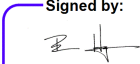
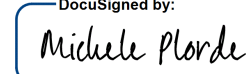


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                              |                                                                                          |                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| <b>Public Health</b><br>Seattle & King County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>COMMUNITY SERVICES<br/>AGREEMENT –<br/>OTHER GOVERNMENT</b>               |                                                                                          | <b>PHSKC Agreement #</b><br><br>14813 EMS           |  |
| This Agreement is between King County and the Recipient identified below. The County department overseeing the work to be performed in this Agreement is the Department of Public Health (PHSKC).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                              |                                                                                          |                                                     |  |
| <b>RECIPIENT NAME</b><br><br>Enumclaw Fire Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                              | <b>RECIPIENT FEDERAL TAX ID #</b><br><br>91-1131414                                      |                                                     |  |
| <b>RECIPIENT ADDRESS</b><br><br>1330 Wells St, Enumclaw, WA 98022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                              | <b>RECIPIENT CONTACT &amp; EMAIL ADDRESS</b><br><br>Ben Hayman; bhayman@enumclawfire.org |                                                     |  |
| <b>PHSKC DIVISION</b><br><br>EMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                              | <b>PROJECT TITLE</b><br><br>Basic Life Support Services                                  |                                                     |  |
| <b>AGREEMENT START DATE</b><br><br>January 01, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>AGREEMENT END DATE</b><br><br>December 31, 2031                           |                                                                                          | <b>AGREEMENT MAXIMUM AMOUNT</b><br><br>\$575,519.00 |  |
| <b>FUNDING DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                              |                                                                                          |                                                     |  |
| <u>Funding Source</u><br>EMS Levy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <u>PHSKC Contract #</u>                                                      |                                                                                          | <u>Amount</u><br>\$575,519.00                       |  |
| <u>Effective Dates</u><br>Jan 01 2026 TO Dec 31 2031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                              |                                                                                          |                                                     |  |
| <b>FUNDING SUMMARY</b><br>FEDERAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | COUNTY: \$575,519.00                                                         |                                                                                          | STATE:                                              |  |
| OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                              |                                                                                          |                                                     |  |
| <b>IS THE RECIPIENT A SUBRECIPIENT FOR PURPOSES OF THIS AGREEMENT? No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                              |                                                                                          |                                                     |  |
| <b>EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference:</b><br>Appendix 1 – Insurance Requirements<br>Exhibit A – BLS Scope of Work<br>Exhibit B1 – Basic BLS Allocation invoice<br>Exhibit B2 – BLS Core Services invoice<br>Exhibit B3.1 – MIH Agency Invoice<br>Exhibit B3.2 – MIH Supporting Agency Invoice<br>Exhibit B5 – Support of EMS Training Section Invoice<br>Exhibit C – MIH Scope of Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                              |                                                                                          |                                                     |  |
| In consideration of payments, covenants, and agreements hereinafter mentioned, to be made and performed by the parties hereto, the parties mutually agree that the Recipient shall provide services and comply with the requirements set forth in this Agreement. The parties signing below represent that they have read and understand this Agreement, and have the authority to execute this Agreement. Furthermore, in addition to agreeing to the terms and conditions provided herein, by signing this Agreement, the Recipient certifies that it has read and understands the Agreement requirements on the PHSKC website ( <a href="https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/contracts">https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/contracts</a> ), and agrees to comply with all of the Agreement terms and conditions detailed on that site, including EEO/Nondiscrimination, HIPAA, Insurance, and Credentialing, as applicable. |  |                                                                              |                                                                                          |                                                     |  |
| <b>RECIPIENT SIGNATURE</b><br>Signed by:<br><br>22F402770844400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>PRINTED NAME AND TITLE</b><br><br>Ben Hayman<br><br>Fire Chief            |                                                                                          | <b>DATE SIGNED</b><br><br>3/19/2026                 |  |
| <b>PHSKC SIGNATURE</b><br>DocuSigned by:<br><br>C73EE2965E2F493...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>PRINTED NAME AND TITLE</b><br><br>Michele Plorde<br><br>Division Director |                                                                                          | <b>DATE SIGNED</b><br><br>3/19/2026                 |  |

## KING COUNTY TERMS AND CONDITIONS

### 1. Agreement Term and Termination

- A. This Agreement shall commence on the Agreement Start Date and shall terminate on the Agreement End Date as specified on page 1 of this Agreement, unless extended or terminated earlier, pursuant to the terms and conditions of the Agreement.
- B. This Agreement may be terminated by the County without cause, in whole or in part, prior to the Agreement End Date, by providing the other party thirty (30) days advance written notice of the termination. The Agreement may be suspended by the County without cause, in whole or in part, prior to the date specified in Subsection 1.A. above, by providing the Recipient thirty (30) days advance written notice of the suspension.
- C. The County may terminate or suspend this Agreement, in whole or in part, upon seven (7) days advance written notice in the event: (1) the Recipient materially breaches any duty, obligation, or service required pursuant to this Agreement, or (2) the duties, obligations, or services required herein become impossible, illegal, or not feasible. If the Agreement is terminated by the County pursuant to this Subsection 1.C. (1), the Recipient shall be liable for damages, including any additional costs of procurement of similar services from another source.

If the termination results from acts or omissions of the Recipient, including but not limited to misappropriation, nonperformance of required services, or fiscal mismanagement, the Recipient shall return to the County immediately any funds, misappropriated or unexpended, which have been paid to the Recipient by the County.

- D. If County or other expected or actual funding is withdrawn, reduced, or limited in any way prior to the termination date set forth above in Subsection 1.A., the County may, upon written notification to the Recipient, terminate or suspend this Agreement in whole or in part.

If the Agreement is terminated or suspended as provided in this Section: (1) the County will be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the effective date of termination or suspension; and (2) in the case of termination the Recipient shall be released from any obligation to provide such further services pursuant to the Agreement ; and (3) in the case of suspension the Recipient shall be released from any obligation to provide services during the period of suspension and until such time as the County provides written authorization to resume services..

Funding or obligation under this Agreement beyond the current appropriation year is conditional upon appropriation by the County Council of sufficient funds to support the activities described in the Agreement. Should such appropriation not be approved, this Agreement will terminate at the close of the current appropriation year.

- E. County funds must supplement, not replace (supplant) non-county funds. Recipient must ensure that County funds do not supplant funds that have been budgeted for the same purpose through non-County sources. Recipient may be required to demonstrate and document that a reduction in non-County resources occurred for reasons other than the receipt of expected receipt of County funds.
- F. Nothing herein shall limit, waive, or extinguish any right or remedy provided by this Agreement or law that either party may have in the event that the obligations, terms, and conditions set forth in this Agreement are breached by the other party.

### 2. Compensation and Method of Payment

- A. The total Agreement compensation shall be determined annually by King County. The amount allocated for the first year shall be: **\$ 465,217 (BLS), \$ 12,342 (Core), \$87,960 (MIH), and \$ 10,000 (EMT)**. Subsequent allocations shall be determined by the County consistent with the following allocation method in the form of a letter signed by the Public Health Director or designee.

1. **BLS Basic Allocation:** As identified in the EMS 2026-2031 Medic One/EMS Strategic Plan, each BLS recipient's annual BLS Basic allocation is determined by adding the proportion of the total increase, 60% based on call volumes, and 40% based on assessed valuation to the previous year's allocation.
2. **BLS Core Services:** Recipients may submit a BLS Core Services Program request to the EMS Division to help cover unanticipated costs that cannot be accommodated within an agency's current budget. Each BLS recipient's annual Core Services Program allocation is determined by adding the proportion of the total increase, 60% based on call volume and 40% based on assessed valuation, to the previous year's allocation.
3. **Mobile Integrated Healthcare (MIH):** BLS Recipients will receive funding for participation in Mobile Integrated Healthcare efforts as identified by the EMS Division and regional partners and defined in Exhibit C – MIH Scope of Work. Each BLS recipient's annual MIH funding allocation is determined by adding the proportion of the total increase, 60% based on call volume and 40% based on assessed valuation to the previous year's allocation.
4. Additional compensation may be awarded by the County in its sole discretion as follows:
  - a) **Regionalization of Initial EMT Training:** To support an expanded set of training forums as defined in Exhibit D.
5. **Support of Regional Programs:** Additional compensation may be awarded by the County in its sole discretion as follows:
  - a) **Training and Education:** Based on written agreement and direction by the responsible EMS Division Training and Education Supervisor, recipients may support and be reimbursed for supporting regional training and education programs.
  - b) **Other Regional Services programs:** Based on written agreement and direction by the responsible EMS Division Supervisor, recipients may support and be reimbursed for supporting regional services programs.

B. The County shall reimburse the Recipient for satisfactory completion of the services and requirements specified in this Agreement, payable in the following manner:

1. **BLS Basic Allocation:** Upon receipt and approval by the County of a signed invoice in substantially the form of the attached Invoice Exhibit B1. The Recipient may bill up to the full amount of the annual allocation at any time during the specified contract year if it can certify and document that its total expenditures have equaled or exceeded the full amount of the annual contract.
2. **BLS Core Services:** Upon receipt and approval by the County of a signed invoice as set forth in Exhibit B2.
3. **Mobile Integrated Healthcare (MIH):** Upon receipt and approval by the County of a signed invoice as set forth in Exhibit B3.1 and B3.2.
4. **Regionalization of Initial EMT Training:** Upon receipt and approval by the County of a signed invoice as set forth in Exhibit B4.
5. **Support of Regional Programs.** Reimbursement of costs supporting EMS Regional Programs, specifically related to training and education, will be based on written agreement and direction by the responsible EMS Division program manager, using signed invoice as set forth in Exhibit B5.

