stance, the expected process for reporting fraudulent actions, and what happens to those who commit fraud. Your policy should focus on deterrence, detection, and correction of misconduct and dishonesty.
- **Be alert to the possibility of conflicts of interest.** It is not always possible to avoid conflicts of interest. Make sure that you identify and appropriately manage any potential, perceived or actual conflicts. For example, be aware of an employee—or even another board member—using their position to make financial decisions that result in an undisclosed personal gain.
- **Beware of the trusted employee syndrome.** The trusted employee syndrome occurs when boards and executives put full faith into someone and rely on their word because they trust them. It is great to have trusted employees in your agency, but you should also ask to see information from independent sources to verify their work, such as system-generated reports and actual bank statements. Remember: Trust is not an internal control.



Learn more

Sample fraud policies from

- > [Association of Certified Fraud Examiners](#)
- > [The Fraud Advisory Panel](#)



- **Attend meetings and interact with your external and internal auditors.** Do you understand the risks and issues auditors have identified relating to internal controls? SAO's auditors encourage board members to attend entrance and exit meetings for audits, and they will talk with you about risks your agency might encounter.
- **Perform a fraud risk assessment.** A risk assessment is a process for identifying your government's vulnerabilities to fraud and developing a plan to mitigate those risks before they cause damage. As board members, you can perform this assessment annually or hire a consultant to complete an independent assessment. Your insurance company may also provide this service for a small fee.

After you have completed your risk assessment, you will want to evaluate your government's insurance coverage for fraud loss. Make sure your agency has adequate coverage in the event a fraud occurs and that you regularly reassess whether it is enough. Also, take a close look at which employees you are bonding to minimize the agency's risk of misappropriation.

How to perform a risk assessment:

- 1. Identify and document risks**
Start with identifying fraud risks, which should include consideration of all types of schemes and scenarios, incentives, pressures and opportunities to commit fraud.
- 2. Weigh the risks**
Assess the relative likelihood of each fraud risk occurring. Interview staff and other key stakeholders to learn more about their roles.
- 3. Mitigate the risks**
Decide what the response should be to address the identified risks. You may want to conduct a cost-benefit analysis of fraud risks to help determine which controls or specific fraud-detection procedures to implement.
- 4. Monitor the risks**
Continually monitor the identified risks and conduct ongoing risk assessments to help mitigate them.

Keep in mind that executives and those higher up in management can cause the largest losses for an agency. Someone in your agency who is willing to steal likely knows the controls and operating procedures that are in place to prevent fraud—and they also know how to circumvent those controls and how to conceal their fraud. When evaluating the effectiveness of your controls, it is important to keep in mind the risk of management override.

Learn more

Watch this 6-minute video on how to conduct a [fraud risk assessment](#).

Detecting fraud

You can never fully prevent fraud, so it is important to have a process for identifying fraudulent activities or attempts. As a board member, you are ultimately responsible for ensuring management fulfills its internal control responsibilities.

Too often, smaller organizations—those with fewer than 100 employees—rely on external auditors to detect fraud. Yet, when it comes to detecting fraud, auditors typically identify only about 5 percent of fraud cases. Auditors should not be viewed as a substitute for your board's own ongoing monitoring and development of policies and procedures.

Top five ways perpetrators conceal their fraud

Are you hesitant to review documents and ask staff too many questions? Here are the most common methods—according to the ACFE—that employees use to conceal their fraud, which underscore why your board should pay attention.

SAO's [Segregation of Duties](#) guide describes how to separate conflicting duty assignments to protect your government's assets. It covers all types of financial processes from cash receipting to payroll and banking. The guide also includes additional internal control options for small governments or small operations within larger governments.

39%

created fraudulent physical documents

32%

altered physical documents

28%

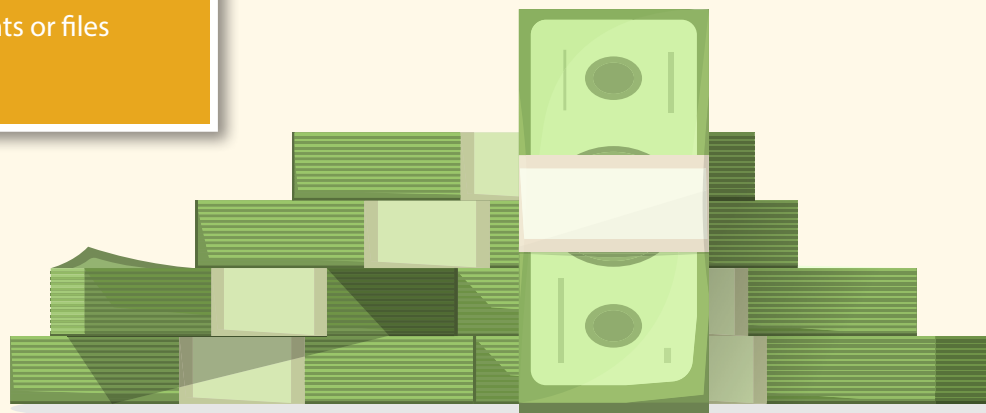
created fraudulent electronic documents or files

25%

altered electronic documents or files

23%

destroyed or withheld physical documents

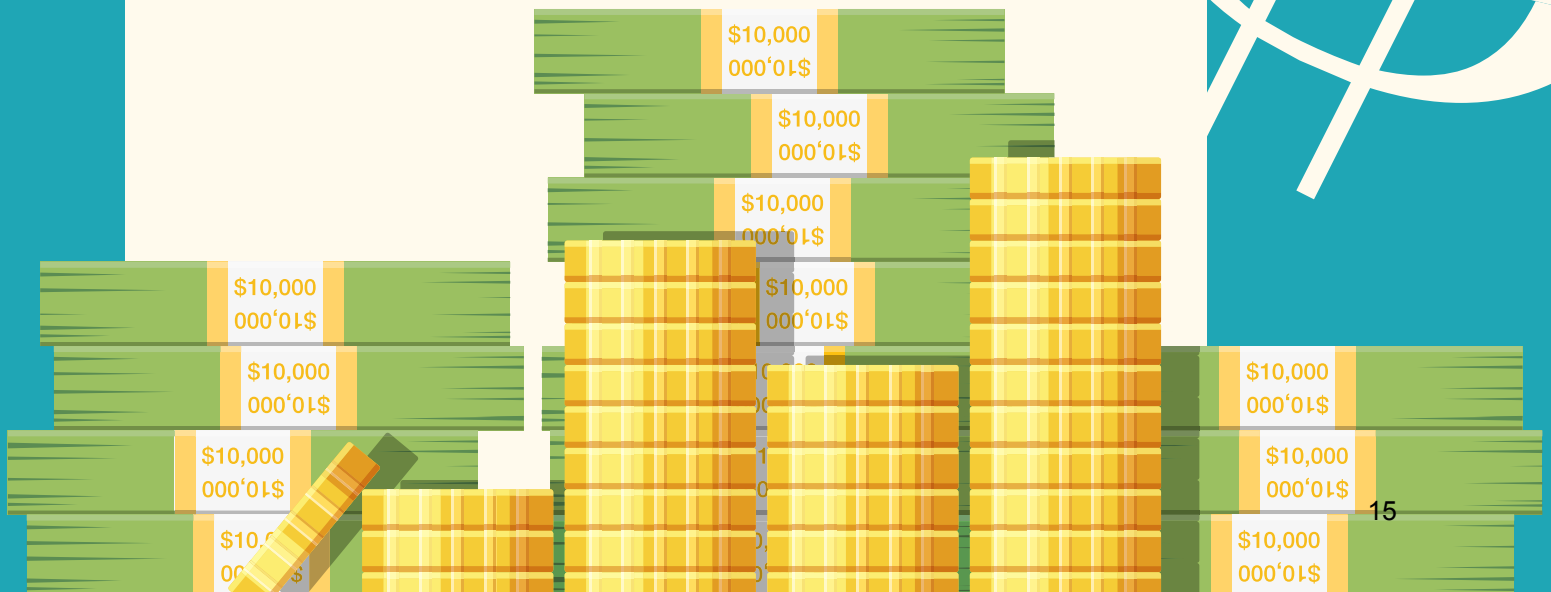


Here are tips for improving your board's ability to detect fraud:

- **Make sure your board is receiving accurate and timely financial information.** Most boards have fiscal responsibilities relating to budgeting or approving expenditures. For example, it is very important that you review actual documents and system-generated reports before approving expenditures.
- **Ask questions to ensure you understand what you are approving,** and make sure those answering your questions can provide adequate supporting documents.
- **Set up a tip hotline.** A tip hotline offers an anonymous way for people to report concerns via phone, mail or internet about suspected fraud. According to the ACFE, tips are the most common detection method by a significant margin—42 percent in the 2022 report—with more than half coming from employees and another 18 percent from customers. Many insurance companies or government risk pools may be able to help provide this service to your government at a very low cost. It is important to make sure that someone independent of operations, such as a board member, receives those tips.

If you do not know much about operations, consider first assessing your government's internal controls over financial reporting. This will help you understand how you can implement controls to mitigate risks. SAO has [a self-assessment tool](#) to help you get started.

On the next page, see SAO's list of the top three areas board members should review and monitor to detect fraud.



Three Simple Fraud Prevention & Detection Reviews

1

Review expenditures before you approve them

DO NOT accept verbal presentations or answers when approving expenditures.

DO

1. Review original documents and system-generated reports before approving expenditures.
2. Ask questions to make sure you understand all expenditures paid, which will help to confirm and verify expenses are for legitimate business purposes.
3. Make sure the staff answering your questions can provide adequate, original documents to support their statements.

2

The **truth** lies in the bank statements

DO NOT ignore your agency's bank statements or think you do not have enough time to review them.

A simple 15-minute scan of the transactions could help you detect unusual activity, especially if you review the statements each month and develop a baseline expectation of activity level and type.

DO

1. Make sure you know the source of the bank statements. Are they original, or are they copies that an employee could have altered before providing them for review?
2. Independently review the bank statements. If the employee misappropriating funds is the same person reviewing the bank statements and performing the reconciliation, the loss of funds could go undetected for years.
3. Take the time to understand how money comes in and goes out of your agency. Failure to review the bank statement might seem like a small oversight, but it could have drastic consequences. Bank account activity is the core source of a government's money flow in and out.

3

Pay **attention** to payroll

DO NOT accept verbal presentations or answers when approving payroll amounts. Employee compensation is typically one of the largest operating expenses for governments.

DO

1. Request a detailed payroll report that shows compensation paid to each employee.
2. Review employee compensation by types of compensation paid, such as salaried amounts, overtime, stipends or extra pay.
3. Ask questions to make sure you understand any compensation paid that is beyond the normal salaried amounts.
4. Make sure employee compensation agreements are documented and clearly defined. Consider annually comparing actual amounts paid to employment agreements to confirm that the amounts paid align with agreements.

Responding to fraud

If your government has not experienced an employee fraud yet, it likely will at some point. Moreover, when fraud is suspected or confirmed, it can be a chaotic time for your government. Being prepared to respond to a fraud event is critical to your government's response time, recovery and overall credibility.

Preparing for fraud before it happens

- **Develop a fraud response plan.** Having a fraud response plan to follow will help your board navigate through the crisis effectively and efficiently. The plan should include important steps to follow when addressing a fraud concern and help with identifying important details around the suspected or confirmed fraud. It should include how to handle notifying others who need to know, such as legal counsel, law enforcement and SAO.
- **Plan for negative public and media attention before it happens.** As part of your fraud response plan, designate a spokesperson for your agency and develop a process for handling media inquiries. Consider media training for your board, too.

What to do when you discover fraud

Washington state law (RCW 43.09.185) requires all state agencies and local governments to notify SAO immediately if staff suspects or knows that a loss of public resources or other illegal activity has occurred.

In the unfortunate event that your government is victim to fraud, we recommend you take the following actions:

- Follow your fraud response plan.
- Report the loss to SAO using the form on our [website](#). Even if you do not have all the information yet, report the loss as soon as you can. You can always update a loss report when you have more information to share.

The 10 Rs of Crisis Management is a good road map for designing a plan to respond, manage and recover from employee fraud.

Make sure to formally document your fraud response plan and incorporate it into your fraud policy.

- Protect your agency's accounting records. Secure all original records related to the loss in a safe place until SAO has completed its investigation. For example, you should secure backup copies of computer records and original paper records related to the situation in a vault, safe or locked cabinet until the investigation is complete.
- Notify others who need to know. This may include other governing board members, department managers or financial officers, depending on the circumstances.
- Notify your legal counsel and file a police report with the local or state law enforcement agency, if appropriate.
- Do not enter into a restitution agreement with an employee before an investigation has established the amount of loss. Under state law (RCW 43.09.260), local governments must obtain written approval from SAO and the Attorney General's office before they make any restitution agreement, compromise, or settlement of loss claims covered by [RCW 43.09.185](#).

Learn more

Questions about fraud?
Contact SAO's Fraud
Investigations Team at
fraud@sao.wa.gov

Tips for responding to public and media attention

- **Act and respond quickly.** Designate a spokesperson (if you have not already). This can be an executive leader or an elected/appointed leader. Do your best to find someone who has had some media training.
- **Be transparent.** Try to have as many facts confirmed as possible before speaking publicly. Once you do speak publicly and you get a question that you do not have an answer to, it is okay to say that you do not have the information at the moment, but will find out.
- **Tell the truth the first time.** Make sure your facts are nailed down. Changing a series of facts after you have gone public with them breaks trust. If possible, tell the whole story at once. Try your best to avoid trickling out information.
- **Keep the audience as the focus.** Remember, reporters are trying to inform the same people you are. Do not argue with them. Ignore intentionally antagonistic people online. Do not block them, but do not engage with them either.