C. The Recipient shall submit an invoice and all accompanying reports as specified in the attached exhibits or agreed upon alternatives not more than 60 working days after the close of each indicated

reporting period. The County shall make payment to the Recipient not more than 30 days after a complete and accurate invoice is received.

- D. The Recipient shall submit its final invoice and all outstanding reports within 90 days of the date this Agreement terminates. If the Recipient's final invoice and reports are not submitted by the day specified in this subsection, the County will be relieved of all liability for payment to the Recipient of the amounts set forth in said invoice or any subsequent invoice.
- E. When a budget is attached hereto as an exhibit, the Recipient shall apply the funds received from the County under this Agreement in accordance with said budget. The Agreement may contain separate budgets for separate program components and allocations. The Recipient shall request prior approval from the County for an amendment to this Agreement when the cumulative amount of transfers among the budget categories is expected to exceed 10% of the Agreement allocation amount in any Agreement budget. Supporting documents necessary to explain fully the nature and purpose of the amendment must accompany each request for an amendment. Cumulative transfers between budget categories of 10% or less need not be incorporated by written amendment; however, the County must be informed immediately in writing of each such change.
- F. Should, in the sole discretion of the County, the Recipient not timely expend funds allocated under this Agreement, the County may recapture and reprogram any such under-expenditures unilaterally and without the need for further amendment of this Agreement. The County may unilaterally make changes to the funding source without the need for an amendment. The Recipient shall be notified in writing of any changes in the fund source or the recapturing or reprogramming of under expenditures.
- G. If travel costs are contained in the attached budget, reimbursement of Recipient travel, lodging, and meal expenses are limited to the eligible costs based on the following rates and criteria.
  - 1. The mileage rate allowed by King County shall not exceed the current Internal Revenue Service (IRS) rates per mile as allowed for business related travel. The IRS mileage rate shall be paid for the operation, maintenance and depreciation of individually owned vehicles for that time which the vehicle is used during work hours. Parking shall be the actual cost. When rental vehicles are authorized, government rates shall be requested. If the Recipient does not request government rates, the Recipient shall be personally responsible for the difference. Please reference the federal web site for current rates: <http://www.gsa.gov>.
  - 2. Reimbursement for meals shall be limited to the per diem rates established by federal travel requisitions for the host city in the Code of Federal Regulations, 41 CFR § 301, App.A. Please reference <http://www.gsa.gov> for the current host city per diem rates.
  - 3. Accommodation rates shall not exceed the federal lodging limit plus host city taxes. The Recipient shall always request government rates.
  - 4. Air travel shall be by coach class at the lowest possible price available at the time the County requests a particular trip. In general, a trip is associated with a particular work activity of limited duration and only one round-trip ticket, per person, shall be billed per trip. Any air travel occurring as part of a federal grant must be in accordance with the Fly America Act.

### **3. Internal Control and Accounting System**

The Recipient shall establish and maintain a system of accounting and internal controls which complies with applicable generally accepted government accounting standards (GAGAS).

### **4. Debarment and Suspension Certification**

Entities that are debarred, suspended, or proposed for debarment by the U.S. Government are excluded from receiving federal funds and contracting with the County. The Recipient, by signature to this Agreement, certifies that the Recipient is not presently debarred, suspended, or proposed for debarment by any Federal department or agency. The Recipient also agrees that it will not enter into a sub-agreement with a Recipient that is debarred, suspended, or proposed for debarment. The Recipient agrees to notify

King County in the event it, or a sub-awardee, is debarred, suspended, or proposed for debarment by any Federal department or agency.

## **5. Maintenance of Records/Evaluations and Inspections**

- A. The Recipient shall maintain accounts and records, including personnel, property, financial, and programmatic records and other such records as may be deemed necessary by the County to ensure proper accounting for all Agreement funds and compliance with this Agreement.
- B. In accordance with the nondiscrimination and equal employment opportunity requirements set forth in Section 13. below, the Recipient shall maintain the following:
  - 1. Records of employment, employment advertisements, application forms, and other pertinent data, records and information related to employment, applications for employment or the administration or delivery of services or any other benefits under this Agreement; and
  - 2. Records, including written quotes, bids, estimates or proposals submitted to the Recipient by all businesses seeking to participate on this Agreement, and any other information necessary to document the actual use of and payments to sub-awardees and suppliers in this Agreement, including employment records.

The County may visit the site of the work and the Recipient's office to review the foregoing records. The Recipient shall provide every assistance requested by the County during such visits. In all other respects, the Recipient shall make the foregoing records available to the County for inspection and copying upon request. If this Agreement involves federal funds, the Recipient shall comply with all record keeping requirements set forth in any federal rules, regulations or statutes included or referenced in the Agreement documents.

- C. Except as provided in Section 6 of this Agreement, the records listed in A and B above shall be maintained for a period of six (6) years after termination hereof unless permission to destroy them is granted by the Office of the Archivist in accordance with Revised Code of Washington (RCW) Chapter 40.14.
- D. Medical records shall be maintained and preserved by the Recipient in accordance with state and federal medical records statutes, including but not limited to RCW 70.41.190, 70.02.160, and standard medical records practice. If the Recipient ceases operations under this Agreement, the Recipient shall be responsible for the disposition and maintenance of such medical records.
- E. The Recipient agrees to cooperate with the County or its agent in the evaluation of the Recipient's performance under this Agreement and to make available all information reasonably required by any such evaluation process. The results and records of said evaluations shall be maintained and disclosed in accordance with RCW Chapter 42.56.
- F. The Recipient agrees that all information, records, and data collected in connection with this Agreement shall be protected from unauthorized disclosure in accordance with applicable state and federal law.

## **6. Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The Recipient shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of HIPAA and any regulations enacted pursuant to its provisions. Recipient shall read and certify compliance with all HIPAA requirements at <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/contracts>.

## **7. Audits**

- A. If the Recipient is a municipal entity or other government institution or jurisdiction, it shall notify the County in writing within 30 days of when its annual report of examination/audit, conducted by the Washington State Auditor, has been completed.

- B. Additional audit or review requirements which may be imposed on the County will be passed on to the Recipient and the Recipient will be required to comply with any such requirements.

## **8. Corrective Action**

If the County determines that a breach of Agreement has occurred, that is, the Recipient has failed to comply with any terms or conditions of this Agreement or the Recipient has failed to provide in any manner the work or services agreed to herein, and if the County deems said breach to warrant corrective action, the following sequential procedure will apply:

- A. The County will notify the Recipient in writing of the nature of the breach;  
The Recipient shall respond in writing within three (3) working days of its receipt of such notification, which response shall indicate the steps being taken to correct the specified deficiencies. The corrective action plan shall specify the proposed completion date for bringing the Agreement into compliance, which date shall not be more than ten (10) days from the date of the Recipient's response, unless the County, at its sole discretion, specifies in writing an extension in the number of days to complete the corrective actions;
- B. The County will notify the Recipient in writing of the County's determination as to the sufficiency of the Recipient's corrective action plan. The determination of sufficiency of the Recipient's corrective action plan shall be at the sole discretion of the County;
- C. In the event that the Recipient does not respond within the appropriate time with a corrective action plan, or the Recipient's corrective action plan is determined by the County to be insufficient, the County may commence termination or suspension of this Agreement in whole or in part pursuant to Section 1.C.;
- D. In addition, the County may withhold any payment owed the Recipient or prohibit the Recipient from incurring additional obligations of funds until the County is satisfied that corrective action has been taken or completed; and
- E. Nothing herein shall be deemed to affect or waive any rights the parties may have pursuant to Section 1., Subsections B, C, D, and E.

## **9. Dispute Resolution**

The parties shall use their best, good-faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under this Agreement while attempting to resolve the dispute under this section.

## **10. Hold Harmless and Indemnification**

- A. In providing services under this Agreement, the Recipient is an independent contractor, and neither it nor its officers, agents, employees, or subcontractors are employees of the County for any purpose. The Recipient shall be responsible for all federal and/or state tax, industrial insurance, and Social Security liability that may result from the performance of and compensation for these services and shall make no claim of career service or civil service rights which may accrue to a County employee under state or local law.

The County assumes no responsibility for the payment of any compensation, wages, benefits, or taxes, by, or on behalf of the Recipient, its employees, subcontractors and/or others by reason of this Agreement. The Recipient shall protect, indemnify, and save harmless the County, its officers, agents, and employees from and against any and all claims, costs, and/or losses whatsoever occurring or resulting from (1) the Recipient's failure to pay any such compensation, wages, benefits, or taxes, and/or (2) the supplying to the Recipient of work, services, materials, or supplies by Recipient employees or other suppliers in connection with or support of the performance of this Agreement.

- B. The Recipient further agrees that it is financially responsible for and will repay the County all indicated amounts following an audit exception which occurs due to the negligence, intentional act, and/or failure, for any reason, to comply with the terms of this Agreement by the Recipient, its officers, employees, agents, or subcontractors. This duty to repay the County shall not be diminished or extinguished by the prior termination of the Agreement pursuant to the Term and Termination section.
- C. The Recipient shall defend, indemnify, and hold harmless the County, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the negligent acts or omissions of the Recipient, its officers, employees, sub-awardees and/or agents in its performance or non-performance of its obligations under this Agreement. In the event the County incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the Recipient.
- D. The County shall defend, indemnify, and hold harmless the Recipient, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the negligent acts or omissions of the County, its officers, employees, or agents in its performance or non-performance of its obligations under this Agreement. In the event the Recipient incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the County.
- E. Claims shall include, but not be limited to, assertions that use or transfer of software, book, document, report, film, tape, or sound reproduction or material of any kind, delivered hereunder, constitutes an infringement of any copyright, patent, trademark, trade name, and/or otherwise results in unfair trade practice.
- F. Nothing contained within this provision shall affect and/or alter the application of any other provision contained within this Agreement.
- G. The indemnification, protection, defense and save harmless obligations contained herein shall survive the expiration, abandonment or termination of this Agreement.

## **11. Insurance Requirements**

The Recipient, unless expressly waived in Appendix 1, shall procure and maintain for the term of this Agreement, insurance covering King County as an additional insured, against claims for injuries to persons or damages to property which may arise from, or in connection with, the performance of work hereunder by the Recipient, its agents, representatives, employees, and/or sub-awardees. The costs of such insurance shall be paid by the Recipient or sub-awardee. The Recipient may furnish separate certificates of insurance and policy endorsements for each sub-awardee as evidence of compliance with the insurance requirements of this Agreement. The Recipient is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Recipient, its agents, employees, officers, sub-awardee, providers, and/or provider sub-awardees to comply with the insurance requirements stated herein shall constitute a material breach of this Agreement. Specific coverages required by this contract are contained in Appendix 1.

- A. Municipal or state agency provisions  
If the Contractor is a Municipal Corporation or an agency of the State of Washington or any other Public Agency and is self-insured for any of the above insurance requirements, a certification of self-insurance shall be attached and be incorporated by reference and shall constitute compliance with this section.
- B. Deductibles and self-insured retentions  
Any deductibles or self-insured retentions shall not apply to the Contractor's liability to the County and shall be the sole responsibility of the Contractor or its Subcontractor.
- C. Other insurance provisions: The insurance coverage(s) required in this Contract are to contain, or be endorsed to contain, the following provisions

1. All Liability Policies (except Employers Liability, Workers Compensation and Professional Liability (Errors and Omissions):
  - a. King County, its officers, officials, employees and agents are to be covered as additional insureds, for full coverage and policy limits, as respects liability arising out of activities performed by or on behalf of the Contractor in connection with this Contract. Additional Insured Endorsement(s) shall be included with the certificate of insurance, "CG 2010 11/85" or its substantive equivalent is required. The County requires these Endorsement(s) to complete the Contract.
  - b. Such coverage shall be primary and non-contributory insurance as respects the County, its officers, officials, employees and agents.
  - c. The Contractor's insurance coverage shall apply separately to each insured against whom a claim is made and/or lawsuit is brought, except with respect to the limits of the insurer's liability.

2. All policies

- a. Coverage shall not be suspended, voided, canceled, reduced in coverage or in limits until after thirty (30) days prior written notice has been given to the County.
- b. Each insurance policy shall be written on an "occurrence" basis/form; except that insurance on a "claims made" basis/form may be acceptable with prior County approval.

If coverage is approved and purchased on a "claims made" basis/form, the Contractor warrants continuation of coverage, either through policy renewals or the purchase of an extended discovery period, if such extended coverage is available, for not less than three (3) years from the date of Contract termination and/or conversion from a "claims made" form to an "occurrence" coverage form.

D. Acceptability of Insurers

1. Insurance coverage is to be placed with insurers with an AM Best's rating of no less than A: VIII, or, if not rated with an AM Best's, with minimum surpluses the equivalent of an AM Best's surplus size VIII.
2. Professional Liability, Errors and Omissions insurance coverage may be placed with insurers with an AM Best's rating of B+:VII. Any exception must be approved by the County.
3. If at any time any of the foregoing policies fail to meet minimum requirements, the Contractor shall, upon notice to that effect from the County, promptly obtain a new policy, and shall submit the same to the County, with the appropriate certificates and endorsements, for approval.

E. Verification of coverage

1. The Contractor shall furnish the County certificates of insurance and endorsements required by this Contract. Such certificates and endorsements, and renewals thereof, shall be attached as exhibits to the Contract. The certificates and endorsements for each insurance policy are to be on forms approved by the County prior to the commencement of activities associated with the Contract. In the event of a claim, the County reserves the right to require complete, certified copies of all required insurance policies at any time, which may be redacted of confidential and proprietary information.
2. If the Agency/Contracting Party is a Municipal Corporation or an agency of the State of Washington and is a member of the Washington Cities Insurance Authority (WCIA) or any other self-insurance risk pool, a written acknowledgement/certification of current membership will be attached to the Agreement as Exhibit I and satisfies the insurance requirements specified above.
3. County's receipt or acceptance of Contractor's evidence of insurance without comment or objection, or County's failure to request certified copies of such insurance does not waive, alter, modify or invalidate any of the insurance requirements set forth above or, consequently, constitute County's acceptance of the adequacy of Contractor's insurance or preclude or prevent any action by County against Contractor for breach of the insurance requirements.



F. Insurance for subcontractors

1. If the Contractor subcontracts any portion of this Contract pursuant to Section XIII, the Contractor shall include all subcontractors as insureds under its policies or shall require reasonable and appropriate insurance coverage and insurance limits to cover each of the subcontractors liabilities given the subcontractor's scope of work and the services being provided herein. To the extent reasonably commercially available, insurance maintained by any subcontractor must comply with the specified insurance requirements, including the requirements under "Other insurance provisions".
2. Contractor is obligated to require and verify that each subcontractor maintains the required insurance and ensure that King County is included as additional insured. Upon request by King County, and within five (5) business days, Contractor must provide evidence of each subcontractor's insurance coverage, including endorsements.

G. All coverages and requirements

Nothing contained within these insurance requirements shall be deemed to limit the scope, application and/or limits of the coverage afforded by said policies, which coverage will apply to each insured to the full extent provided by the terms and conditions of the policy(s). Nothing contained within this provision shall affect and/or alter the application of any other provision contained within this Contract.

**12. Sub-agreements**

- A. "Sub-agreement" shall mean any agreement between the Recipient and a sub-awardee or between sub-awardees that is based on this Agreement, provided that the term "sub-awardee" does not include the purchase of (1) support services not related to the subject matter of this Agreement, or (2) supplies.
- B. The Recipient shall include Sections 2.D., 2.E., 3, 4, 5, 6, 10.A., 10.B., 10.G., 12, 13, 14, 15, 16, 17, 23, 24, 26, and the Funder's Special Terms and Conditions, if attached, in every sub-agreement that relates to the subject matter of this Agreement.
- C. The Recipient agrees to include the following language verbatim in every sub-agreement for services which relate to the subject matter of this Agreement:  
  
"Sub-awardee shall protect, defend, indemnify, and hold harmless King County, its officers, employees and agents from any and all costs, claims, judgments, and/or awards of damages arising out of, or in any way resulting from the negligent act or omissions of sub-awardee, its officers, employees, and/or agents in connection with or in support of this Agreement. Sub-awardee expressly agrees and understands that King County is a third party beneficiary to this Agreement and shall have the right to bring an action against sub-awardee to enforce the provisions of this paragraph."

**13. Nondiscrimination and Equal Employment Opportunity**

The Recipient shall comply with all requirements found at <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/contracts>.

**14. Conflict of Interest**

- A. The Recipient agrees to comply with applicable provisions of K.C.C. 3.04. Failure to comply with such requirements shall be a material breach of this Agreement, and may result in termination of this Agreement pursuant to Section II and subject the Recipient to the remedies stated therein, or otherwise available to the County at law or in equity.
- B. The Recipient agrees, pursuant to KCC 3.04.060, that it will not willfully attempt to secure preferential treatment in its dealings with the County by offering any valuable consideration, thing of value or gift, whether in the form of services, loan, thing or promise, in any form to any county official or employee. The Recipient acknowledges that if it is found to have violated the prohibition found in this paragraph,

its current Agreements with the county will be cancelled and it shall not be able to bid on any county Agreement for a period of two years.

- C. The Recipient acknowledges that for one year after leaving County employment, a former County employee may not have a financial or beneficial interest in an agreement or grant that was planned, authorized, or funded by a County action in which the former County employee participated during County employment. Recipient shall identify at the time of offer current or former County employees involved in the preparation of proposals or the anticipated performance of Work if awarded the Agreement. Failure to identify current or former County employees involved in this transaction may result in the County's denying or terminating this Agreement. After Agreement award, the Recipient is responsible for notifying the County's Project Manager of current or former County employees who may become involved in the Agreement any time during the term of the Agreement.

#### **15. Equipment Purchase, Maintenance, and Ownership**

- A. The Recipient agrees that any equipment purchased, in whole or in part, with Contract funds at a cost of \$5,000 per item or more, when the purchase of such equipment is reimbursable as a Contract budget item, shall be treated as a capital asset, including tagging. The Recipient shall be responsible for all such property, including the proper care and maintenance of the equipment.
- B. In the event Recipient no longer provides services under a contract with the County, equipment and the equipment allocation funds/reserves are to be returned to the King County EMS Fund or transferred to a new Recipient, as determined by the County.