Additional resources

- [Suspect a loss of public funds?](#) This resource provides basic guidance on what to expect when working with SAO.
- [SAO's Resource Library](#) offers a variety of free guides, checklists and best practices to help Washington governments improve internal controls to prevent fraud.
- [SAO's Preventing Fraud webpage](#) contains multiple internal control assessment tools, guidebooks, free training links, and additional resources to help combat fraud.
- [Bank statements deserve your attention.](#) This article provides tips and best practices for what to look for when reviewing bank statements.
- [Fraud Prevention Checklist](#) – This checklist can help you test the effectiveness of your fraud prevention measures.
- The Association of Washington Cities (AWC) provides multiple educational resources and services for governments. Specific to risk management, we suggest looking at these pages:
 - > [Risk Management Service Agency \(wacities.org\)](#)
 - > [Elected officials essentials workshop \(wacities.org\)](#)
- [The Municipal Research and Services Center \(MRSC\)](#) provides good guidance on board responsibilities and practical tips for board members.

For assistance

This resource was developed by the Office of the Washington State Auditor. Please send any comments, questions, or suggestions to the Special Investigations Team at fraud@sao.wa.gov.

Disclaimer

This resource is provided for informational purposes only. It does not represent prescriptive guidance, legal advice, an audit recommendation, or audit assurance. It does not relieve governments of their responsibilities to assess risks, design appropriate controls, and make management decisions.





“Our vision is to increase **trust** in government. We are the public’s window into how tax money is spent.”

– Pat McCarthy, State Auditor

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www.sao.wa.gov

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Office of the Washington State Auditor

LU 2022-004 TA

Text Amendment to Allow Shipping Containers in Certain Situations

Proposed Language

New definitions:

Chapter 17.08 – Definitions

17.08.081 – Development.

All improvements on a site, including buildings, other structures, parking and loading areas, landscaping, paved or graveled areas, and areas devoted to exterior display, storage, or activities.

17.08.220.1 – Planning Director.

The Planning Director or designee.

17.08.220.2 – Planning Official.

The city official(s) appointed or retained by the city to administer and enforce this title and associated regulations and other such codes and regulations as the city may so designate.

17.08.240 – Storage Containers.

Self-contained structures that are standardized, reusable, and portable. They are meant for the storage of personal or commercial goods. They are available in a variety of sizes and made from a variety of materials. For the purpose of this Title, storage containers are further defined as Shipping Containers or Moving Containers as described below.

Shipping Containers are storage containers that are built as standard sized boxes made of steel, used to store and transport goods from one place to another via cargo ship. These are also referred to as cargo containers or Conex containers.

Moving Containers are storage containers meant for temporary storage of personal items. These containers are typically made of a light metal or wood.

NOTES:

The term Planning Director is not in the proposed language, but is used throughout the code. The City does not currently have a Planning Director, therefore, adding "or designee" allows the planner to carry out planning related duties.

Language to Replace current chapter 17.42:

Chapter 17.42 – Miscellaneous Provisions

17.42.030 Storage Containers

- A. During Construction: One or more storage containers may be placed on a site in any zone for storage of materials, construction tools and equipment only during an active building permit.
- B. Portable Moving Containers may be placed on site without permit for up to 14 days.
- C. Shipping Containers and similar storage containers. Except for mini-storage facilities, one container may be placed on site with an issued zoning permit, per Chapter 16.03 – Zoning Permits, for the sole purpose of dry storage. The following standards must be met.
 - 1. The container shall not be more than 200 square feet.
 - 2. No utilities shall be connected to the container.
 - 3. The container shall be screened from neighboring residential uses. Screening shall be a solid fence or evergreen hedge with a mature height of no less than six feet.
 - 4. The container shall be in good condition, with no rust, peeling paint, or damage.
 - 5. The container shall be the same or similar color to the primary building.
 - 6. The container shall meet the standards of the zone in which it is located.
 - 7. The container shall meet all other standards for an accessory building.
 - 8. The container shall not be placed in any required parking or landscaping.
 - 9. The container shall not violate any building code or fire code regulation.
 - 10. Any lettering shall be considered signage and will be regulated as such.
 - 11. No containers are allowed in the Central Business District
- D. Mini-storage facilities may have shipping containers approved through a zoning permit, per Chapter 16.03 – Zoning Permits, for the sole purpose of dry storage. The number of containers is limited to 15% of the total number of storage units and shall not be stacked. The standards of Section C must be met.

NOTES:

The word “shall” is defined in section 1.01.040(11) - Definitions and Construction. It states, "Shall, May. "Shall" is mandatory; "may" is permissive.”

A storage container is an accessory structure. In the three residential zones (R1, R2, R3) there is a section that has standards for accessory structures. In addition to the standards of this new section, a shipping container would still be held to the standards within each zone.

Lettering on a storage container is considered a wall sign and is regulated by Chapter 17.39 - Signs.

New Chapter to be added to Title 16:

Chapter 16.03 – Zoning Permits

16.03.010 – Purpose

The purpose of a zoning permit is to provide a permitting process for development that does not require a building permit, yet still necessitates approval per Title 17 – Zoning.

16.03.020 – Applicability

Development that is exempt from the building code shall be reviewed by the Planning Official for conformance with Title 17 – Zoning.

16.03.030 – Fees

Zoning permit fees will be set by the City Council.

16.03.040 – Application

The owner or agent of the property shall submit two copies of a site plan and any other plan or documentation needed to demonstrate how the regulations of Title 17 are being met.

16.03.050 – Approval

When the proposal is deemed compliant with Title 17, the Planning Official shall issue a permit.

16.03.060 – Inspection

The Planning Official will conduct one or more inspections to verify the development meets the approved plans. For each inspection, the Planning Official will provide, in writing, the status of the development in relation to the approved plans.

16.03.070 – Final

When the approved development is complete, inspected, and found to meet the standards of Title 17, the Planning Official will issue a letter stating the permit is completed.

16.03.080 – Expiration

An approved zoning permit is valid for 180 days. If the approved development is not commenced within this time, the permit is considered expired. If the work has commenced, but is not finished, the Planning Official may issue one or more extensions to the permit.

16.03.090 – Enforcement

If a property owner or agent commences work without the benefit of a required zoning permit, the Code Enforcement Officer will provide, in writing, a stop work order. The property owner or agent will be given the option to undo any unapproved development or apply for a zoning permit. If the property owner or agent does not comply, procedures of Chapter 1.01 – Code Adoption, will be followed.

City Medical Lake
2023 Budget Amendment Workshop
Amendments 23.1 – 23.5

Amendment 23.1: Wastewater – Restricted Fund (409); increase expenditure appropriations by \$170,000. Emergency repair of utility turbine pumps, drives and PLC purchase and installation, and SCADA software for Wastewater Treatment Plant.

Amendment 23.2: General Fund (001), Legal Department (150); increase expenditure appropriations for Legal Department by \$53,773. Activity requiring legal review and consultation has increased significantly over estimations.

Amendment 23.3: General Fund (001) and Public Safety Fund (110); decrease expenditure appropriations for General Fund by \$450,000, decrease revenue appropriations for Public Safety Fund by \$119,000, and decrease expenditure appropriations for Public Safety Fund by \$450,000. Reduced-cost policing contract with Spokane County and State proviso for police services reimbursement, results in reduced need in funding from General Fund.

Fund	Description	Expenditures	Revenues
001	General Fund Transfer Out	(\$825,000)	\$0
110	General Fund Transfer In	\$0	(\$825,000)
110	Sheriff Contract	(\$450,000)	\$0
110	DSHS Budget Proviso	\$0	\$331,000

(Workshop Footnote) Discussions are being held regarding the timing of the DSHS proviso disbursement and the estimated cost of additional duty costs. Figures may be adjusted for official budget amendment.

Amendment 23.4: General Fund (001), Water Fund (401), Solid Waste Fund (407), and Wastewater Fund (408) – Wastewater Collection Department (381); increase expenditure appropriations for General Fund by \$67,500, decrease expenditure appropriations for Water by \$22,500, decrease expenditure appropriations for Solid Waste by \$22,500, and decrease expenditure appropriations for Wastewater – Wastewater Collection Department by \$22,500 for the revision of the City’s indirect cost allocation plan.

Amendment 23.5: Parks & Recreation Fund (112) – Parks & Recreation Department (740) and General Fund (001); increase expenditure appropriations for General Fund by \$17,000, increase expenditure appropriations for Parks & Recreation Department by \$48,000 and increase revenue appropriations for Parks & Recreation Department by \$48,000. Replacement of four soccer goals, creation of after school program, and creation of summer day camp.

Fund	Description	Expenditures	Revenues
001	General Fund Transfer Out	\$17,000	
112	General Fund Transfer In	\$0	\$17,000
112	Soccer Goals	\$17,000	\$0
112	After School Program	\$9,000	\$9,000
112	Summer Day Camp	\$22,000	\$22,000

Exhibit A
 June 06, 2023 Workshop
 Proposed Changes - Rates & Fees

This document contains rates that City staff have recommended adjustment or addition. For all City rates, fees and charges, see Resolution 23-553 (Admin Fees 2023) and Resolution 23-554 (Utility Fees 2023)

Administrative Rates & Fees	CURRENT RATE	PROPOSED RATE
Plumbing Permit Administrative Fee	\$30.00	\$35.00
Mechanical Permit Administrative Fee	30.00	35.00
Zoning Permit	N/A	50.00
Recreational Activity Fees	(All rates in category)	As Set by Park Advisory Board
Park Rental Fees (Formally "City Parks & Recreation Fees"):	Weekday / Weekend	Weekday / Weekend
Group Size: 25-49, No Deposit	25.00 / 50.00	45.00 / 100.00
Group Size: 50-99, No Deposit	45.00 / 90.00	90.00 / 200.00
Group Size: 100-249, No Deposit	75.00 / 150.00	180.00 / 400.00
Group Size: 250-499, \$200 Deposit	185.00 / 370.00	360.00 / 800.00
Group Size: 500+, \$200 Deposit	305.00 / 610.00	720.00 / 1600.00
Utility Rates & Fees		
Installation of New Service Line		
1" Meter	650.00	3000.00
1.5" Meter	350.00	3200.00
2" Meter	450.00	3500.00
3" Meter	900.00	5800.00
4" Meter	1500.00	7800.00
6" Meter	2500.00	9500.00
Capital Improvement Charges for Water:		
Per Dwelling Unit	600.00	5000.00
All other structures per equivalent residential unit	600.00	5000.00
New Sewer Connection Charge	Cost + 5% (75.00 Min.)	4000.00
Capital Improvement Charges for Sewer:		
Per Dwelling Unit	1000.00	7000.00
All other structures per equivalent residential unit	1000.00	7000.00
Illegal Discharge into Sewer	100.00	Cost of Damages + 500.00

Workshop Results:

WASHINGTON STATE PUBLIC FIREWORKS DISPLAY PERMIT

Applicant

Name of Event _____

Street Address _____

City _____ County _____

Event Date _____ Event Time _____ AM PM

Applicant's/Sponsor's Name _____ Phone No. _____

Pyrotechnic Operator _____ License No. _____

Experienced Assistant's Name _____

General Display Company Name _____ Phone No. _____

Attach a separate piece of paper and/or copies of the following documents:

- The number of set pieces, shells (specify single or multiple break), and other items.
- The manner and place of storage of such fireworks prior to the display.
- A diagram of the grounds on which the display is to be held showing the point at which the fireworks are to be discharged; the location of all buildings, highways, and other lines of communication; the lines behind which the audience will be restrained; and the location of all nearby trees, telegraph or telephone lines, or other overhead obstruction.
- Documentary proof of procurement of Surety bond or public liability insurance.

Local Fire Code Authority

Authority Having Jurisdiction _____

Name of Permitting Official _____

Title _____ Phone No. _____

Permit Granted: Yes Yes, with Restrictions (see "Notations" below) No

Restrictions/Notations _____

Dustin Flock

Signature of Permitting Official

Date of Approval

Permit Number

If approved, this permit is granted for the date and time noted herein under the authority of the International Fire Code in accordance with Revised Code of Washington 70.77 and all applicable rules and ordinances pertaining to fireworks in this jurisdiction. This permit is INVALID unless in the possession of a properly licensed Pyrotechnic Operator, who is responsible for any and all activities associated with the firing of this show.

MUST BE APPROVED BY THE AUTHORITY HAVING JURISDICTION

Certificate of Insurance

34891

Issue Date: 2/3/2023

PRODUCER Professional Program Insurance Brokerage Division of SPG Insurance Solutions LLC 1304 Southpoint Blvd., Suite 101 Petaluma, CA 94954	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE	

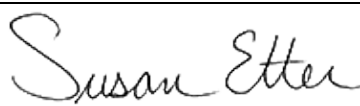
INSURED Rocketman Pyros, LLC 4912 N. Boeing Road Spokane Valley, WA 99206	INSURER A: Certain Underwriter's at Lloyd's, London - AA-1128623 INSURER B: INSURER C: INSURER D:
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COVERAGES:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (DD/MM/YY)	POLICY EXPIRATION DATE (DD/MM/YY)	LIMITS	
A	GENERAL LIABILITY CLAIMS MADE	PY/22-0217	8/15/2022	8/15/2023	EACH ACCIDENT	\$1,000,000
					MEDICAL EXP (any one person)	
					FIRE LEGAL LIABILITY	\$50,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP/ OPS AGG	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate holder is additional insured as respects the following:

Date(s) of Display:	6/16/2023				
Location:	Cliffs on southeast corner of lake				
Additional Insured:	City of Medical Lake, Spokane County				
Rain Date(s):	This contract is registered and delivered as a surplus line coverage under the insurance code of the state of Washington, Title 48 RCW. It is not protected by any Washington state guaranty association law.				
Type of Display:	Aerial Fireworks Display	Professional Program Insurance Brokerage			

CERTIFICATE HOLDER Re*Imagine Medical Lake P.O. Box 344 Medical Lake, WA 99022	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE	



Daniel VerHeul
WA Lic # 4083

Steve Underwood
WA Lic # 4125

4912 N. Boeing Road
Spokane, WA 99206
509-981-8298 or 509-991-3268
rocketmanpyros@msn.com

Medical Lake Founders Days Festival 2023

Date: February 3, 2022

Your 2023 Fireworks Display Proposal

Exclusively Prepared For: Re*Imagine Medical Lake

Rocketman Pyros, L.L.C.

Excellence in Pyrotechnics

Producers of Fireworks, both indoor and outdoor

Dear Reggie Heebink,

Enclosed for your review and consideration is our program in the amount of \$3,000.00 for your Founders Days fireworks display. The price is all-inclusive per the following proposal.