#### **16. Proprietary Rights**

The parties to this Agreement hereby mutually agree that if any patentable or copyrightable material or article should result from the work described herein, all rights accruing from such material or article shall be the sole property of the party that produces such material or article. If any patentable or copyrightable material or article should result from the work described herein and is jointly produced by both parties, all rights accruing from such material or article shall be owned in accordance with US Patent Law. Each party agrees to and does hereby grant to the other party, irrevocable, nonexclusive, and royalty-free license to use, according to law, any material or article and use any method that may be developed as part of the work under this Agreement.

The foregoing products license shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient which are modified for use in the performance of this Agreement.

The foregoing provisions of this section shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient that are not modified for use in the performance of this Agreement.

#### **17. Political Activity Prohibited**

None of the funds, materials, property, or services provided directly or indirectly under this Agreement shall be used for any partisan political activity or to further the election or defeat of any candidate for public office.

#### **18. King County Recycled Product Procurement Policy**

In accordance with King County Code 18.20, the Recipient shall use recycled paper, and both sides of sheets of paper whenever practicable, when submitting proposals, reports, and invoices, if paper copies are required.

#### **19. Future Support**

The County makes no commitment to support the services awarded for herein and assumes no obligation for future support of the activity awarded herein except as expressly set forth in this Agreement.

#### **20. Entire Agreement/Waiver of Default**

The parties agree that this Agreement is the complete expression of the terms hereto and any oral or written representations or understandings not incorporated herein are excluded. Both parties recognize that time is of the essence in the performance of the provisions of this Agreement. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of the Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Agreement unless stated to be such through written approval by the County, which shall be attached to the original Agreement.

## **21. Amendments**

Either party may request changes to this Agreement. Proposed changes which are mutually agreed upon shall be incorporated by written amendments to this Agreement. Changes to the County's Agreement numbering system or fund source may be made unilaterally by the County and without the need for amendment of this Agreement. The Recipient shall be notified in writing of any changes in the Agreement number or fund source assigned by the County; provided, however, that the total compensation allocated by the County through this Agreement does not change.

## **22. Notices**

Whenever this Agreement provides for notice to be provided by one party to another, such notice shall be in writing and directed to the chief executive office of the Recipient and the project representative of the County department specified on page one of this Agreement. Any time within which a party must take some action shall be computed from the date that the notice is received by said party.

## **23. Services Provided in Accordance with Law and Rule and Regulation**

The Recipient and any sub-awardee agree to abide by the laws of the state of Washington, rules and regulations promulgated thereunder, and regulations of the state and federal governments, as applicable, which control disposition of funds granted under this Agreement, all of which are incorporated herein by reference.

In the event that there is a conflict between any of the language contained in any exhibit or attachment to this Agreement, the language in the Agreement shall have control over the language contained in the exhibit or the attachment, unless the parties affirmatively agree in writing to the contrary.

## **24. Applicable Law**

This Agreement shall be construed and interpreted in accordance with the laws of the State of Washington. The venue for any action hereunder shall be in the Superior Court for King County, Washington.

## **25. Electronic Processing and Signatures**

The parties agree that this Agreement may be processed and signed electronically, which if done so, will be subject to additional terms and conditions found at <https://www.docusign.com/company/terms-of-use>.

The parties acknowledge that they have consulted with their respective attorneys and have had the opportunity to review this Agreement. Therefore, the parties expressly agree that this Agreement shall be given full force and effect according to each and all of its express terms and provisions and the rule of construction that any ambiguities are to be resolved against the drafting party shall not be employed in the interpretation of this Agreement.

The parties executing this Agreement electronically have authority to sign and bind its represented party to this Agreement.

## **26. No Third Party Beneficiaries**

Except for the parties to whom this Agreement is assigned in compliance with the terms of this Agreement, there are no third party beneficiaries to this Agreement, and this Agreement shall not impart any rights enforceable by any person or entity that is not a party hereto.

**END OF COUNTY TERMS AND CONDITIONS**

## **APPENDIX 1 – INSURANCE REQUIREMENTS**

PHSKC Agreement # 14813 EMS

Unless waived under section A below, the following insurance requirements are hereby incorporated into the referenced Agreement's terms and conditions.

### **Section A.**

The requirement that Contractor maintains insurance coverage as specified for this Agreement is not waived.

### **Section B. Specific Requirements**

#### **General Liability Insurance:**

\$3,000,000 per occurrence and \$3,000,000 in the aggregate for bodily injury, personal and advertising injury, and property damage. Coverage shall be at least as broad as that afforded under ISO form number CG 00 01 current edition, or its substantive equivalent. Such insurance shall include coverage for, but not limited to premises liability, ongoing operations, and contractual liability. Limits may be satisfied by a single primary policy or by a combination of separate primary and umbrella or excess liability policies, provided that coverage under the latter shall be at least as broad as that afforded under the primary policy and satisfy all other requirements applicable to liability insurance including but not limited to additional insured status for the County.

#### **Products and Completed Liability Insurance:**

The General Liability policy shall include coverage for products and completed operations.

#### **Sexual Abuse and Misconduct Liability Insurance:**

1. Reserved.
2. Reserved.

#### **Automobile Liability Insurance:**

If a vehicle will be used in the performance of the Scope of Work, the Contractor shall maintain Automobile Liability coverage for \$3,000,000 combined single limit per accident for bodily injury and property damage. Coverage shall be at least as broad as that afforded under ISO form number CA 00 01 covering BUSINESS AUTO COVERAGE, symbol 1 'any auto'; or the appropriate coverage provided by symbols 2, 7, 8, or 9. Limits may be satisfied by a single primary limit or by a combination of separate primary and umbrella or excess liability policies, provided that coverage under the latter shall be at least as broad as that afforded under the primary policy.

#### **Professional Liability Insurance (Errors and Omissions):**

1. In the event that services delivered pursuant to this Contract either directly or indirectly involve or require professional services, \$3,000,000 per claim and in the aggregate. 'Professional Services'

for the purpose of this Contract Section, shall mean any services provided by a licensed professional or those services that require professional standards of care.

2. Reserved.

Cyber Liability/Technology Insurance:

1. If Scope of Work involves access to, handling, and/or storage of sensitive data, to include but not limited to payment card information, personally identifiable information (PII), and personal health information (PHI) of 1,000 or more records, Cyber Liability coverage shall be maintained. Coverage shall include loss resulting from data security/privacy breach, or other unauthorized access or related violations including identity fraud and privacy law violations, denial of service attacks, introduction of virus and malicious code, extortion, dissemination or destruction of electronic data, business interruption, privacy law violations, disclosure of non-public, personal or confidential information, identity fraud, loss of income due to system crashes, breach of contract, and acts by rogue employees. Coverage shall include notification and other expenses incurred in remediating a privacy breach as well as costs to investigate and restore data.

\$3,000,000 per claim and in the aggregate.

Workers' Compensation Insurance and Employer's Liability ("Stop Gap") Insurance:

1. Workers' Compensation coverage, as required by the Industrial Insurance Act of the State of Washington, as well as any similar coverage required for this Work by applicable Federal or 'Other States' State Law. When statutorily required to have Workers' Compensation coverage, Contractor shall maintain Employers Liability or Stop Gap coverage with a limit no less than \$1,000,000 each occurrence and shall be at least as broad as the protection provided by the Workers' Compensation policy Part 2 (Employers Liability), or, in monopolistic states, including but not limited to Washington, the protection provided by the 'Stop Gap' endorsement to the Commercial General Liability policy.

*Public Health—Seattle & King County*  
*Emergency Medical Services (EMS) Division*  
*Exhibit A –Scope of Work*

**Basic Life Support (BLS) Services**

- A. The Recipient shall provide Basic Life Support (BLS) services within their geographic boundaries consistent with the following requirements, and in other geographic areas consistent with any mutual aid agreement.
- B. BLS services shall comply with the requirements adopted by King County pursuant to Chapter [2.35A.030](#) of the King County Code or by the King County Medical Program Director (MPD) pursuant to Chapter [18.73](#) RCW and shall be consistent with the scope of work, EMS Strategic Plan, and EMS Policies.
- C. Service Requirements: The Recipient shall ensure that BLS services provided under this Contract are consistent with the following requirements:
  - I. Personnel: All emergency medical services personnel providing basic life support services supported by King County funds must be certified as Emergency Medical Technicians (EMTs) as defined by RCW [18.73](#). Basic EMT training will be provided in coordination with the EMS Division and the King County MPD, and in accordance with Washington state regulations.
  - II. Continuing Medical Education: EMTs will remain certified as required by WAC [246- 976](#). Quarterly continuing education and proficiency standards designed to meet the King County BLS OTEP will be set by the EMS Division and the King County MPD. The Recipient must report ongoing completion of education and skill proficiency updates to the EMS Division.
    - a. The Recipient must maintain training records for a minimum of seven years or in accordance with the records retention requirements of their organization, whichever is greater. WAC [246-976-026](#).
    - b. The EMS Division Training and Education Section may occasionally review agency training records and/or support EMS Division's acquisition of training records as requested by the King County MPD and/or Washington State Department of Health. WAC [246-976-026](#).
  - III. Medical Standards: The Recipient shall adhere to standards of medical care for the triage, treatment and transport of patient as authorized by the King County MPD pursuant to RCW [18.73](#) and

18.71. Standards of medical care are delineated in the EMS Division training curriculum approved by the Washington State Department of Health, "Seattle and King County EMT Patient Care Guidelines."

- a. Scope of Practice: Evaluation and treatment activities by EMTs from agencies not described in the standards of medical care are deemed outside the scope of practice. Changes or additions to this scope of practice will be issued periodically by the King County MPD and any revisions shall be incorporated into this requirement.
- b. Patient Confidentiality: Information concerning the evaluation and treatment of a patient by BLS personnel in the performance of their duties is to be handled as confidential material, including patient name, medical history, incident location, or any other confidential information. Confidential medical information may not be released unless the patient, or his/her court-appointed representative, completes and signs an Authorization for Release of Information form in accordance with Washington RCW 70.02 and the federal Health Insurance Protection and Portability Act.
- c. Equipment:
  1. The Recipient will maintain an ongoing inventory of four to six-month supply of infectious disease personal protective equipment (PPE).
  2. All vehicles used to deliver emergency medical services must meet vehicle standards as established by the Washington State Department of Health pursuant to RCW 18.73, unless waived by the State Department of Health Office of EMS Trauma Prevention Licensing. Medical equipment used by personnel must meet appropriate federal or state standards or county protocols.
- d. Transportation Policy: The Recipient is responsible for developing a policy for the transport of patients from the incident scene to the treatment scene. The decision to transport a patient seen by BLS personnel will be determined by the patient's medical condition as described in the Basic EMT core curriculum and any mitigating circumstances. The mode of transport will be consistent with the patient's medical condition and provide humane, efficient and expedient care. Transport destinations should be consistent with the State Trauma System Activation Guidelines.
- e. Record Keeping and Record Submission: An electronic healthcare record (EHR) must be created to document a response to an emergency medical incident, including cancelled calls. An EHR must be completed as accurately and

thoroughly as possible. Completed patient care reports must be submitted to the EMS Division. In the case of cardiac arrest events (or other events, such as research protocols, or as defined by the King County MPD), notification must be provided to the EMS Division within 24 hours and completed records within the specified time (i.e., 2 days of the event in 20206) by the King County MPD. Agencies are responsible for retention of the patient care record per Washington state records retention requirements.

- f. Service Modifications: Review and modifications of BLS requirements may be conducted on a regular basis. BLS services shall be consistent with any modifications to protocols or procedures as defined by the King County Medical Program Director.
- IV. Mutual Aid Agreements: A specific plan for mutual aid with adjacent BLS and ALS agencies shall be established and available for review by the EMS Division by December 31, 2026.
- V. Assignment/Sub-agreements: The recipient will not assign or sub-award any portion of this Agreement or transfer or assign any claim arising pursuant to this Agreement without written mutual agreement between the EMS Division Director and Recipient. The recipient must notify the EMS Division Director in writing of a proposed assignment or sub-award within a reasonable amount of time but at least sixty (60) days prior to the date of any proposed assignment or sub-award. After providing such notice the recipient must provide the EMS Division Director with periodic updates
- VI. Joint EMS Agency Activities: The Recipient may conduct joint non-response related activities, such as trainings or drills, with Advanced Life Support (ALS) providers in the region.
- VII. Quality Improvement Program: The Recipient agrees to actively participate in an ongoing program of Quality Improvement consistent with the regional standards and approach established by the King County MPD, the EMS Division and regional EMS agencies. Elements of the program should include: 1) EMT assessment and oversight, 2) sentinel event and inquiry, 3) BLS patient care record review, and 4) EMT certification and recertification maintenance and oversight. The Recipient must have a written Quality Improvement Plan that specifies the BLS agency's internal quality review activities and should be available for review by the EMS Division by December 31, 2026.
- VIII. Performance Measurement and Review: The Recipient agrees to participate in an ongoing program of regional performance measurement and review. Performance indicators will be reported by the EMS Division on an annual basis and updated as needed.



Standards for each agency will be monitored in the following major areas: total call volume and average unit response time. Mitigation activities will be initiated with agencies if needed.

- IX. Proposed Research and Evaluation Activities: Recipient shall request and receive prior review and written approval from the King County MPD and the EMS Division Director for any proposed clinical research or evaluation activities involving personnel, equipment or data supported directly or indirectly by King County funds. All such clinical research and evaluation must be in compliance with State, County and local regulations and laws.
- X. Emergency Medical Technician (EMT) Training Program: Recipient employees, at the EMS Division's sole discretion, may participate in the EMS Division's EMT Training Program (Program) to include the following elements:
- a. Participation: The EMS Division will solicit interested career service firefighters from regional agencies to participate in EMS Division hosted Initial EMT Training classes. Agencies provide completed applications for potential candidates to the EMS Division to be reviewed for participation. The EMS Division will confirm candidates' selection with their sponsoring agency.
  - b. Specific Learning Objectives: To provide training and information on basic State and National Requirements for Emergency Medical Technicians and to provide clinical observation of acutely ill patients in an emergency room setting. Students will have the opportunity to observe patients' history and exams, treatments and perform vital signs if applicable.
  - c. Clinical Observation: The Program includes a 10-hour clinical rotation at Harborview Medical Center whereby the Recipient employee's primary duty will be to observe, however they may be called upon to perform the following activities: Take vital signs, blood pressure, pulse, respiratory rates, temperatures and other duties as assigned by clinical staff.
  - d. Ride along: Observe patient care and treatment on a Fire Department Aid car. Main objective is to allow students the opportunity to observe a variety of career EMT skills and techniques including, but not limited to scene assessment, EMT patient interaction, patient exam, medical documentation and hospital staff interaction.
  - e. The Recipient and the EMS Division will instruct their respective staff and employees participating in the Program to maintain confidentiality of patient information as required

by law and by the policies and procedures of the Recipient  
and the EMS Division.

2026 FINAL Allocations for BLS Agencies

| Agency                                  | BLS Allocation | Core Allocation | BLS Allocation<br>TOTAL | MIH         | TOTAL        | 2025 Total<br>Allocation (BLS/MIH) | Difference  |
|-----------------------------------------|----------------|-----------------|-------------------------|-------------|--------------|------------------------------------|-------------|
| Bellevue Fire Department                | \$4,710,760    | \$169,181       | \$4,879,941             | \$1,165,674 | \$6,045,615  | \$5,164,084                        | \$881,531   |
| Eastside Fire & Rescue                  | \$2,576,655    | \$89,169        | \$2,665,824             | \$624,718   | \$3,290,542  | \$2,782,593                        | \$507,949   |
| Woodinville Fire & Rescue               | \$865,476      | \$26,451        | \$891,927               | \$182,202   | \$1,074,129  | \$933,637                          | \$140,492   |
| Mercer Island Fire Department(8)        | \$768,975      | \$27,611        | \$796,586               | \$189,252   | \$985,838    | \$846,649                          | \$139,189   |
| Fire District #45 - Duvall (9)          | \$252,819      | \$6,715         | \$259,534               | \$46,972    | \$306,506    | \$266,890                          | \$39,616    |
| Redmond Fire Department                 | \$1,972,240    | \$70,316        | \$2,042,556             | \$488,618   | \$2,531,174  | \$2,144,772                        | \$386,402   |
| Kirkland Fire Department                | \$1,942,184    | \$68,986        | \$2,011,170             | \$482,257   | \$2,493,427  | \$2,101,870                        | \$391,557   |
| Puget Sound Regional Fire Authority (1) | \$2,979,500    | \$104,208       | \$3,083,708             | \$752,128   | \$3,835,836  | \$3,179,803                        | \$656,033   |
| SeaTac Fire Department (1)              | \$676,216      | \$22,760        | \$698,976               | \$162,323   | \$861,299    | \$724,999                          | \$136,300   |
| Fire District #43 - Maple Valley(1)     | \$684,129      | \$19,248        | \$703,377               | \$135,020   | \$838,397    | \$726,514                          | \$111,883   |
| Tukwila Fire Department(7)              | \$740,112      | \$24,696        | \$764,808               | \$177,607   | \$942,415    | \$786,842                          | \$155,573   |
| Renton Regional Fire Authority(2)       | \$2,240,755    | \$78,602        | \$2,319,357             | \$564,306   | \$2,883,663  | \$2,401,404                        | \$482,259   |
| Fire District #40(2)                    | \$363,154      | \$11,265        | \$374,419               | \$76,174    | \$450,593    | \$384,532                          | \$66,061    |
| South King Fire                         | \$2,769,759    | \$96,635        | \$2,866,394             | \$698,964   | \$3,565,358  | \$2,950,357                        | \$615,001   |
| Shoreline Fire Department               | \$1,257,299    | \$44,051        | \$1,301,350             | \$317,364   | \$1,618,714  | \$1,350,106                        | \$268,608   |
| Fire District #16 - Northshore          | \$653,691      | \$22,873        | \$676,564               | \$160,212   | \$836,776    | \$708,290                          | \$128,486   |
| Valley Regional Fire Authority          | \$1,597,891    | \$55,386        | \$1,653,277             | \$400,201   | \$2,053,478  | \$1,688,138                        | \$365,340   |
| Fire District #2 - Burien(4)            | \$1,129,011    | \$39,431        | \$1,168,442             | \$281,000   | \$1,449,442  | \$1,206,294                        | \$243,148   |
| Fire District #11 - North Highline(4)   | \$609,090      | \$11,670        | \$620,760               | \$83,161    | \$703,921    | \$631,927                          | \$71,994    |
| Bothell Fire Department                 | \$610,671      | \$18,799        | \$629,470               | \$134,532   | \$764,002    | \$644,359                          | \$119,643   |
| Snoqualmie Fire Department              | \$219,343      | \$7,662         | \$227,005               | \$53,503    | \$280,508    | \$238,385                          | \$42,123    |
| Fire District #13 - Vashon/Maury        | \$321,455      | \$9,852         | \$331,307               | \$70,858    | \$402,165    | \$345,099                          | \$57,066    |
| Mountain View(3)                        | \$438,094      | \$9,668         | \$447,762               | \$69,516    | \$517,278    | \$454,152                          | \$63,126    |
| City of Black Diamond(3)                | \$90,868       | \$2,361         | \$93,229                | \$17,544    | \$110,773    | \$91,643                           | \$19,130    |
| Enumclaw Fire Department                | \$465,217      | \$12,342        | \$477,559               | \$87,960    | \$565,519    | \$491,798                          | \$73,721    |
| Fire District #20 -Bryn Mawr /Skyway    | \$326,390      | \$10,311        | \$336,701               | \$73,423    | \$410,124    | \$346,744                          | \$63,380    |
| Fire District #27 - Fall City           | \$160,116      | \$4,165         | \$164,281               | \$28,932    | \$193,213    | \$170,096                          | \$23,117    |
| Fire District #47 - Palmer/Selleck      | \$39,825       | \$896           | \$40,721                | \$6,326     | \$47,047     | \$42,062                           | \$4,985     |
| Fire District #50 - Skykomish           | \$64,056       | \$1,084         | \$65,140                | \$7,667     | \$72,807     | \$66,927                           | \$5,880     |
| Fire District #51 - Snoqualmie Pass     | \$37,079       | \$400           | \$37,479                | \$2,660     | \$40,139     | \$38,308                           | \$1,831     |
| Total                                   | \$31,562,830   | \$1,066,794     | \$32,629,624            | \$7,541,074 | \$40,170,698 | \$33,909,274                       | \$6,261,424 |