If there are any effects that you would particularly like to see in this display please feel free to discuss this with us.

For this and any other questions you may have, please **contact Dan Verheul or Steve Underwood** at **509-981-8298** or **509-991-3268**, or email: rocketmanpyros@msn.com

Included in our proposal package is a copy of our Display Agreement for your review. Please approve and return a copy of the signature page.

Thank you, for the opportunity to submit this proposal. It would be a privilege to work with you.

Sincerely,

Rocketman Pyros, LLC

Steve Underwood, Lic. # 4125

Dan Verhuel, Lic. # 4083

Owners and Operators

Rocketman Pyros, LLC. Is pleased to present this proposal for your Founders Days, June 16, 2023 fireworks production. This is a complete program and includes:

- Licensed Operator and Crew
- Liability Insurance
- Transportation
- All Equipment to Fire Display
- Administrative Coordination (all necessary permits and licenses)

Rocketman Pyros, LLC Purchases quality pyrotechnic materials from select sources in the United States, Europe, and Asia to provide your event with the best varieties possible. We make sure that you are getting plenty of high quality, crowd pleasing shells for your money. Each show we produce reflects an unquenchable passion that we have for fireworks.

These products have been selected with consideration of your budget, location and display to achieve, in our professional opinion, the maximum variety of color, size and overall effect.

If you wish to make any adjustment to quantities suggested, we would be happy to make changes of equivalent value at your request.

The following descriptions are representations of the types of aerial shells and other pyrotechnic materials to be used for your display.

And now to introduce your program...

Fireworks Display Proposal

Aerial Display Shells

2.5-inch Aerial Shells	Fancy Color	80
3-inch Aerial Shells	Fancy Color	50
4-inch Aerial Shells	Fancy Color	10
5-inch Aerial Shells	Fancy Color	3
6-inch Aerial Shells	Fancy Color	3

Comets With Reports

	Comets w/reports 2.5-inch
--	----------------------------------

Special Effect Items

	Cakes	4	Multi Shot	
--	-------	---	------------	--

Fireworks Display Proposal

Display Shot Recap

Total 2.5" Shells	80
Total 3" Shells	50
Total 4" Shells	10
Total 5" Shells	3
Total 6" Shells	3
Total Specialty Effects Shots	4 Multi Shot Cakes

Grand Finale

Finale Shells: A sparkling burst of color on a velvet backdrop with bursts as brilliant as a million precious gems. A very special ending to your evening of breathtaking pyrotechnic display.

Quantity

2.5" Finale Shells	20
3" Finale Shells	15
5" Finale Shells	
6" Finale Shells	
Total Finale Shells	35

Fireworks Display Proposal

Recap

DISPLAY INVESTMENT: \$ 3,000.00

Includes all expenses, except police or other protection to prevent intrusion of the public onto the firing grounds, and/or services of a standby fireman.

Show Donated By Rocketman Pyros For State Mandated Training

LIABILITY INSURANCE: Public liability and property damage insurance in the sum of \$1,000,000 and provided compensation insurance for all help and assistance as required by state laws governing Fireworks Displays. Additional insurance coverage is available.

NOTE: Customer to provide sand (if applicable) and security. Charges for barges and tugs, if applicable to the event, will be billed directly to the sponsor.

CONTRACTS AND DELIVERIES MAY BE SUSPENDED OR CANCELLED PENDING ANY CONTINGENCIES BEYOND THE FIRM'S CONTROL, E.G. FORCE MAJEURE, LOCKOUTS, STRIKES, ACCIDENTS, TEMPORARY STOPPAGES, WAR, OR THE LIKE.

Refer to enclosed contract for specific terms of this agreement.

Rocketman Pyros, L.L.C

Excellence in Pyrotechnics

Rocketman Pyros, LLC
4912 N. Boeing Rd. Spokane, WA 99206
DISPLAY AGREEMENT

1. This Agreement, entered into this 3rd day of February, 2023, between **Rocketman Pyros, LLC**. Hereinafter referred to as “**RPLLC**”, and Re*Imagine Medical Lake, herein after referred as **PURCHASER**.
2. **RPLLC** agrees to furnish **PURCHASER**, in accordance with terms and conditions hereinafter set forth, 1 fireworks display per PROGRAM A, proposed, accepted and made part hereof, together with the services of a pyrotechnic operator licensed for the state of the display to be in charge of, and along with sufficient crew to safely discharge the display. Said display is scheduled to be performed on June 16, 2023 @ approximately 10:00 P.M. at a location to be agreed upon between RPLLC and Purchaser in or near the City Medical Lake.
3. **PURCHASER**, at its own expense, agrees to provide to **RPLLC**: A) a suitable **DISPLAY SITE** in which to stage the fireworks display, including a firing and fallout zone acceptable to **RPLLC** in which the fireworks and fireworks debris may be exhibited, rise and fall safely. B) Adequate policing, guard protection, roping, fencing, and/or other crowd control measures to prevent the access of the public, or its property not authorized by **RPLLC** into the display site. C) The services and cost of standby firemen and/or applicable permit fees required by state and local statutes, ordinances or regulations. D) Access by **RPLLC**, at all times to the **DISPLAY SITE** to set up the display. If **PURCHASER** fails to fully comply with all requirements of A, B, C, and/or D set forth above, **RPLLC** shall have no obligation to perform and **PURCHASER** agrees to pay **RPLLC** the entire contract price plus any additional expenses incurred because of said failure. If in it’s sole discretion, **PURCHASER** designates an area for members of the public to view the display (“spectator area”) and/or area for parking vehicles, (“parking area”), the **PURCHASER** shall: E) Ensure that the Spectator Area does not infringe on the Display Area; F) Have sole responsibility for insuring that the terrain of the Spectator Area and any structures thereon, including, but not limited to grandstands and bleachers are safe for use by spectators; G) Have sole responsibility for insuring that the Parking Area is safe for use; H) Have sole responsibility to police, monitor, and appropriately control spectator access to the Spectator Area and Parking Area and police, monitor and appropriately control the behavior of persons in these areas. It is expressly agreed that **RPLLC**, (including it’s operators and crew) shall not inspect, police, monitor or otherwise supervise any area of the site other than the Display Area, except to insure: I) That any Spectator or Parking Area are outside the Display Area; and J) After completion of the Display, the Display Area is cleared of any live fireworks debris originating from the program.
4. **PURCHASER** shall pay **RPLLC** \$ -0-. A deposit of \$-0- must be paid by June 16, 2023. Full payment is due on the date of the display. A finance charge at a

- periodic rate of 1.5% per month, 18% annual percentage rate, or the maximum rate permitted by law, whichever is less, will be charged on the unpaid balance from the afore mentioned date. **PURCHASER** agrees to assume the risk of weather, or causes beyond the control of **RPLLC** which may prevent the display from being safely discharged on the scheduled date, which may cause the cancellation of any event the **PURCHASER** has purchased the display, or which may effect or damage such portion of the exhibits as must be placed and exposed a necessary time before the display. It shall be within **RPLLC**'s sole discretion to determine whether or not the display may be safely discharged on the scheduled date and at the scheduled time. If for any reason beyond **RPLLC**'s control, including without, limitation, inclement weather, **RPLLC** is unable to safely discharge the display on the scheduled date or should any event for which **PURCHASER** has purchased the display be canceled, the parties shall attempt to negotiate a new display date, which shall be within 60 days of the original display date. **PURCHASER** further agrees to pay **RPLLC** for any reasonable additional expenses made necessary by this postponement. If they are unable to agree on a new display date, **RPLLC** shall be entitled to liquidate damages from **PURCHASER** as if **PURCHASER** had cancelled the display on the date set for the display, as provided in the following paragraph.
5. **PURCHASER** shall have the option of unilaterally canceling this display prior to the date of the display. If **PURCHASER** exercises this option, **PURCHASER** agrees **RPLLC** may retain, as liquidated damages, the following percentages of the agreed contract price: 1) 25% if cancellation occurs three (3) or more days before the date scheduled for the display, 2) 50% if cancellation occurs within two (2) days of the actual date set for the display, 3) 75% if the cancellation occurs on the date set for the display but prior to the time physical set-up of the display actually begins, 100% thereafter. If cancellation occurs prior to the date of the display, **PURCHASER** agrees **RPLLC** may retain, in addition to the above percentages, the reasonable value associated with any specific custom work performed by **RPLLC** or its agents including but not limited to music, narration tape, production and/or sponsor logo. In the event the **PURCHASER** cancels the display, it will be impractical or extremely difficult to fix the actual amount of **RPLLC**'s damages. The foregoing represents a reasonable estimate of the damages **RPLLC** will suffer if **PURCHASER** cancels the display.
 6. **RPLLC** reserves the ownership rights and trade names used in or a product of the pyrotechnic display to be performed herein. Any reproduction by sound, video or other duplication or recording process without the express written permission of **RPLLC** is prohibited.
 7. **RPLLC** agrees to furnish insurance coverage in connection with the display only, for the following risks and amounts: bodily injury and property damage, including products liability ONE MILLION DOLLARS (\$1,000,000) combined single limit. **RPLLC** agrees to indemnify, defend, and hold harmless purchaser from and against any claims or liability for damages, injuries, and/or deaths arising out of **RPLLC**'s negligence or intentional wrongful conduct in the performance of this Agreement.

8. This Agreement shall be interpreted under the laws of the State of Washington. It is further agreed the courts of the State of Washington shall have exclusive jurisdiction to adjudicate any disputes arising out of this contract or the performance of the display provided herein. It is further agreed that the Superior Court of Spokane County, Washington, shall be the proper venue for any such action. Each party shall pay its own cost and attorneys fee for any action arising out of This Agreement except as may otherwise be specifically provided herein.
9. In the event **RPLLC** fails to provide the Fireworks Display Program or any portion thereof except for the Industry Standard Misfiring, as defined in paragraph 13 below, **PURCHASER** shall, under no circumstances be entitled to recover monetary damages from **RPLLC** beyond the amount **PURCHASER** agreed to pay **RPLLC** under this Agreement. Nothing in this paragraph shall be construed as a modification or limit to the insurance or indemnification afforded in paragraph 9) above.
10. It is agreed, nothing in this Agreement or in **RPLLC**'s performance of the display provided for herein, shall be construed as forming a partnership or joint venture between **PURCHASER** and **RPLLC**. The parties hereto shall be severally responsible for their own separate debts and obligations and neither party shall be held responsible for any agreements or obligations not expressly provided for herein. All terms of this agreement are in writing and may only be modified by written agreement of both parties hereto. Both parties acknowledge that they have received a copy of this written Agreement and agree to be bound by the terms of This written agreement only.
11. It is agreed, nothing in this Agreement or in **RPLLC**'s performance of the display provided for herein, shall be construed as forming a partnership or joint venture between **PURCHASER** and **RPLLC**. The parties hereto shall be severally responsible for their own separate debts and obligations and neither party shall be held responsible for any agreements or obligations not expressly provided for herein. All terms of this agreement are in writing and may only be modified by written agreement of both parties hereto. Both parties acknowledge that they have received a copy of said written Agreement and agree to be bound by said terms of written agreement only.

Any notice to the parties required under this agreement shall be given by mailing such notice in the U.S. Mail, postage prepaid, and first class, addressed as follows: **ROCKETMAN PYROS, LLC. 4912 N. Boeing Rd., Spokane, WA 99206.**

Purchaser's address shall be PO Box 344, Medical Lake, WA 99022.

1. If there is more than one purchaser, they shall be jointly and severally responsible to perform **PURCHASER**'s obligations under this agreement. This agreement shall become effective after it is executed and accepted by the **PURCHASER** and then after it is executed by **RPLLC** at **RPLLC** in Spokane, WA. This agreement may be executed in several counter parts, including faxed copies, each one of which shall be deemed an original against the party executing same. This agreement shall be binding upon the parties hereto and upon their heirs, successors, executors, administrators, and assigns.

SIGNED ON THIS DATE, February 3, 2023. Pricing herein is firm through June 18, 2022

FOR PURCHASER: _____

Display Date: June 16, 2023

X _____

Title: **Sponsor**

For ROCKETMAN PYROS, LLC

Daniel VerHeul

Title: Owner

SIGNED ON THIS DATE, February 16th, 2023. Pricing herein is firm through June 16, 2023

FOR PURCHASER: _____
Display Date: June 16, 2023

X _____

Title: **Sponsor**

For ROCKETMAN PYROS, LLC

Daniel VerHeul

Title: Owner

**Please Sign and Return This Page
Thank You**



City of Medical Lake
Permit Specialist
124 S. Lefevre St.
Medical Lake, WA 99022

Dear Permit Specialist,

Enclosed are the following documents for the upcoming 4th of July season 2023. Documents provided and required are:

- Washington State Permit Application
- Washington State Permit
- Certificate of Insurance
- Tent Diagram and Layout
- Permitting Fees

If you have any questions or require further information please feel free to reach out to me at (253)922-0800 or email me at castilloa@tntfireworks.com. Thank you for your time and I look forward to working with for the 4th of July season.

Sincerely,



April Castillo
Licensing and Permitting
TNT Fireworks

AMERICAN PROMOTIONAL EVENTS, INC.
2120 MILWAUKEE WAY • TACOMA, WA 98421
TACOMA (253) 922-0800 • FAX (253) 830-2930
www.tntfireworks.com

THIS FORM IS INTENDED FOR USE BY LOCAL AUTHORITIES HAVING JURISDICTION (AHJ) IN THE EVENT THEY DO NOT HAVE A PERMIT FORM SPECIFIC FOR RETAIL FIREWORKS SALES AT A CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY. IT IS NOT MEANT TO BE REQUIRED IN ADDITION TO OR IN LIEU OF ANY LOCAL PERMITTING FORM AND/OR PROCESS THAT MAY EXIST WITH THE LOCAL AHJ.

Directions: Provided the local jurisdiction has no permit form of their own, complete this permit application and submit it with the local AHJ portion of your Retail Fireworks Stand License to the jurisdiction in which you wish to run your CFRS facility.