| Reg'l<br>EMT Trng | EMS Training<br>Section Support | Amendment<br>Total |
|-------------------|---------------------------------|--------------------|
| \$218,921         | \$60,000                        | \$278,921          |
|                   | \$75,000                        | \$75,000           |
|                   | \$5,000                         | \$5,000            |
|                   | \$5,000                         | \$5,000            |
|                   | \$10,000                        | \$10,000           |
|                   | \$35,000                        | \$35,000           |
|                   | \$60,000                        | \$60,000           |
| \$562,967         | \$60,000                        | \$622,967          |
|                   | \$5,000                         | \$5,000            |
|                   | \$5,000                         | \$5,000            |
|                   | \$5,000                         | \$5,000            |
|                   | \$85,000                        | \$85,000           |
|                   |                                 | \$0                |
|                   | \$20,000                        | \$20,000           |
| \$218,921         | \$60,000                        | \$278,921          |
|                   | \$5,000                         | \$5,000            |
|                   | \$20,000                        | \$20,000           |
|                   | \$5,000                         | \$5,000            |
|                   | \$5,000                         | \$5,000            |
|                   | \$20,000                        | \$20,000           |
|                   | \$20,000                        | \$20,000           |
|                   | \$20,000                        | \$20,000           |
|                   | \$10,000                        | \$10,000           |
|                   | \$5,000                         | \$5,000            |
|                   | \$10,000                        | \$10,000           |
|                   | \$10,000                        | \$10,000           |
|                   | \$10,000                        | \$10,000           |
|                   | \$5,000                         | \$5,000            |
|                   | \$5,000                         | \$5,000            |
|                   | \$10,000                        | \$10,000           |
| \$1,000,809       | \$650,000                       | \$1,650,809        |

Notes 1, 2, 3, 4, 5, 6, 8 and 9 indicate contract agencies.

- Bellevue Fire Department
- Eastside Fire & Rescue
  - Woodinville Fire & Rescue
- Mercer Island Fire Department(8)
- Fire District #45 - Duvall (9)
- Redmond Fire Department
- Kirkland Fire Department
- Puget Sound Regional Fire Authority (1)
- SeaTac Fire Department (1)
- Fire District #43 - Maple Valley(1)
- Tukwila Fire Department(7)
- Renton Regional Fire Authority(2)
- Fire District #40(2)
- South King Fire
- Shoreline Fire Department
  - Fire District #16 - Northshore
- Valley Regional Fire Authority
- Fire District #2 - Burien(4)
- Fire District #11 - North Highline(4)
- Bothell Fire Department
- Snoqualmie Fire Department
- Fire District #13 - Vashon/Maury
- Mountain View(3)
- City of Black Diamond(3)
- Enumclaw Fire Department
- Fire District #20 -Bryn Mawr /Skyway
- Fire District #27 - Fall City
- Fire District #47 - Palmer/Selleck
- Fire District #50 - Skykomish
- Fire District #51 - Snoqualmie Pass



2026-2031 BLS Invoice - Basic Allocation

Contract Number:  
Exhibit: B1 - BLS Basic Allocation Invoice  
Contract Period of Performance: 2026-2031

Agency Name:  
Address:  
Contact Person:  
Phone:  
email:

Please submit signed PDF of invoice to:  
mary.won@kingcounty.gov

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

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information

Purchase Order #  
Supplier Name  
Supplier #  
Supplier Pay Site  
Remit to Address  
Req # and Receipt #  
Invoice Date  
Invoice #  
Amount to be Paid  
Note to AP  
Payment Type (Circle One) CHECK or ACH  
Print on Remittance  
PH Program name & phone

Start Date End Date  
MM/DD/YY

| Project | Organization | Expend Acct | Task | Award  | DPH Acct | CPA | CFDA | Amount |
|---------|--------------|-------------|------|--------|----------|-----|------|--------|
| 1045572 | 830000       | 53180       | 002  | 101752 |          |     |      | \$ -   |

Attach sheet for multiple POETAs

| OPERATIONAL FUNDS                      | 2026 Budget | Invoice Amount | Previous Total | Expense To Date | Budget Remaining |
|----------------------------------------|-------------|----------------|----------------|-----------------|------------------|
| <b>Salaries &amp; Benefits</b>         |             |                |                |                 |                  |
| EMT Salaries                           | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Other Salaries                         | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Overtime                               | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Employee Benefits                      | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Subtotal Salaries                      | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Subtotal Employee Benefits:            | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Subtotal Employee Salaries & Benefits: | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Other Costs:</b>                    |             |                |                |                 |                  |
| Medical Supplies & Equipment           | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Office & Computer Supplies & Equipment | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Uniforms, Fire & Safety Supplies       | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Dispatch                               | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Communications                         | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Vehicle Maintenance                    | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Facility Costs                         | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Training                               | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Misc.                                  | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Subtotal Other Costs:                  | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Basic BLS Allocation Grand Total       | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |

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

Signed Date  
Print Name

PH Program Manager Approval Date

| For Public Health Use Only |          |         |              |           |                    |
|----------------------------|----------|---------|--------------|-----------|--------------------|
|                            | Received | Entered | CM/PM Review | FM Review | Official Copy Rcvd |
| Date                       |          |         |              |           |                    |
| Initial                    |          |         |              |           |                    |



EXHIBIT B2

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

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

2026-2031 BLS Invoice - BLS Core Services

Contract Number:

Exhibit: B2 - BLS Core Services Invoice

Contract Period of Performance: 2025

Agency Name:

Address:

Contact Person:

Phone:

email:

Please submit signed PDF of invoice to:

[becky.ellis@kingcounty.gov](mailto:becky.ellis@kingcounty.gov)

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

| Start Date | End Date |
|------------|----------|
|            |          |

MM/DD/YY

| Project | Organization | Expend Acct | Task | Award  | DPH Acct | CPA | CFDA | Amount |
|---------|--------------|-------------|------|--------|----------|-----|------|--------|
| 1127515 | 830000       | 53180       |      | 101752 |          |     |      | \$ -   |

Attach sheet for multiple POETAs

| OPERATIONAL FUNDS                      | 2026 Budget | Invoice Amount | Previous Total | Expense To Date | Budget Remaining |
|----------------------------------------|-------------|----------------|----------------|-----------------|------------------|
| <b>Operations</b>                      |             |                |                |                 |                  |
| Dispatch/Communications                | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| EMS Student Training                   | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Operational Supplies                   | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Other Unplanned Expense                | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Subtotal Operations</b>             | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Capacity</b>                        |             |                |                |                 |                  |
| Facilities                             | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Call Volume/Utiliation                 | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Expanded Capacity to meet added demand | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Unplanned Event                        | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Aid Car Hours                          | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Consumable Supplies                    | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Other Unplanned Expense                | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Subtotal Capacity</b>               | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Equipment</b>                       |             |                |                |                 |                  |
| Vehicle                                | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Communications                         | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Medical & Other                        | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Stretchers                             | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Other                                  | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Subtotal Equipment</b>              | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>BLS Core Services Grand Total</b>   | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

| For Public Health Use Only |          |         |              |           |               |
|----------------------------|----------|---------|--------------|-----------|---------------|
|                            | Received | Entered | CM/PM Review | FM Review | Official Copy |
| Date                       |          |         |              |           |               |
| Initial                    |          |         |              |           |               |



ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

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

2026-2031 BLS Invoice - Agencies that operate an MIH program

Contract Number:  
Exhibit: B3.1 - Agencies that operate an MIH program  
Contract Period of Performance: 2026

Agency Name:  
Address:  
Contact Person:  
Phone:  
email:

Please submit signed PDF of invoice to:  
cdruicker@kingcounty.gov

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

| Start Date | End Date |
|------------|----------|
|            |          |
| MM/DD/YY   |          |

| Project | Organization | Expend Acct | Task | Award  | DPH Acct | CPA | CFDA | Amount |
|---------|--------------|-------------|------|--------|----------|-----|------|--------|
| 1137930 | 830500       | 53180       | 002  | 101752 |          |     |      | \$ -   |

Attach sheet for multiple POETAs

| Direct Costs                   | 2026 Budget | Invoice Amount | Previous Total | Expense To Date | Budget Remaining |
|--------------------------------|-------------|----------------|----------------|-----------------|------------------|
| <b>Personnel Costs</b>         |             |                |                |                 |                  |
| Salaries                       | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Overtime                       | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Benefits                       | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Subtotal Personnel             | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Program Support</b>         |             |                |                |                 |                  |
| Supplies & Uniforms            | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Planning                       | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Training                       | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Subtotal Support               | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Vehicle/Vehicle Support</b> | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Technology/Reporting</b>    | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Professional Services</b>   | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Subtotal Veh/Tech/Pros Svcs    | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| <b>Grand Total</b>             | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |

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

Signed \_\_\_\_\_ Date \_\_\_\_\_ PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

| Print Name | For Public Health Use Only |         |              |           |               |
|------------|----------------------------|---------|--------------|-----------|---------------|
|            | Received                   | Entered | CM/PM Review | FM Review | Official Copy |
|            | Date                       |         |              |           |               |
| Initial    |                            |         |              |           |               |



ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

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

2026-2031 BLS Invoice - Agencies that contract for MIH program

Contract Number:  
Exhibit: B3.2 - Agencies that contract for MIH program  
Contract Period of Performance: 2026

Agency Name:  
Address:  
Contact Person:  
Phone:  
email:

Please submit signed PDF of invoice to:  
cdruicker@kingcounty.gov

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

| Start Date | End Date |
|------------|----------|
|            |          |

MM/DD/YY

| Project | Organization | Expend Acct | Task | Award  | DPH Acct | CPA | CFDA | Amount |
|---------|--------------|-------------|------|--------|----------|-----|------|--------|
| 1137930 | 830500       | 53180       | 002  | 101752 |          |     |      | \$ -   |

Attach sheet for multiple POETAs

| Direct Costs    | 2026 Budget | Invoice Amount | Previous Total | Expense To Date | Budget Remaining |
|-----------------|-------------|----------------|----------------|-----------------|------------------|
| MIH Agency Cost | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |
| Grand Total     | \$ -        | \$ -           | \$ -           | \$ -            | \$ -             |

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

| For Public Health Use Only |          |         |              |           |               |
|----------------------------|----------|---------|--------------|-----------|---------------|
|                            | Received | Entered | CM/PM Review | FM Review | Official Copy |
| Date                       |          |         |              |           |               |
| Initial                    |          |         |              |           |               |





INVOICE

Contract Number:  
**Exhibit: B5 -- Training Section Support**  
Contract Period of Performance:

**Agency**  
Who/where  
address  
city, state  
email

Submit signed PDF of invoice to:

Jason Hammond  
401 5th Ave., Suite 1200  
Seattle, WA 98104  
[jhammond@kingcounty.gov](mailto:jhammond@kingcounty.gov)

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

| King County Accounts Payable Information |                           |
|------------------------------------------|---------------------------|
| Purchase Order #                         |                           |
| Supplier Name                            |                           |
| Supplier #                               |                           |
| Supplier Pay Site                        |                           |
| Remit to Address                         |                           |
|                                          |                           |
| Invoice Date                             |                           |
| Invoice #                                |                           |
| Amount to be Paid                        |                           |
| Note to AP                               |                           |
| Payment Type                             | (Circle One) CHECK or ACH |
| Program name & phone                     |                           |

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

| Start Date | End Date |
|------------|----------|
|            |          |

| Project | Organization | Expend Acct | Task  | Award  | DPH Acct | CPA | Alloc    | Amount |
|---------|--------------|-------------|-------|--------|----------|-----|----------|--------|
| 1137853 | 830311       | 53180       | 150.1 | 101752 |          |     | Training | \$ -   |
| 1137852 | 830311       | 53180       | 150   | 101752 |          |     | CBT      | \$ -   |
|         | 830311       | 53180       |       | 101752 |          |     | Other    | \$ -   |

check  
0.00  
0.00  
0.00

Attach sheet for multiple POETAs

| Direct Costs          | Budget | Previously Billed | Current    | Cumulative | Balance |
|-----------------------|--------|-------------------|------------|------------|---------|
| Initial EMT Class     |        | \$ -              | \$ -       | \$ -       | \$ -    |
| CBT Train the Trainer |        |                   | \$ -       | \$ -       | \$ -    |
| Other                 |        |                   | \$ -       | \$ -       | \$ -    |
| Total Direct Costs    | \$ -   | \$ -              | \$ -       | \$ -       | \$ -    |
| Grand Total           | \$ -   | \$ -              | \$ -       | \$ -       | \$ -    |
|                       |        |                   | Amount Due |            |         |

0.00

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

| For Public Health Use Only |          |         |              |           |                    |
|----------------------------|----------|---------|--------------|-----------|--------------------|
|                            | Received | Entered | CM/PM Review | FM Review | Official Copy Rcvd |
| Date                       |          |         |              |           |                    |
| Initial                    |          |         |              |           |                    |

Include cents

**EMERGENCY MEDICAL SERVICES FUND**  
**BLS SUPPORT of EMS Training Section**

BLS Agency Name: \_\_\_\_\_

**Class/Activity & Dates:**

| Category                                    | Description (based on request) | Dates | Hours | Contract Authority | This Invoice | Previous Totals | Expenses To Date | Authority Remaining | % Remaining |
|---------------------------------------------|--------------------------------|-------|-------|--------------------|--------------|-----------------|------------------|---------------------|-------------|
| Initial EMT Training                        |                                |       |       |                    |              |                 |                  |                     |             |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             | 15% Indirect Costs             |       |       | \$ -               | -            | \$ -            | \$ -             | \$ -                | -           |
|                                             | Subtotal Training Support:     |       | -     | \$ -               | -            | \$ -            | \$ -             | \$ -                | -           |
| CBT Train the Trainer                       |                                |       |       |                    |              |                 |                  |                     |             |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             | 15% Indirect Costs             |       |       | \$ -               | -            | \$ -            | \$ -             | \$ -                | -           |
|                                             | Subtotal SME:                  |       | -     | \$ -               | -            | \$ -            | \$ -             | \$ -                | -           |
| Other requests                              |                                |       |       |                    |              |                 |                  |                     |             |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             |                                |       |       |                    |              |                 | \$ -             | \$ -                | -           |
|                                             | 15% Indirect Costs             |       |       | \$ -               | -            | \$ -            | \$ -             | \$ -                | -           |
|                                             | Subtotal Other Costs:          |       | -     | \$ -               | -            | \$ -            | \$ -             | \$ -                | -           |
| TOTAL BLS Support for EMS Training Section: |                                |       |       |                    |              |                 |                  |                     |             |
|                                             |                                |       | -     | \$ -               | -            | \$ -            | \$ -             | \$ -                | -           |

\*Role: indicate roll in class - ESE/CBT Training (State certification = ESE); SEI, SEI Development Reimbursement is for underlying agency wages, benefits and optional 10% to cover indirect costs. Attach list of dates, names, role, and hours with appropriate costing information

[date]

XXX Agency/Department: Costing Template for Invoice

Course Support

SEI  
ESE/Evaluator (EMT or Paramedic)  
SEI Candidate  
SEI Development (1st course after certification)  
SME (Subject Matter Expert)  
Other

|       |        |
|-------|--------|
| TOTAL | \$0.00 |
|-------|--------|

**Instructor Costs:**

[illegible]

**Public Health—Seattle & King County, Emergency**  
**Medical Services Division Exhibit C – Scope of Work**  
**Mobile Integrated Healthcare**

**1. Purpose:**

Agencies will receive funding for participation in Mobile Integrated Healthcare (MIH) efforts. The EMS Division will make available the guidelines, aims, objectives, metrics, and reporting requirements of MIH programs. Agencies must register their MIH program with the EMS Division and identify their MIH program as a “Response” model, “Referral” model, or both.

The EMS Division and its regional partners will collaboratively identify major components of the MIH efforts, including minimum standards for “Response” and “Referral” models of providing MIH services, costs eligible for reimbursement, and reporting methods.

Costs eligible for reimbursement through this contract include expenses related to personnel, program support, vehicle/vehicle support, technology/reporting, and professional services. More details about these categories are made available by the EMS Division.

Agencies will provide the MIH services and submit invoices for reimbursement at least annually (monthly or quarterly are also allowable).

Reimbursement requested via this scope of work should also not be requested for reimbursement under the current Basic Life Support or Advanced Life Support (where applicable) contracts with the EMS Division.