WASHINGTON STATE FIREWORKS RETAIL SALES PERMIT APPLICATION

Applicant Information			<input type="checkbox"/> New/First Time Applicant	<input type="checkbox"/> Previous Permit Holder
LIFE SPRINGS FELLOWSHIP Name of Group, Organization, or Person (Last, First, Middle Initial, and Date of Birth) Issued the Fireworks Retailer License				
CRAIG SWANBY Name of Permit Applicant (Last, First, Middle Initial, and Date of Birth)				
2120 MILLWAUKEE WAY TACOMA WA 98421 Permit Applicant Mailing Address (Complete Including Street, City, State, and ZIP Code)				
(425) 530 - 1268 Phone Number		SWANBYC@GMAIL.COM E-Mail Address		(253) 922-0800 Local Business Number (if required)
CFRS Facility Information			<input type="checkbox"/> Stand <input checked="" type="checkbox"/> Tent Other: _____	Size: 20' X 40' Square Feet/Dimensions
LAKES HARVEST FOODS : 215 E SR 902 MEDICAL LAKE, WA 99022 CFRS Facility Address (Complete Including Street, City, State, and ZIP Code)				
LAKES HARVEST FOODS Name of Property Owner		() Phone Number		Parcel Number for Stand Location
Fireworks Supplier Information List all of the licensed fireworks wholesalers who will be supplying this stand product				
TNT Fireworks -				
Storage Information			<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site: _____	
Storage Address (Complete Including Street, City, State, and ZIP Code)				
<input checked="" type="checkbox"/> Sales Structure		<input type="checkbox"/> Detached Building		<input type="checkbox"/> Truck/Trailer <input type="checkbox"/> Other: _____ Specify
CHECKLIST FOR SUBMISSION Check with the local AHJ for all applicable submission dates and deadlines:				
<input checked="" type="checkbox"/> Application/Permit Fee		<input checked="" type="checkbox"/> Insurance Certificate (\$1,000,000)		<input type="checkbox"/> Clean-Up Bond Fee (if applicable)
<input checked="" type="checkbox"/> Valid Washington State Fireworks Retailer License			<input checked="" type="checkbox"/> Property Owners Written Permission	
<input checked="" type="checkbox"/> Detailed Site Plan		<input checked="" type="checkbox"/> Interior Plan (required for tents and "other" facilities)		
I hereby certify the information in this application is true and correct. I am aware of and agree to comply with all relevant provisions of law, rule, and any ordinance of the state of Washington and the city/county permitting this CFRS Facility.				
 Signature of Permit Applicant		APRIL CASTILLO ON BEHALF OF CRAIG SWANBY Printed Name of Permit Applicant		05/29/2023 Date of Signature
FIRE CODE AUTHORITY HAVING JURISDICTION <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
Permit Number		Spokane County Fire Dist. #3 Approved By		5/31/2023 Date of Approval
SEE BACK OF THIS FORM FOR ANY RESTRICTIONS, CONDITIONS, OR NOTATIONS ON THIS PERMIT				
 Signature of Permitting Official		Dustin Fieck / Division Chief Printed Name and Title		5/31/2023 Date of Signature

THE FIREWORKS RETAILER LICENSE HOLDER (LICENSEE) SHALL RETAIN THIS PERMIT WITH THE ASSOCIATED FIREWORKS RETAILER LICENSE AND MAKE THEM BOTH AVAILABLE FOR INSPECTION AT ANY TIME THE STAND IS IN OPERATION



Washington State Patrol Fire Protection Bureau WAS6103
 Office of the State Fire Marshal
CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

G23480

Stand Number: SN-15310

Licensee Data

American Promotional Events, Inc. - West
 2120 Milwaukee Way
 Tacoma, WA 98421
 License Number: WSPFL-02766
 Phone Number: (253) 922-0800

Operational Data

Wholesaler: American Promotional Events, Inc. - We
 County of Operation: Spokane
 Operates For: **LIFE SPRINGS FELLOWSHIP**
 Stand Operated By: **CRAIG SWANBY**

Date of Issue: March 23, 2023

Date of Expiration: January 31, 2024

Consumer Fireworks Retailer Licenses issued after May are ONLY valid for New Years Sales

This license is NOT valid without a permit from a local fire code official/authority having jurisdiction. This license allows for operation of a single location/stand for retail sales to the public of state legal consumer fireworks purchased only from a licensed fireworks wholesaler.
 SURRENDER THIS PORTION OF THE LICENSE TO THE FIREWORKS WHOLESALER

WAS6103

3000-420-041 (10/18)



Washington State Patrol Fire Protection Bureau
 Office of the State Fire Marshal
CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

G23480

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 THIS LICENSE PORTION ACCOMPANIES YOUR LOCAL PERMIT APPLICATION

WAS6103

3000-420-041 (10/18)



Washington State Patrol Fire Protection Bureau
 Office of the State Fire Marshal
CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

WAS6103

G23480

Stand Number: SN-15310

Licensee Data

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This license is NOT valid without a permit from a local fire code official/authority having jurisdiction. This license allows for operation of a single location/stand for retail sales to the public of state legal consumer fireworks purchased only from a licensed fireworks wholesaler.
 THIS PORTION OF THE LICENSE MUST BE POSTED AT THE STAND AT ALL TIMES

42

3000-420-041 (10/18)



CERTIFICATE OF LIABILITY INSURANCE

11/1/2023

DATE (MM/DD/YYYY)

5/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

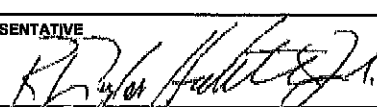
PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Everest Indemnity Insurance Company</td> <td></td> <td>10851</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Everest Indemnity Insurance Company		10851	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630																					

COVERAGES WAS6103 CERTIFICATE NUMBER: 12668927 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	Y	N	S18GL00242221	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ XXXXXXXX E.I. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.I. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
Additional Insured: Denny's Harvest Foods located at 215 E SR 902 in Medical Lake, WA 99022 (Loc# WAS6103) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions. Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER 12668927 City of Medical Lake LIFE SPRING FELLOW SHIP Lakes Harvest Foods 2722 W LONGFELLOW SPOKANE WA 99205	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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WAS6103

FIREWORKS LEASE AGREEMENT

This agreement is made between Lakes Harvest Foods Lessor and AMERICAN PROMOTIONAL EVENTS NORTHWEST as Lessee.

1. American Promotional Events –NW, will lease a portion of the property located at:(hereafter called the "Location"):: 215 E SR902, Medical Lake, WA 99022 the sale of approved fireworks from the following premises.
2. The lease payment will be year for the period of June 20th thru July 9th (2022) hereafter called the "Season". Payment shall be paid on or before June 1st.
3. Lessor represents that the Location is owned and/or controlled by the Lessor and furthermore that the Lessor agrees to grant the Lessee the exclusive right to operate a fireworks sales structure (hereafter the "Structure") through the year 2023 or the abovementioned period,
4. The Lessor hereby grants Lessee a first right of refusal to match any bona fide offer to lease the Location for fireworks sales during the renewal Seasons:
5. In return, Lessee agrees to the following terms and conditions:
 - a. Provide an A+ rated \$10,000,000.00 certificate of insurance, prior to occupancy, evidencing liability insurance in force covering the erection and operation of the Structure. Insurance shall name Lessor as additional insured, and Lessor shall be held harmless from any claims arising from the maintenance or operation of the Structure.
 - b. Pay any and all costs involved in erection, maintenance, and operation of the Structure, and Lessee shall guarantee that the Location will be returned to its original condition.
 - c. Obtain and pay all necessary permits and licenses required by law, post with local authority any debris or performance bonds as required, and guarantee that all laws and regulations shall be adhered to.
6. This agreement is contingent upon Lessee securing necessary permits and licenses. Lessee may cancel this agreement if the sale of fireworks is prohibited at this Location by a public authority or such sale, in the good faith opinion of Lessee, becomes commercially unreasonable. In such an event any deposit shall be refunded to Lessee.

Agreed to and dated this 20th day of May, 2021

Accepted:

Accepted:

Lessor: D.A. Atkins
Dan Atkins
c/o: Lakes Harvest Foods
215 E SR 902
Medical Lake, WA 99022
Phone: 509-299-3251

Lessee: **Kenneth A. Spence**
AMERICAN PROMOTIONAL EVENTS – NW

AMERICAN PROMOTIONAL EVENTS, INC.
2120 MILWAUKEE WAY • TACOMA, WA 98421
TACOMA (253) 922-0800 • FAX (253) 830-2930
www.tntfireworks.com

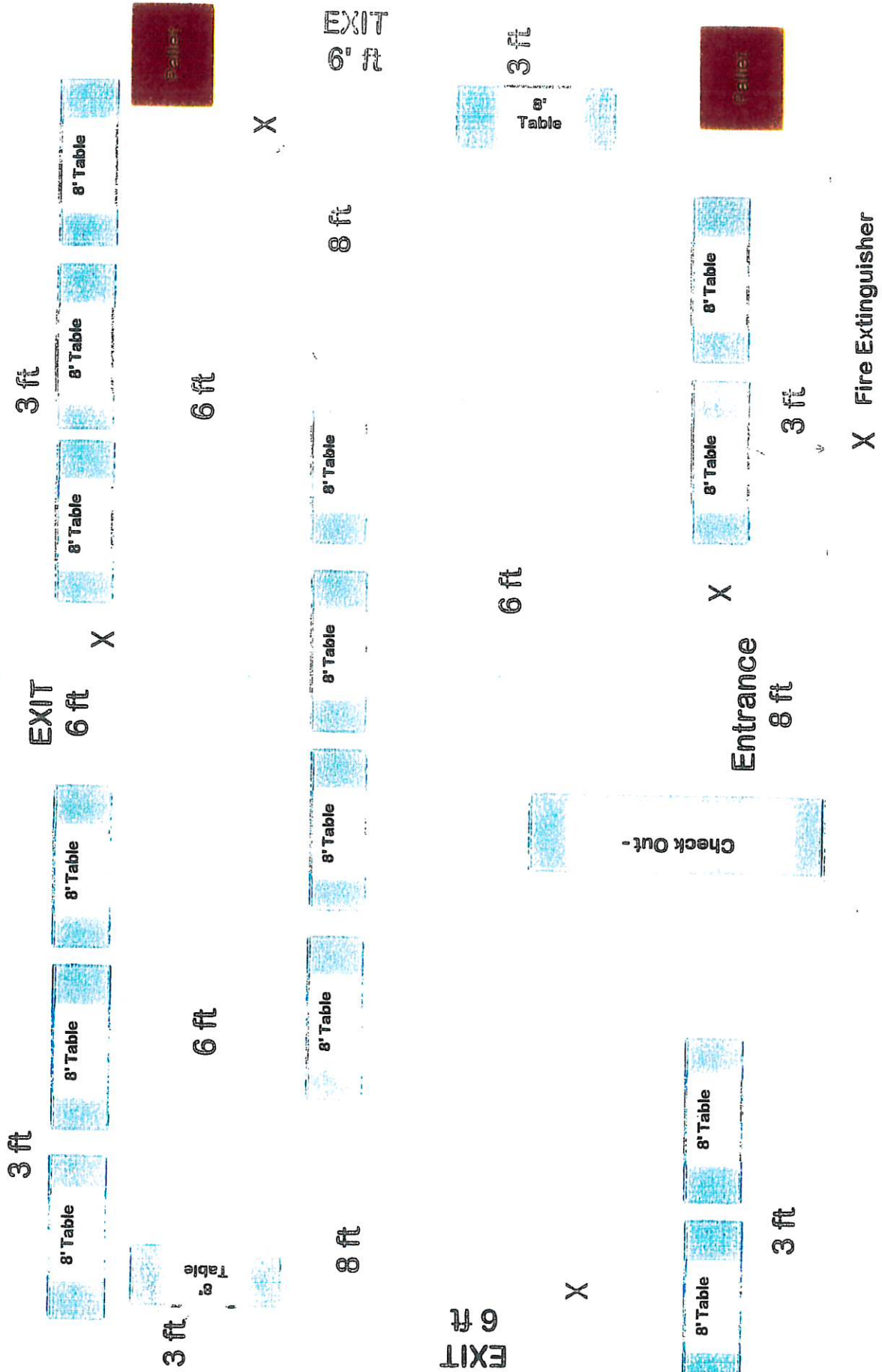


LOC: WAS6103

Lakes Harvest Foods
215 Hwy 902
Medical Lake WA 99022
20'x40' Tent



20 x 40 ft Tent Layout (8 Foot Tables)



Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN NO.

CAL COMB F-419.01

ISSUED BY:
AZTEC TENTS
490 ALASKA AVENUE
TORRANCE, CA 90603
(310)328-5060

Date treated or
manufactured

05/2006

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR ABC PARTY RENTALS ADDRESS 4333 HARBOUR POINTE BLVD. SW
CITY MUKILTEO STATE WA, 98275

Certification is hereby made that: (check "a" or "b")



- (a) The articles described below this certificate have been treated with a flame retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
Name of chemical used Chem. Reg. No.
Method of application



- (b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96.
Trade name of flame-resistant fabric or material used.. *Laminated Fabric* .. Reg. No. *F-419.01* ..

The Flame Retardant Process Used WILL NOT Be Removed by Washing
(will or will not)

David Bradley

Chuck Miller - President

Name of Applicator or Production Superintendent:

Title

CUSTOMER ORDER NO. R160322

ITEMS MANUFACTURED:

- 2- 40'x40' (2 PC.) JUMBOTRAC TOP ONLY- ULTRA WHITE
- 3- 40'x20' JUMBOTRAC MIDDLE TOP ONLY- ULTRA WHITE
- 2- 40'x10' JUMBOTRAC MIDDLE TOP ONLY- ULTRA WHITE
- 2- 30'x30' (2 PC.) JUMBOTRAC TOP ONLY- ULTRA WHITE
- 2- 30'x20' JUMBOTRAC MIDDLE TOP ONLY- ULTRA WHITE
- 2- 30'x10' JUMBOTRAC MIDDLE TOP ONLY- ULTRA WHITE
- 31- 10'x10' (1 PC.) FESTIVAL TOP ONLY- ULTRA WHITE
- 8- 10'x20' (1 PC.) FESTIVAL TOP ONLY- ULTRA WHITE

RE: Tent Security, Flame Resistance

- **The certificates of flame resistance.** There is one for the red material and one for the white material used in the tent. Each of the tents will also have a tag attached noting that it is flame resistant.
- **As for security,** when the tent is not open for business, there will be at least two people at each tent throughout the night. **THEY WILL NOT BE SLEEPING.** They will have a cell phone as well as an air horn to scare anyone who may attempt to break in. These tents will also remain lit-up throughout the night. There will not be a fence around the tent, but we do rope off 20ft. away from the tent all the way around the tent, with bright colored pennants.
 - **This plan is valid for all 20x30, 20x40, 30x50, and 40x60 tents.**

Certificate of Flame Resistance



REGISTERED

Fabric No.

E-308.01

ISSUED BY

Meridian Manufacturing
5050 Poplar Ave., Ste. 1432
Memphis, TN 38157

Date 12-20-95
manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR Key Manufacturing & Rental ADDRESS 5030 Rockdale St. NE
CITY Brooks STATE OR _____

Certification is hereby made that (Check "a" or "b")



(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used..... Chem. Reg. No.....

Method of application.....



(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric Group I No. M11805

The Flame Retardant Process Used will not Be Removed By Washing
(will or will not)

JIMMIE ROBERTSON

Name of Applicator or Production Superintendent

By Joe Orbach / Sals

Title

CONTROL NO. 14924

CUSTOMER ORDER NO. 4227

CUSTOMER INVOICE NO. 80222

YARDS OR QUANTITY 760 yards

COLOR red

STYLE Apex II Chrome

DATE PROCESSED 1-11-96

Round 2 ARPA Grant Applications
 Decision Matrix
 6-Jun-23

Applications	Prior Funding	Requesting	Recommendation
1 ML Community Outreach	\$ 135,520.77	\$ 10,000.00	\$ -
2 Reimagine ML	\$ 20,000.00	\$ 20,000.00	\$ -
3 Jensen Memorial Ranch	\$ -	\$ 14,250.00	\$ 14,250.00
4 Dollars for Scholars	\$ 14,960.00	\$ 23,000.00	\$ -
5 St John's Lutheran Church	\$ 7,675.00	\$ 11,650.00	\$ -
6 Lions Club	\$ -	\$ 5,000.00	\$ 5,000.00
7 Lefevre St. Bakery	\$ -	\$ 11,217.08	\$ 11,217.08
8 Feed Medical Lake		\$ 2,000.00	\$ 2,000.00
Total	\$ 178,155.77	\$ 97,117.08	\$ 32,467.08

Available	\$ 37,827.00
Total Requested	\$ 97,117.08
Request Deficit	\$ (59,290.08)

Staff Recommendation

Not enough funding remains to award all applicants the amount requested. Staff recommends that Council award the full requested grant to all applicants that have not received prior funding. The remaining \$5,359.92 may be divided among other applicants or retained for future allocation.



City of Medical Lake

ARPA Organizational Grant Relief Program GRANT APPLICATION

Business/Organization Name:
Medical Lake Community Outreach

Medical Lake Business License #:
604-671-258

Date of Application:
4-12-2023

Organization Physical Address:
207 S. Washington, Medical Lake, WA 99022

Organization Mailing Address: (If different from above)
PO Box 1346

Phone: 509-299-3819

Email: medicalakecommunityoutreach@live.com

Primary Contact (Include contact info if different than above):
Kirsti Schilling and Twyla Emig, Co-Directors

Federal EIN: 91-1469115

Non-Profit Organization:

Amount Requesting (\$): 10,000.00

Our organization received other federal funding:

Please describe how your organization will be using ARPA funds:

Medical Lake Community Outreach has been around since 1989 assisting our residents who have been hit hard financially by so many factors that are not able to keep up with their bills. Cost of living continues to rise, with substantiated, inflationary increase in rents, utilities, food and gas. People who are in the low income bracket and/or those with fixed income are hit the hardest. We assist them in paying their rent when they may be evicted or are going to lose their housing and/or pay their utilities so they don't have those turned off. Many of our residents are still impacted by the COVID-19 Pandemic. We have an Intake form that residents fill out and along with that, we ask for identification from all the adults in the home, a copy of Social Security cards from everyone in the home and a copy of an eviction notice, or that they're late with the rent, or a copy of their late utility notice. Once everything is in and has been verified, a check is sent in to the Utility company or Rental agency/Landlord (not to the resident) along with a voucher. In order to do any of these services for our residents, we ask for funding, by writing Grants and asking the Community for donations. Being that everyone is hurting, donations are few and far between, so that makes Grants vital in helping our community. We do an Excel sheet of each of the Grants received and keep track of them.

Please describe any additional grants/funding you have received (if applicable):

We have received the ARPA Grant in the past and the CARES Grant before that (No Inactive), CDBG G

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
- c. **Services to Disproportionately Impacted Communities (EC 3):** As relevant, describe how funds are being used to provide services to communities disproportionately impacted by the COVID-19 public health emergency.
- d. **Premium Pay (EC 4):** As relevant, describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritizes low-income workers.
- e. **Water, sewer, and broadband infrastructure (EC 5):** Describe the approach, goals, and types of projects being pursued, if pursuing.
- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

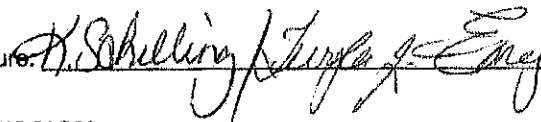
Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) Kirsti Schilling and Twyla Emig, the (print title) Co-Directors
of (print business name) Medical Lake Community Outreach, have approved the submission of this proposal
and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we
agree to enter a contract with the City of Medical Lake and promise to:

- 1. Use the grant funds according to compliance guidance; and
- 2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature:  Date: 4/12/20

SUBMISSION:

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include "ARPA Relief Fund" in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:
City of Medical Lake
PO Box 369
Medical Lake WA, 99022



City of Medical Lake

ARPA Organizational Grant Relief Program GRANT APPLICATION

Business/Organization Name: Re Imagine Medical Lake	Medical Lake Business License #:	Date of Application: 5/10/23
Organization Physical Address: 5916 S. Brooks Rd Medical Lake, WA 99022		
Organization Mailing Address: (If different from above) P.O. Box 344 Medical Lake, Wa 99022		
Phone: 509-768-5364	Email: reggie.heebink@gmail.com	
Primary Contact (Include contact info if different than above): Reggie Heebink P.O. Box 1377 Medical Lake, Wa 99022		
Federal EIN: 81-3799806	Non-Profit Organization: <input checked="" type="checkbox"/>	
Amount Requesting (\$): 20,000	Our organization received other federal funding: <input checked="" type="checkbox"/>	
Please describe how your organization will be using ARPA funds: Elf Village Maintenance Sound, Stage, Canopy, Lighting Printing, Fliers & posters Banners Advertising (newspaper, radio & social media) A variety of child event entertainment (crafts, bouncy houses, games) Live entertainment (bands, DJ, magician, clown, petting zoo, live reindeer etc) Farmers Market		
Please describe any additional grants/funding you have received (if applicable): We received \$15,000 from the Festival & Events Grant Program		

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
- c. **Services to Disproportionately Impacted Communities (EC 3):** As relevant, describe how funds are being used to provide services to communities disproportionately impacted by the COVID-19 public health emergency.
- d. **Premium Pay (EC 4):** As relevant, describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritizes low-income workers.
- e. **Water, sewer, and broadband infrastructure (EC 5):** Describe the approach, goals, and types of projects being pursued, if pursuing.
- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) Reggie Heebink, the (print title) Festival Director/Treasuer
of (print business name) Re Imagine Medical Lake, have approved the submission of this proposal
and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we
agree to enter a contract with the City of Medical Lake and promise to:

- 1. Use the grant funds according to compliance guidance; and
- 2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature:  Date: 5/10/23

SUBMISSION:

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include “ARPA Relief Fund” in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:
City of Medical Lake
PO Box 369
Medical Lake WA, 99022



City of Medical Lake

ARPA Organizational Grant Relief Program GRANT APPLICATION

Business/Organization Name: <i>JENSEN MEMORIAL youth Ranch</i>	Medical Lake Business License #:	Date of Application: <i>4-4-2023</i>
Organization Physical Address: <i>620 N. Starbuck ST Medical Lake wa 99022</i>		
Organization Mailing Address: (If different from above) <i>P.O. Box 220 Medical Lake wa 99022</i>		
Phone: <i>509-979-8876</i>	Email:	
Primary Contact (Include contact info if different than above): <i>CARL GRUB</i>		
Federal EIN: <i>26-3146249</i>	Non-Profit Organization: <input checked="" type="checkbox"/>	
Amount Requesting (\$): <i>14,250⁰⁰</i>	Our organization received other federal funding: <input type="checkbox"/>	
Please describe how your organization will be using ARPA funds: <i>FOR A NEW FURNACE AND AIR CONDITIONER FOR THE BUILDING</i>		
Please describe any additional grants/funding you have received (if applicable): <i>None</i>		

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
- c. **Services to Disproportionately Impacted Communities (EC 3):** As relevant, describe how funds are being used to provide services to communities disproportionately impacted by the COVID-19 public health emergency.
- d. **Premium Pay (EC 4):** As relevant, describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritizes low-income workers.
- e. **Water, sewer, and broadband infrastructure (EC 5):** Describe the approach, goals, and types of projects being pursued, if pursuing.
- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) CARL GRUB, the (print title) Treas
 of (print business name) JENSEN Memorial Youth Ranch, have approved the submission of this proposal
 and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we
 agree to enter a contract with the City of Medical Lake and promise to:

1. Use the grant funds according to compliance guidance; and
2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature:  Date: 04-04-2023

SUBMISSION:

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include "ARPA Relief Fund" in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:
 City of Medical Lake
 PO Box 369
 Medical Lake WA, 99022



Sturm Heating & Air Conditioning LLC
1112 N. Nelson
Spokane, WA 99202
 Ph: (509) 325-4505
 Fax: (509) 252-5446
 www.sturmheating.com
 Washington License No. STURMHC794DN
 Idaho Public Works: PWC-C-17411-B-4
 Idaho HVAC Contractor's: 6342

Heating Air Conditioning
Residential & Commercial

March 22, 2023

Project: Jensen Memorial Youth Ranch
 620 N. Stanley
 Medical Lake, WA. 99022

Attn: Carl Grub

We are pleased to bid on the HVAC scope of work on this project per the contract documents to include the following:

- Provide and install (1) 100,000 BTU 96% efficient gas fired furnace to include venting and filter rack.
- Remove and dispose of existing gas fired furnace.
- Provide and install (1) 5-ton 14 SEER air conditioner to include refrigeration piping and synthetic concrete pad.
- Provide and install (1) 5-ton cased evaporator coil to include drain piping and condensate pump.
- Provide and install required gas pipe modifications.
- Provide and install required electrical circuit to outdoor air conditioner to include a GFI protected service outlet.
- Provide and install (1) 7-day programable thermostat.
- Provide licensed electrician for disconnection and reconnection of high voltage power.
- Provide required permit fees and inspections with report.

Bid Pricing: \$12,920.00 plus tax.

Carl, I do not recommend installing this 5-ton AC on your existing furnace due to existing furnace does not produce the required cfm airflow for 5-tons of air conditioning.

Exclusions:

- Any scope of work not listed in the above quote.

Signature _____ Date of acceptance _____

Price good for thirty (30) days. Please call with any questions.

ESCALATION NOTICE: Throughout this year, we have received several price increases from most of our vendors. We incorporate all current and known future price increases into our quotes. However, with the market changing quickly, we would request that you review pricing with us on any quote that is older than 30 days. Thank you.

Thank you,

David Banks

David Banks
 Commercial Dept. Manager
 O# 509.252.5438

NW Heating and Cooling Inc.
PO Box 1403
Airway Heights, WA 99001

Proposal

(509)244-6010
(509) 928-8252

Carl Grub
P.O. Box 220
Medical Lake WA 99022

Date 3-30-2023
Phone (509)979-8876
Job Location 620 N Stanley

NW HEATING AND COOLING INC PROPOSES THE FOLLOWING:

Lennox FURNACE & AIR CONDITIONER

Install 100,000 btu 96% gas furnace
Install 4-ton 13 Seer air conditioner **\$11,952.12 Plus Sales Tax and Permit(s)**
Install 4-ton evaporator coil and connect to furnace
Augment duct and venting at furnace
Install lineset, pad, condensate, venting and thermostat
All material and labor to complete project
1-yr labor warranty
10-yr parts warranty (reverts to 5-yr if sold)
1-yr preventative maintenance on all hvac
Electrician will be needed to assess and run circuits to current code, we can refer one if needed.

Ameristar by Trane FURNACE & AIR CONDITIONER

Install 100,000 btu 96% gas furnace
Install 4-ton 13 Seer air conditioner **\$10,322.84 Plus Sales Tax and Permit(s)**
Install 4-ton evaporator coil and connect to furnace
Augment duct and venting at furnace
Install lineset, pad, condensate, venting and thermostat
All material and labor to complete project
1-yr labor warranty
10-yr parts warranty (reverts to 5-yr if sold)
1-yr preventative maintenance on all hvac
Electrician will be needed to assess and run circuits to current code, we can refer one if needed.