**2. *The Agency shall:***

**A. General:**

- i. Comply with all requirements as specified in current Basic Life Support (BLS) contracts with the EMS Division.
- ii. Where applicable, comply with all requirements as specified in current Advanced Life Support (ALS) contracts with the EMS Division.
- iii. Register their MIH program with the EMS Division.
- iv. Assist with regional MIH assessment and report key indicators to the EMS Division, King County EMS Advisory Committee (EMSAC), and other entities as requested. Provide EMS Division with case management data for regional evaluation and assessment.
- v. Establish and keep updated an Agency Contact person or persons for the purposes of MIH efforts.

- B. Response (where applicable):
    - i. Staff the MIH “Response” unit with at least one EMT-trained and certified responder.
    - ii. MIH unit may serve as a dispatched response unit to low acuity medical 9-1-1 incidents in lieu of the traditional BLS response.
    - iii. Respond in a non-code status (with flow of traffic), without lights and sirens.
    - iv. At scene on all dispatched incidents, a trained and certified EMT will perform the initial assessment and evaluation using standard King County EMT Patient Care Guidelines. Activities following the initial medical assessment or for any non-dispatched interaction may include non-EMT personnel in an effort to seek the optimal patient care and appropriate disposition, including identifying if a patient could benefit from referral to follow-up treatment, care, or social service assistance and initiating that care.
  - C. Liability and Medical Oversight
    - i. King County Medical Program Direction and medical oversight remains in place for EMT personnel. Agency should ensure liability coverage and appropriate medical direction and oversight is in place for non-EMT personnel participating in activities described in this Scope.
  - D. Invoices:
    - i. Submit an invoice (monthly, quarterly, or annually) along with proper documentation to justify expenses requested for reimbursement.
3. *Public Health—Seattle & King County, Emergency Medical Services Division, shall:*
- A. Reimburse Agency for expenses related to the Agency MIH Program.
  - B. Facilitate meetings of the EMS Division and Regional MIH Network (i.e., MIH stakeholder group) to maintain communication and partnership with the Agency regarding all contract funded activities.
  - C. Assist with regional MIH assessment and report key indicators to the Agency, King County EMS Advisory Committee (EMSAC), and other entities as requested.
  - D. Establish and keep updated an EMS Division Contact person or persons for the purposes of MIH efforts.

## Mobile Integrated Healthcare | Reimbursement Guidelines

The following expenses are eligible for reimbursement under the EMS Levy as they relate to the EMS system and activities:

| Expense Categories      | Eligible Expenses                                                                                                                                                                                                                | Supporting Documentation (to retain for your records)*                                                                                                                  |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personnel Costs         | <ul style="list-style-type: none"> <li>- Wages, benefits, associated costs for personnel providing direct services for the MIH program, either as agency employees, partner-agency personnel, or contracted personnel</li> </ul> | <ul style="list-style-type: none"> <li>- Reports from Telestaff for internal employees, invoice for partnering agencies or other contracted personnel</li> </ul>        |
| Program Support         | <ul style="list-style-type: none"> <li>- Books or materials, printing, etc.</li> </ul>                                                                                                                                           | <ul style="list-style-type: none"> <li>- Invoice and packing slips</li> </ul>                                                                                           |
|                         | <ul style="list-style-type: none"> <li>- Reasonable costs for planning</li> </ul>                                                                                                                                                | <ul style="list-style-type: none"> <li>- If including travel costs, King County will only reimburse at per diem rates, and tolls/parking should have receipt</li> </ul> |
|                         | <ul style="list-style-type: none"> <li>- Reasonable costs for training</li> </ul>                                                                                                                                                | <ul style="list-style-type: none"> <li>- If including travel costs, King County will only reimburse at per diem rates, and tolls/parking should have receipt</li> </ul> |
|                         | <ul style="list-style-type: none"> <li>- Uniforms</li> </ul>                                                                                                                                                                     | <ul style="list-style-type: none"> <li>- Receipts</li> </ul>                                                                                                            |
| Vehicle/Vehicle Support | <ul style="list-style-type: none"> <li>- Vehicle purchase and/or long-term rental (e.g., light-duty SUV or sedan)</li> </ul>                                                                                                     | <ul style="list-style-type: none"> <li>- Invoice or other relevant purchasing documents</li> </ul>                                                                      |
|                         | <ul style="list-style-type: none"> <li>- Fuel/electric car charging port</li> </ul>                                                                                                                                              | <ul style="list-style-type: none"> <li>- Invoice or Fleet management report</li> </ul>                                                                                  |
|                         | <ul style="list-style-type: none"> <li>- Replacement vehicle plan (internal financial system must support this ability to invoice for future vehicle purchase)</li> </ul>                                                        | <ul style="list-style-type: none"> <li>- Invoice outlining invoiced amount as well as cumulative total collected</li> </ul>                                             |
|                         | <ul style="list-style-type: none"> <li>- Software purchase for MIH documentation (e.g., Julota)</li> </ul>                                                                                                                       | <ul style="list-style-type: none"> <li>- Invoice or other appropriate documentation</li> </ul>                                                                          |
| Technology/Reporting    | <ul style="list-style-type: none"> <li>- Laptops or other computer systems for documentation</li> </ul>                                                                                                                          | <ul style="list-style-type: none"> <li>- Invoice and packing slips</li> </ul>                                                                                           |
|                         | <ul style="list-style-type: none"> <li>- Software, maintenance agreements, or IT solutions for purposes of developing reporting tools to the EMS Division or for program-specific, internal reporting</li> </ul>                 | <ul style="list-style-type: none"> <li>- Scope of work, invoices, other relevant documentation of work completed</li> </ul>                                             |
|                         | <ul style="list-style-type: none"> <li>- Evaluation support</li> </ul>                                                                                                                                                           | <ul style="list-style-type: none"> <li>- Scope of work, invoices, other relevant documentation of work completed</li> </ul>                                             |
|                         | <ul style="list-style-type: none"> <li>- Dispatch costs directly related to MIH program</li> </ul>                                                                                                                               | <ul style="list-style-type: none"> <li>- Invoice</li> </ul>                                                                                                             |
| Professional Services   | <ul style="list-style-type: none"> <li>- Interpretation (e.g., in person or over the phone)</li> </ul>                                                                                                                           | <ul style="list-style-type: none"> <li>- Invoice</li> </ul>                                                                                                             |

**Expenses ineligible for reimbursement:**

Expenses that are otherwise included and covered by non-MIH contracts and budgets should also not be requested for reimbursement via the MIH invoice.

**Documenting in-kind costs:**

Agencies may list costs incurred but not included in request for reimbursement (in-kind); these may include costs associated with the line items noted above or other costs not listed above but related to the MIH program or efforts. No supporting documentation is required for the in-kind costs.

Questions? Please contact Chris Drucker, [cdrucker@kingcounty.gov](mailto:cdrucker@kingcounty.gov), 206-477-7263.

## Certificate Of Completion

Envelope Id: 81906E09-DD49-4209-A6A7-4E0712BD7407

Status: Completed

Subject: PHSKC Agreement # 14813 EMS for Signature

Source Envelope:

Document Pages: 31

Signatures: 2

Envelope Originator:

Certificate Pages: 2

Initials: 0

Kishan Scipio

AutoNav: Enabled

401 Fifth Avenue, Suite 1300

Envelopeld Stamping: Enabled

Seattle, WA 98104

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

kscipio@kingcounty.gov

IP Address: 52.22.22.121

## Record Tracking

Status: Original

Holder: Kishan Scipio

Location: DocuSign

3/2/2026 11:45:48 AM

kscipio@kingcounty.gov

Security Appliance Status: Connected

Pool: FedRamp

## Signer Events

Ben Hayman

bhayman@enumclawfire.org

Fire Chief

Security Level: Email, Account Authentication (None)

## Signature

Signed by:

  
33F402779841490...

## Timestamp

Sent: 3/2/2026 11:46:40 AM

Viewed: 3/3/2026 8:20:13 AM

Signed: 3/19/2026 9:18:14 AM

Signature Adoption: Uploaded Signature Image

Using IP Address: 146.129.246.254

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Michele Plorde

michele.plorde@kingcounty.gov

Division Director

EMS - Public Health - Seattle & King County

Security Level: Email, Account Authentication (None)

DocuSigned by:

  
C73EE2965E2F493...

Sent: 3/19/2026 9:18:16 AM

Viewed: 3/19/2026 9:20:25 AM

Signed: 3/19/2026 9:20:31 AM

Signature Adoption: Pre-selected Style

Using IP Address: 198.49.222.20

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

Markisha Dixon

madixon@kingcounty.gov

Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 3/2/2026 11:46:41 AM

## Electronic Record and Signature Disclosure:

Not Offered via Docusign



| Carbon Copy Events                                                                                                                                                            | Status            | Timestamp                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|
| Mary Won<br>mary.won@kingcounty.gov<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign | <div>COPIED</div> | Sent: 3/2/2026 11:46:40 AM |

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status           | Timestamps           |
|-------------------------|------------------|----------------------|
| Envelope Sent           | Hashed/Encrypted | 3/2/2026 11:46:41 AM |
| Envelope Updated        | Security Checked | 3/6/2026 10:47:00 AM |
| Envelope Updated        | Security Checked | 3/6/2026 10:47:00 AM |
| Envelope Updated        | Security Checked | 3/6/2026 10:47:00 AM |
| Certified Delivered     | Security Checked | 3/19/2026 9:20:25 AM |
| Signing Complete        | Security Checked | 3/19/2026 9:20:31 AM |
| Completed               | Security Checked | 3/19/2026 9:20:31 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|