Payment to be made as follows:

50% Down, 50% Upon Completion

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner is to carry fire, tornado and other necessary insurance. Our workers are fully covered by Worker's Compensation insurance.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. **ELECTRICAL (if needed) TO BE DONE BY OTHERS**

NWHC Authorized Signature

NOTE: This proposal may be withdrawn by us
if not accepted within 20 Days

Signature _____

Date of Acceptance _____

NW Heating and Cooling Inc.
PO Box 1403
Airway Heights, WA 99001

Proposal

(509)244-6010
(509) 928-8252

Carl Grub
P.O. Box 220
Medical Lake WA 99022

Date 3-30-2023
Phone (509)979-8876
Job Location 620 N Stanley

NW HEATING AND COOLING INC PROPOSES THE FOLLOWING:

Lennox FURNACE & AIR CONDITIONER

Install 100,000 btu 96% gas furnace
Install 4-ton 13 Seer air conditioner **\$11,952.12 Plus Sales Tax and Permit(s)**
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Ameristar by Trane FURNACE & AIR CONDITIONER

Install 100,000 btu 96% gas furnace
Install 4-ton 13 Seer air conditioner **\$10,322.84 Plus Sales Tax and Permit(s)**
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Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. **ELECTRICAL (if needed) TO BE DONE BY OTHERS**

NWHC Authorized Signature

NOTE: This proposal may be withdrawn by us
if not accepted within 20 Days

Signature _____

Date of Acceptance _____

ACCUFLO

Air Systems

Heating & Air Conditioning

P.O. Box 542 Veradale WA. 99037 Ph-509.921.1035 Fax-509.893.2326

Customer	Jensen Memorial Youth Ranch / Carl Grub				Home Telephone	
Address	620 N Stanley St				Mobile Phone	(509)979-8876
City	Medical Lake	State	Wa	Zip	99022	Work Phone
Job Name		Job Loc	620 N Stanley St		E-Mail	

Accuflo Hereby Proposes to Furnish and Install:

- One Payne 5 ton 110K BTU 80% gas furnace. \$11,593.88
- One Payne 5 ton air conditioner with a 5 ton cased coil.
- Line set to complete the entire job.
- Line hide to cover the outdoor line set.
- Honeywell programmable thermostat.
- New filter rack and base can.
- New pad for the outdoor condensing unit.
- Misc. sheet metal work for the new furnace (will also repair the duct work close to the ceiling)
- Misc. gas piping work.
- New condensation pump.
- Electrical.
- Removal and disposal of the existing equipment.

11,593.88

Approx 928 Tax

12,621

Plus applicable tax and permit

Acceptance of Proposal

Work is authorized as specified above. All late payments will be assed a 3% fee on the total amount owing. This proposal is valid for 30 days from the listed date. Payments will be 50% down, balance upon completion, (pending other arrangements). By signing this proposal it will become a legal binding contract, holding the purchaser liable for all arrangements listed herein and in the "Accuflo contract agreement". (available upon request). **Accuflo will warrant this installation for two years from the date of equipment start-up.**

Signature:	DATE:
Signature: <u>Amy Gunning</u>	DATE: 3/29/2023



On Duty 24 Hours!
www.NorcoHA.com

5103 East Trent Ave
Spokane, WA 99212
Phone (509) 534-4975
Fax (509) 534-1572

- 89

PROPOSAL SUBMITTED TO <i>Carl Grub</i>	PHONE <i>(509) 979-8876</i>	DATE <i>3-21-22</i>
STREET <i>620 N. Stanley St.</i>	JOB NAME	
CITY <i>Medical Lake</i>	STATE <i>WA</i>	ZIP <i>99022</i>
JOB LOCATION		

We hereby submit specifications and estimates for:

The installation of a new TRANE SX1C100 high efficiency gas furnace - 4TR3060 13 SEER air conditioner - CANFAB 2000 CFM mixing box multi position Economizer with Jade control and honeywell actuator - venting - sheet metal work - added R4 to building - concrete/brick cutting for economizer - economizer ducting to mech. room - electrical work - mounting base - thermostat - filter box - misc. materials - labor and required permits for the sum of.

<i>\$ 23,174.00</i>
<i>Tax 2,062.49</i>
<i>\$ 25,236.49</i>

We propose hereby to finish material and labor - complete in accordance with the above specifications for the sum of:

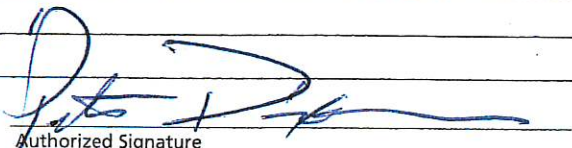
Twenty five thousand two hundred thirty six & 42/100 Dollars \$ *25,236.49*

Payment to be made as follows:

50% down & 50% on completion

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

Add 12% annual late charge on all past due accounts (1% monthly). We reserve all lien rights.


 Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within *15* days

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Owner agrees to pay all late fees, attorney's fees and collection fees incurred by Norco Heating & Air in the event that legal or other action must be taken to retrieve payment for agreed upon work.

Date of Acceptance _____ Signature _____



City of Medical Lake

ARPA Organizational Grant Relief Program GRANT APPLICATION

Business/Organization Name: Medical Lake Dollars for Scholars		Medical Lake Business License #:	Date of Application: April 24, 2023	
Organization Physical Address: c/o Medical Lake High School 200 East Barker Road, Medical Lake, WA 99022				
Organization Mailing Address: (If different from above) P.O. Box 672 Medical Lake, WA 99022				
Phone: 509-951-5468		Email: medicallakedfs@yahoo.com		
Primary Contact (Include contact info if different than above): Steven Meltzer, President/Treasurer				
Federal EIN: 46-5052824		Non-Profit Organization: <input checked="" type="checkbox"/>		
Amount Requesting (\$): \$23,000		Our organization received other federal funding: <input checked="" type="checkbox"/>		
Please describe how your organization will be using ARPA funds: This request is to supplement the ARPA funding we received in August 2022, to make up for lost revenue during the Covid pandemic. Details on the finances are noted in our original request but totaled \$38,780; we received \$14,960 as a partial award in 2022. If funding is available, this request remediates the remainder of our lost fundraising and will provide opportunities to fund 15 additional scholarships, support technical assistance in revamping our web and social media outreach, allow us to contract for accounting services to comply with state/federal non-profit regulations, and enhance our ability to develop and support student scholarship services at both the high school and middle school. Tentative Program:				
	2023-24	2024-25	2025-26	Total
Increase Scholarships:	\$5,000	\$5,000	\$5,000	\$15,000
Tech Assist Web/Social:	\$1,000	\$1,000	\$1,000	\$ 3,000
Accounting:	\$1,000	\$ 500	\$ 500	\$. 2,000
Student Support Services:	\$1,000	\$1,000	\$1,000	\$ 3,000
Please describe any additional grants/funding you have received (if applicable): Prior ARPA grant through the City of Medical Lake 2022-2026: \$14,960 MOU signed August 3, 2022				

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
- c. **Services to Disproportionately Impacted Communities (EC 3):** As relevant, describe how funds are being used to provide services to communities disproportionately impacted by the COVID-19 public health emergency.
- d. **Premium Pay (EC 4):** As relevant, describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritizes low-income workers.
- e. **Water, sewer, and broadband infrastructure (EC 5):** Describe the approach, goals, and types of projects being pursued, if pursuing.
- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) Steven Meltzer, the (print title) President/Treasurer

of (print business name) Medical Lake Dollars for Scholars, have approved the submission of this proposal

and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we

agree to enter a contract with the City of Medical Lake and promise to:

- 1. Use the grant funds according to compliance guidance; and
- 2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature: *Steven Meltzer* Date: 4/24/23

SUBMISSION:

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include “**ARPA Relief Fund**” in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:

City of Medical Lake
PO Box 369
Medical Lake WA, 99022



City of
Medical Lake

RECEIVED
MAR 30 2023

BY: Mf

**ARPA Organizational Grant Relief Program
GRANT APPLICATION**

Business/Organization Name:
St. John's Lutheran Church

Medical Lake Business License #: _____ Date of Application:
03/28/2023

Organization Physical Address:
223 S. Hallett St.
Medical Lake, WA 99022

Organization Mailing Address: (If different from above)
PO Box 639
Medical Lake, WA 99022

Phone: 509 299-4114 Email: stjohnsmedicallake@gmail.com

Primary Contact (Include contact info if different than above):
Shelley Bunch bunch.shelley@yahoo.com
509 481-1882

Federal EIN: 91-0890078

Non-Profit Organization:

Amount Requesting (\$): _____ Our organization received other federal funding:

Please describe how your organization will be using ARPA funds:
See attached

Please describe any additional grants/funding you have received (if applicable):

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
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- d. **Premium Pay (EC 4):** As relevant, describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritizes low-income workers.
- e. **Water, sewer, and broadband infrastructure (EC 5):** Describe the approach, goals, and types of projects being pursued, if pursuing.
- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) Shelley Lynn Burch the (print title) Treasurer
 of (print business name) St. John's Lutheran Church have approved the submission of this proposal
 and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we
 agree to enter a contract with the City of Medical Lake and promise to:

- 1. Use the grant funds according to compliance guidance; and
- 2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature Shelley Lynn Burch / Treasurer Date: 3/28/2023

SUBMISSION: MLYBA 3.28.23

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include "ARPA Relief Fund" in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:
 City of Medical Lake
 PO Box 369
 Medical Lake WA, 99022

St. John's Lutheran Church
Medical Lake Washington

Thank you for considering our request for the ARPA Grant; St. John's would like to submit the following.

We have been able to remodel the interior of the handicap entrance to our church with the help of your generous 1st ARPA Grant, it has been a blessing to us. But, we knew that was only part of our entrance problem, the exterior needs a portico over the entrance. This past winter we fought the ice and snow at the doorway. With the installation of a handicap door opener it is important that snow doesn't build up against the door. Currently the button for door operation is subject to the rain and snow. You will find pictures attached. A covering over the entrance would make this entrance safer from ice build up and would protect the work previously completed on the door. Included in this project is also better lighting. This is the only handicap entrance to the sanctuary and fellowship hall. This building houses our worship services plus activities for our congregation, as well as the community of Medical Lake, such as Feed Medical Lake.

It had been our hope to have the entrance interior and exterior as well as the parking lot all remodeled, but then Covid hit. We were shut down, as were so many churches as well as businesses. Coming back financially from the strain of Covid has been a long process, but we are people of faith who believe through our faith and hard work opportunities will happen. We have put the parking lot aside for now, that will be a large project for us. Focusing instead on increasing the comfort and safety of the entrance that is so important to us and we believe this could be achieved with financial assistance. Thank you for your consideration.

Estimate For Portico Construction

Permits	\$800.00
Demolition of concrete	\$500.00
Relocation of lighting	\$100.00
Structure	
Concrete footings	
Lumber	
Underlayment	
Shingles	
Gutters	
	\$9,000.00
Paint	\$250.00
Concrete pad	\$1,000.00
Total	\$11,650.00

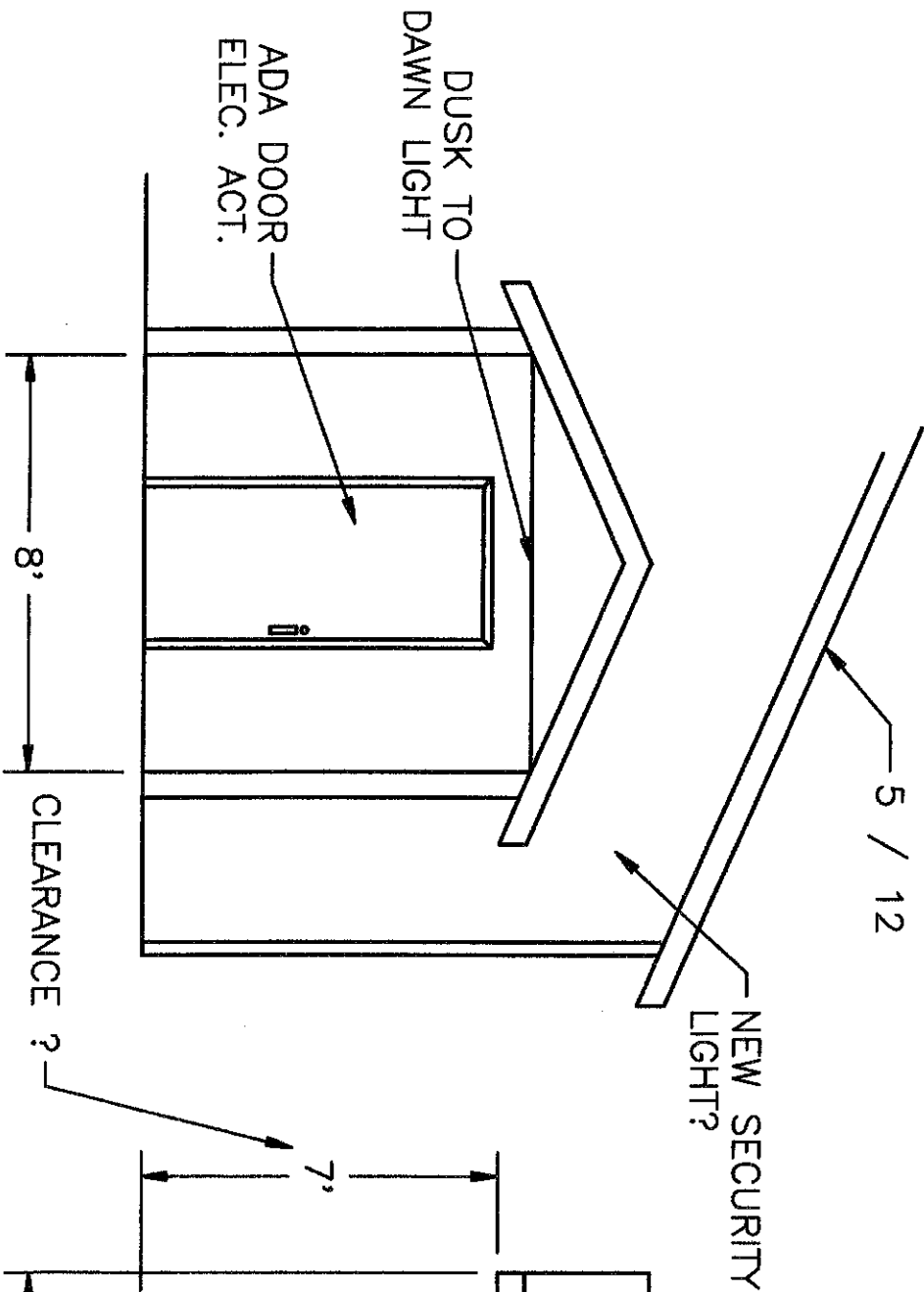
(Estimate only)

This plan for construction would be subject to approval of all building codes as well as zoning requirements for the City of Medical Lake.

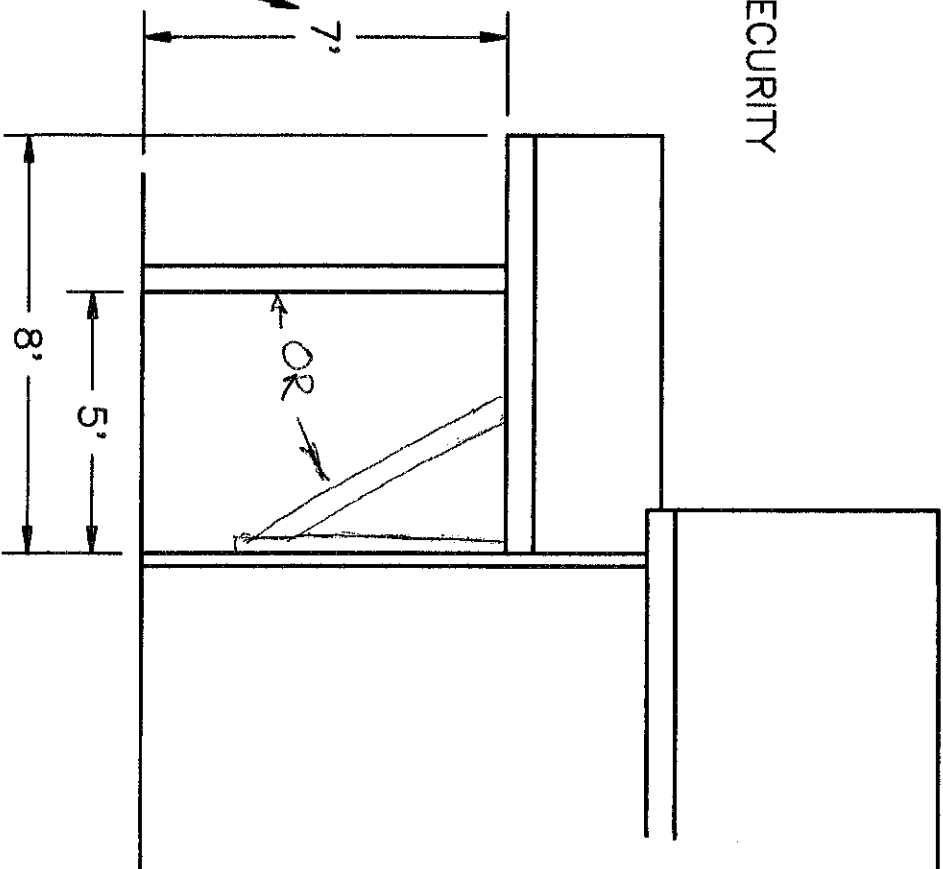
Please see attached pictures and drawing for the Portico

Thank you

RACK



SIDE



From: **Shelley Bunch** bunch.shelley@yahoo.com
Subject: Grant
Date: March 28, 2023 at 1:02 PM
To: Shelley Bunch bunch.shelley@yahoo.com



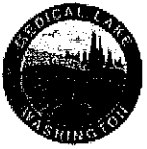
handicap parking -
opener

Sent from my iPad

would look like
this entrance

↑
this entrance
current concrete is
cracked, tripping
hazard.

notice the nice new sign, thanks to
the previous grant. Thank you



City of Medical Lake

ARPA Organizational Grant Relief Program GRANT APPLICATION

Business/Organization Name: Lions Club	Medical Lake Business License #: 7	Date of Application: 3/13/23
Organization Physical Address: P.O. Box 277 Medical Lake, WA 99022		
Organization Mailing Address: (If different from above)		
Phone: 509-990-3555	Email: Sandy6flood@yahoo.com	
Primary Contact (Include contact info if different than above): Kam Gunther (703)328-4951		
Federal EIN: 23-7048590	Non-Profit Organization: <input checked="" type="checkbox"/>	Our organization received other federal funding: <input type="checkbox"/>
Amount Requesting (\$). 5,000		
Please describe how your organization will be using ARPA funds: We would like to lead a civic organization effort to renovate the Jensen Memorial Youth Ranch building located in Medical Lake. The Lions Club currently has \$1,300 dedicated for a community project. We are requesting an additional \$5,000.00 of ARPA funds from the City of Medical Lake. We plan to: Paint: Entire meeting room, Kitchen, two bathrooms Purchase: 12 new 6 foot tables (\$1,000), 100 Stacking Event Chairs (\$2,900) New Refrigerator \$1,500 We are planning to meet with the other civic groups in Medical Lake, also. Jensen Memorial is in agreement and will contribute also.		
Please describe any additional grants/funding you have received (if applicable): None		

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
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- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) Kam Gunther, the (print title) Lions Club President
of (print business name) Medical Lake Lions Club, have approved the submission of this proposal
and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we
agree to enter a contract with the City of Medical Lake and promise to:

- 1. Use the grant funds according to compliance guidance; and
- 2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature: Wulfer Date: March 15, 23

SUBMISSION:

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include “**ARPA Relief Fund**” in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:

City of Medical Lake
PO Box 369
Medical Lake WA, 99022

March 12, 2023

Dear Mayor Terri Cooper and Medical Lake City Council,

I am requesting funds from the city's remaining Covid-19 resources on behalf of Lefevre St. Bakery & Café. These funds would be used to purchase a new, double decker, natural gas convection oven, its components, and installation.

There are numerous benefits to adding this piece of equipment to the bakery. Our prices would be able to come down via cutting the labor cost drastically. We would be able to produce 50-60% more of our fresh baked items in the same amount of time we are currently using. Additionally, without the need to increase production, the wait time between baking would be cut out completely, freeing up our bake staff to take positions in the front of house, eliminating the need to increase labor costs drastically during high volume seasons. Our current and seasonal staff would be able to stay on, working the hours they need to make ends meet. Training hours for new seasonal staff would be cut from the budget.

We would be able to start cooking off our own meats instead of buying them pre-cooked, dropping the cost of those products without increasing labor. In our current position, it would be necessary to increase labor, waiting for a chance to use the oven we have with little to no productivity during the waiting and cooking process, making buying raw at a significantly lower cost, cost prohibitive, despite the quality being significantly higher and more consistent.

This equipment purchase is a necessity for the bakery to take on large orders for off-site contracts. We have had The Davenport, Huckleberries, Frank's Diner and several small businesses and coffee shops approach us asking for an account with us to make pastries and breads for their facilities to sell and to use as ingredients in menu items. We are unable to expand the business in this way due to lack of oven space and prices being too high for wholesale needs. With additional oven space, we could drop the labor cost in creating these items by 50-65%, dropping our prices and removing the cost-prohibitive factor.

In order to keep our current business model - baking fresh and in-house with the highest quality - the business model that Medical Lake and the surrounding community have come to know and love, we need a way to keep our prices low. With the severe impact of the pandemic and subsequent, crippling inflation on our ingredients, our prices have had to increase to the point of pushing customers away. Adding more oven space will increase our productivity and lower our labor costs which will reflect in our prices, what the Medical Lake community needs.

In summary, we would be able to lower our labor costs, drop food cost, increase production, and expand the business. This will assist drastically in keeping our doors open and lower our cost, turning into lowered prices for our customers.

The amount we are requesting is \$11,217.08.

- | | |
|-------------------------|----------------------|
| - Oven \$9,899.00 | - Components \$51.99 |
| - Shipping \$78.47 | - Tax \$892.62 |
| - Installation \$295.00 | |

Sincerely,



Victoria and Ben Shoemaker
Owners/Operators



Regency 48" Stationary Gas Connector Hose Kit with 2 Elbows and Full Port Valve - 3/4"

#600GK53448 - EACH Save for Later

plus

1 \$51.99 \$51.99



Vulcan VC44GD-NAT Natural Gas Double Deck Full Size Gas Convection Oven with Solid State Controls - 100,000 BTU

#901VC44GDN - EACH Save for Later

plus Ships via Common Carrier Free Shipping

1 \$9,899.00 \$9,899.00

Subtotal

\$9,950.99

Shipping & Handling ?

\$78.47: Common Carrier w/ Liftgate



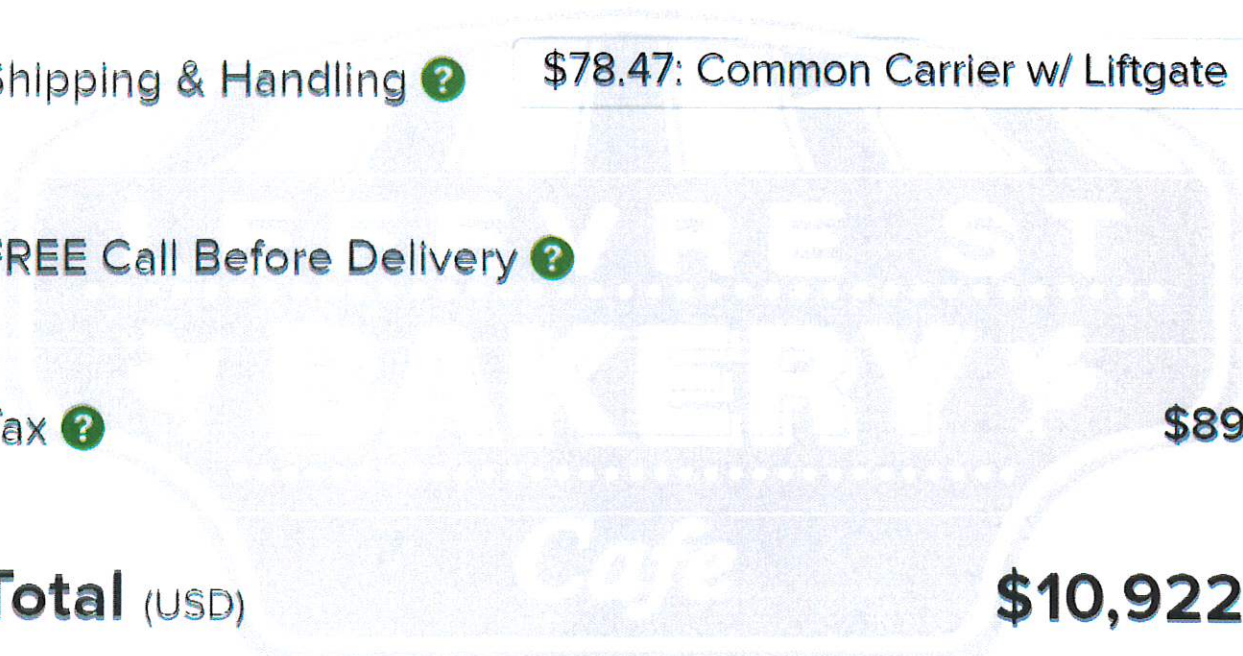
FREE Call Before Delivery ?

Tax ?

\$892.62

Total (USD)

\$10,922.08



The First Medical Equipment



City of Medical Lake

ARPA Organizational Grant Relief Program GRANT APPLICATION

Business/Organization Name: Feed Medical Lake, a ministry of St. John's Lutheran Church	Medical Lake Business License #: unknown, requested from church office <i>NA</i>	Date of Application: 05/11/2023
Organization Physical Address: 223 S Hallett St., Medical Lake, WA 99022		
Organization Mailing Address: (If different from above) P.O. Box 364, Medical Lake, WA 99022-0364		
Phone: 509-714-1150	Email: jojo382@gmail.com	
Primary Contact (Include contact info if different than above): Joanna Williams		
Federal EIN: 910890078	Non-Profit Organization: <input checked="" type="checkbox"/>	
Amount Requesting (\$): 2,000.00	Our organization received other federal funding: <input type="checkbox"/>	
Please describe how your organization will be using ARPA funds: Feed Medical Lake had almost \$14,000.00 in the WSECU at the onset of COVID-19. The increase in expenditures for grab-and-go meals depleted that account by approximately \$1,000.00 a month above-and-beyond the usual expenditures. In the early years of Feed Medical Lake, the cost of each meal produced was \$0.69. That cost is now about \$3.79 per meal. Now that pandemic regulations are easing, more people are attending the free meals and are requesting take-out meals as well, especially those over 55 years old (about 77% of our guests). Some of the guests still just want to take their meals home, and meals are delivered to shut-ins. ARPA funds would be used to purchase take-out containers that are compliant with state laws. Because they seal securely (no food spillage) and are reusable (by the patron) they cost more. Feed Medical Lake is requesting \$2,000.00 to cover that increase in cost and expected further increase throughout the next 12 months.		
Please describe any additional grants/funding you have received (if applicable): \$100.00 from Alpha Nu Chapter of Alpha Delta Kappa to purchase food.		

Compliance Guidance: Authorized Uses of Funds

- a. **Public Health (EC 1):** As relevant, describe how funds are being used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.
- b. **Negative Economic Impacts (EC 2):** As relevant, describe how funds are being used to respond to negative economic impacts of the COVID-19 public health emergency, including to households and small businesses.
- c. **Services to Disproportionately Impacted Communities (EC 3):** As relevant, describe how funds are being used to provide services to communities disproportionately impacted by the COVID-19 public health emergency.
- d. **Premium Pay (EC 4):** As relevant, describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritizes low-income workers.
- e. **Water, sewer, and broadband infrastructure (EC 5):** Describe the approach, goals, and types of projects being pursued, if pursuing.
- f. **Revenue Replacement (EC 6):** Describe the loss in revenue due to the COVID-19 public health emergency and how funds have been used to provide government services.

Compliance Guidance: Period of Performance

Funds cannot be used for expenditures that were incurred before March 1st, 2021

AUTHORIZATION:

I, (print name) Joanna Williams, the (print title) Director
of (print business name) Feed Medical Lake, have approved the submission of this proposal
and have reviewed the compliance requirements for the use of ARPA funds. If I/we receive a grant, I/we
agree to enter a contract with the City of Medical Lake and promise to:

- 1. Use the grant funds according to compliance guidance; and
- 2. Provide all documentation necessary for the City of Medical Lake to verify the use of the funds.

Signature: Joanna Williams Date: 11 May 2023

SUBMISSION:

Email completed and signed application to the City of Medical Lake at kronholt@medical-lake.org Include "ARPA Relief Fund" in the email subject line.

If necessary, the completed and signed application may be dropped off at Medical Lake City Hall or sent via U.S. Mail to:
City of Medical Lake
PO Box 369
Medical Lake WA, 99022

**CITY OF MEDICAL LAKE
SPOKANE COUNTY, WASHINGTON
RESOLUTION NO. 23-599**

**A RESOLUTION OF THE CITY OF MEDICAL LAKE AMENDING RESOLUTION 526
COST ALLOCATION POLICY AND INCORPORATING IT INTO THE FINANCIAL
POLICIES FOR THE CITY OF MEDICAL LAKE, WASHINGTON**

WHEREAS, the City of Medical Lake (“City”) adopted Resolution 526 Cost Allocation Policy on the 6th day of October 2020; and

WHEREAS, City Council held a workshop on March 21, 2023 to discuss the going concern of the Solid Waste Fund (407) and recommended a review of the City’s cost allocation policies and labor being charged to utility funds; and

WHEREAS, City staff conducted a time study of the Administrative Services department during the month of April 2023 to create a basis for a cost allocation plan and policy; and

NOW, THEREFORE, be it resolved by the City Council of the City of Medical Lake, Washington as follows:

Section 1. Cost Allocation Policy Amended. The Council hereby amends the City of Medical Lake’s Cost Allocation Policy, attached hereto as Exhibit “A”, and incorporated herein by this reference, to be added to the City’s Financial Policies and assigned policy number 14.104.

Section 2. Severability. If any section, sentence, clause, or phrase of this Resolution shall be found to be invalid by a court of competent jurisdiction, such invalidity shall not affect the remainder of said Resolution.

Section 3. Effective Date. This Resolution shall become effective immediately upon passage by the Medical Lake City Council.

Adopted this 6th day of June, 2023.

Terri Cooper, Mayor

ATTEST:

Koss Ronholt, Clerk/Treasurer

APPROVED AS TO FORM:

Sean P. Boutz, City Attorney

City of Medical Lake

POLICY & PROCEDURES

Cost Allocation

Financial Policy 14.104

Policy Purpose

This policy is established to provide guidelines to appropriately allocate general fund direct and indirect costs to the City's utility funds.

Annual Review

Each year, a month-long cost analysis and time study will be conducted for each administrative clerk involved in the Overhead Cost Centers. A summary of which shall accompany each update of this policy.

Definitions

- **Cost Allocation** – The process of designating a portion of an overhead cost to other departments or funds that benefit from it.
- **Overhead Cost Center** – A service that is being rendered for the entire agency, which can be allocated to the funds in which it benefits.
- **Overhead Cost** – The actual or estimated cost of the services from which other departments or funds are benefiting.
- **Activity Cost Base** – A quantifiable activity basis that can be used to assign an identifiable amount of responsibility to a department or fund benefiting from overhead costs.

Overhead Cost Centers

The City must allocate overhead costs fairly and equitably to those funds that benefit from overhead services. Charges to the benefiting funds must not exceed the cost and level of service that each fund receives. The method of cost allocation will be activity-based. Thus, Overhead Cost Centers will reflect services that the Administrative Services department provides to other funds.

Services Provided (Activities):

- Payroll
- Accounts Payable
- Utility Billing

The funds that will be charged for services rendered:

- Water Fund (401)
- Solid Waste Fund (407)
- Wastewater Fund (408)

The City has elected to not charge the City's special revenue funds that benefit from these services, such as Parks & Recreation (112) or Streets (101), because they are partially funded by the General Fund (001) and would thus be redundant to charge.

Activity Cost Base

Each Overhead Cost Center will have a cost base to determine the appropriate percentage of the overhead cost to allocate to each fund. The activity cost base for each cost center is as follows:

- Payroll – Number of FTEs paid.
- Accounts Payable – Payables processed and paid.
- Billing – number of fees charged on bills.

During the month of the City's cost allocation annual review, City staff will document the total quantity of each activity cost base and the amount that applies to each fund to which costs are allocated. The percentage of the overhead cost to

be allocated to each fund will be determined by dividing the quantity that applies to the specific fund by the total quantity of the cost base.

Cost Calculation

1. **Overhead Cost** - The overhead cost of a service will be calculated by multiplying the hourly pay of each employee involved and the number of hours that the employee spent performing the activity. Each employee's hours and cost will be calculated separately, then added together to find the overhead cost of the activity.
2. **Benefits Rate** – The overhead cost of a service will also include the benefits rate of the Administrative Services department, which is determined by dividing the total yearly cost of benefits by the total yearly cost of salaries and wages for Administrative Services employees. This percentage will be multiplied by the activities' cost to determine the allocatable amount of benefits to be added find the total cost.

City of Medical Lake
 Interdepartmental Billing
 Administrative Services

Activity	Overhead Cost
Payroll	\$ 865.55
Accounts Payable	\$ 4,213.31
Billing	\$ 327.52

	Cost Allocation			
	Water	Solid Waste	WWC	WWT
Payroll	\$ 142.90	\$ -	\$ 102.07	\$ 204.14
Accounts Payable	\$ 502.72	\$ 71.82	\$ 718.18	\$ 718.18
Billing	\$ 65.50	\$ 65.50	\$ 65.50	\$ 65.50
	\$ 711.13	\$ 137.32	\$ 885.75	\$ 987.82

Account Numbers for Charges

401-380	\$ 711.13
407-000	\$ 137.32
408-381	\$ 885.75
408-382	\$ 987.82
Monthly Total	\$ 2,722.02

Cost Calculation

Hours per activity

	Finance Director	Admin Clerk-Fin	Admin Clerk-UT
Payroll	16.5	0	0
AP	5	111	0
Billing	1	0	8

2023 Hourly Labor Rates

Finance Director	Admin Clerk-Fin	Admin Clerk-UT	Benefits Rate
\$ 35.93	\$ 24.38	\$ 23.55	46%

Labor Costs

	Finance Director	Admin Clerk-Fin	Admin Clerk-UT	Benefits (46%)	Total
Payroll	\$ 592.85	\$ -	\$ -	\$ 272.71	\$ 865.55
AP	\$ 179.65	\$ 2,706.18	\$ -	\$ 1,327.48	\$ 4,213.31
Billing	\$ 35.93	\$ -	\$ 188.40	\$ 103.19	\$ 327.52

Activity	Cost Base
Payroll	FTEs in each fund/dept.
AP	Payables paid for each fund/dept.
Billing	Fees charged on bill

April Results - Number of Cost Base

Fund/Dept.	Payroll	AP	Billing
Governmental	10.2	92	1
Water	3.5	21	1
Solid Waste	0	3	1
WWC	2.5	30	1
WWT	5	30	1
Total	21.2	176	5

Water %	17%	12%	20%
Solid Waste %	0%	2%	20%
WWC %	12%	17%	20%
WWT %	24%	17%	20%

April 2023 - Employee Time Study

Koss	Payroll	AP	Billing
4/3/2023			
4/4/2023			
4/5/2023			
4/6/2023			
4/7/2023			
4/10/2023			
4/11/2023			
4/12/2023	1.5		
4/13/2023		1	
4/14/2023		1.5	
4/17/2023			
4/18/2023			
4/19/2023			
4/20/2023			
4/21/2023			
4/24/2023			
4/25/2023	4		
4/26/2023	6.5	1.5	
4/27/2023	4.5	1	
4/28/2023			1
	16.5	5	1

Employee Initials
 Supervisor Initials

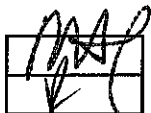



April 2023 - Employee Time Study

Missy	Payroll	AP	Billing
4/3/2023		6	
4/4/2023		6	
4/5/2023		5	
4/6/2023			
4/7/2023		6	
4/10/2023		7	
4/11/2023		7	
4/12/2023		7	
4/13/2023		7	
4/14/2023		5.5	
4/17/2023		5	
4/18/2023		5.5	
4/19/2023		6	
4/20/2023		5	
4/21/2023		5	
4/24/2023		7	
4/25/2023		7	
4/26/2023		7	
4/27/2023		7	
4/28/2023			

0 111 0

Employee Initials
Supervisor Initials



April 2023 - Employee Time Study

Taylor	Payroll	AP	Billing
4/3/2023			2
4/4/2023			0.5
4/5/2023			
4/6/2023			
4/7/2023			
4/10/2023			
4/11/2023			
4/12/2023			
4/13/2023			
4/14/2023			
4/17/2023			
4/18/2023			
4/19/2023			
4/20/2023			
4/21/2023			
4/24/2023			
4/25/2023			1.5
4/26/2023			
4/27/2023			2
4/28/2023			2
	0	0	8

Employee Initials
 Supervisor Initials

TP
↓

**CITY OF MEDICAL LAKE
SPOKANE COUNTY, WASHINGTON
RESOLUTION NO. 23-601**

**A RESOLUTION OF THE CITY OF MEDICAL LAKE ESTABLISHING
THE RECREATION ASSISTANT POSITION AND ASSOCIATED JOB
DESCRIPTION.**

WHEREAS, The City of Medical Lake (“City”) staff recommends the establishment of a non-union, temporary, part-time position to support the City’s mission and strategic objectives through the delivery of recreation programs, youth and adult sports, community events, and outreach, at the discretion of the Parks & Recreation Director; and

WHEREAS, City staff recommends that the Recreation Assistant position be set at existing range 11, with a minimum of \$17.35 and maximum of \$23.65 per hour based on required skills and duties; and

WHEREAS, the Mayor and City Council find that the attached job description serves the best interest of the City.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MEDICAL LAKE, WASHINGTON, as follows:

Section 1. Recreation Assistant Job Description. The City Council hereby establishes the position of Recreation Assistant and adopts the attached job description for the position. The City Council finds the job description will assist the City in employing an individual on the basis of ability, education and training or experience to perform the duties of this position. Minor changes may be made to the Job Description by approval of the Park Advisory Board. The Mayor and Council reserve the right to waive any job qualification to serve the interests of the City.

Section 2. Employee. Employee shall exercise his/her best efforts and due diligence in order to perform the duties of the position or employment, which are set forth in the job description and/or by union contract.

Section 3. Effective Date. This Resolution shall be effective immediately upon passage by the City of Medical Lake City Council.

ADOPTED this _____ day of _____, 2023.

Mayor, Terri Cooper

Attest:

Approved as to Form:

Finance Director, Koss Ronholt

City Attorney, Sean P. Boutz



CITY OF MEDICAL LAKE JOB DESCRIPTION

TITLE: Recreation Assistant
DEPARTMENT: Parks & Recreation
REPORTS TO: Parks & Recreation Director & Recreation Coordinator
WAGE: \$17.35 – \$23.65/ HOUR

This is a part time temporary position, and may be required to work early mornings, evenings, weekends, and holidays. Schedule of work hours may vary based on assigned duties.

NATURE OF WORK:

Under the direction and supervision of the Parks & Recreation Director & Recreation Coordinator, this position is responsible for the supervision of participants in Parks & Recreation programs. This position will also assist with the organization and implementation of youth and adult activities, programs, and events offered by the department. The position interacts with citizens, community organizations, and other City staff. This position requires the ability to provide and maintain a safe, inclusive environment for all participants.

ESSENTIAL DUTIES:

- Oversee various recreation activities, programs, and events while maintaining the safety of participants and staff at all times.
- Program areas and duties include:
 - Afterschool Programs - Oversee children while leading safe, organized, age-appropriate games and activities;
 - Youth Day Camps – Oversee children while leading safe, organized age, appropriate games and activities including daily field trips;
 - Youth Sports – Officiate (soccer, basketball, flag football, and volleyball), field monitor, gym supervision, field setup, and assist with organization of equipment;
 - Adult Sports – Gym/facility supervision, score keeping, and record keeping;
 - Teen Activities – Assist in the supervision and implementation of various teen activities;
 - Senior Activities – Assist in the supervision and implementation of various senior activities;
 - Community Events – Assist in the organization, supervision, implementation, and participation of special community events;
- Attend regularly scheduled staff meetings;
- Clean program areas and store equipment and supplies at the end of each day; and
- Other duties as assigned.

SKILLS AND ABILITIES:

- Organize and lead a variety of games and activities to school age children;
- Contribute to the collaborative group process;
- Creatively and efficiently use available resources;
- Outgoing and willing to take on additional assignments as needed;
- Establish and maintain effective working relationships;
- Communicate orally and in writing;

- Interact with the public in an effective, customer-friendly manner, and establish and maintain effective working relationships with City staff and other organizations;
- Work independently and make appropriate decisions regarding work methods and priorities;
- Maintain confidentiality; and
- Demonstrate a strong sense of personal ethics along with a high degree of professional judgment and discretion.

MINIMUM QUALIFICATIONS:

- Must be able to obtain within 30 days of hire date:
 - Food Handlers card
 - CPR/First Aid Certification
- Successfully complete a criminal history check.
- Valid Washington State driver’s license.
- Must be at least 16 years of age.

PHYSICAL DEMANDS:

The demands are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to walk, sit, or run. The employee uses hands to finger, handle, feel, or operate objects, tools, or controls; and reach up with hands and arms. The employee is required to lift or move up to 50 pounds. Specific vision requirements are close vision, color vision, and the ability to adjust focus.

WORK ENVIRONMENT:

The demands are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee may work in outside weather conditions. The employee is occasionally exposed to wet and/or humid conditions, toxic or caustic chemicals. The noise level in the work environment is usually quiet when in the office or moderately loud when in the field.

SELECTION PROCESS:

- City of Medical Lake employment application with resume attached.
- Rating of education and experience.
- Oral interview and reference check.
- Criminal History check.

ORIGINATION DATE: May 31, 2023
EEO CATEGORY: Service Worker
STATUS: Non-Exempt

The statements contained herein reflect general details necessary to describe the principle functions of this classification, the level of knowledge and skills typically required and the scope of responsibilities, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods, or otherwise to balance workload. This job

description does not constitute an employment agreement between the City and the employee and is subject to change as the needs of the City and requirements of the job change.

Date: _____

Manager: _____

Employee: _____