

PHSKC Agreement # 3814 EHS - Amendment 1

AMENDMENT

This Amendment between PHSKC and the Recipient changes the referenced Agreement for the following purpose(s): This amendment adjusts the budget task allocations. Total budget remains \$13,850.51. Amount this action: \$0.

Recipient Name & Address: City of North Bend, PO Box 896, North Bend, WA 98045

Project Title: Local Hazardous Waste Management Program

Effective Date of Amendment: July 01, 2020

Agreement End Date: No Change Change to:

Agreement Amount: No Change Change to:

Funding Details: No Change Revise the following funding details:


Funding Summary: No Change Revise to read:

Exhibits: No Change Revise as follows:

1. Replace Exhibits B and C with the revised exhibits as attached hereto.

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

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

RECIPIENT SIGNATURE 	PRINTED NAME AND TITLE Rob McFarland, Mayor	DATE SIGNED 12-04-2020
PHSKC SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

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EXHIBIT B

2019-2020 BUDGET

LOCAL HAZARDOUS WASTE MANAGEMENT PROGRAM

City of North Bend
PO Box 896
North Bend, WA 98045

Component Description	2019-2020 Budget	Total
Household Hazardous Waste Collection	\$12,598.16	\$12,598.16
Hazardous Waste Education	\$1,252.35	\$1,252.35
TOTAL	\$13,850.51	\$13,850.51

Footnote: The 2019-2020 budget can be partly or totally spent in either 2019 and/or 2020 but cannot exceed the budget total in these two years.

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	City of North Bend
Supplier #	7710
Supplier Pay Site	CITY NORTH BEND
Remit to Address	PO Box 896
	North Bend, WA 98045
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____

PH Program name/phone	Kristin Painter (206) 477-5470

INVOICE

Agreement Number 3814 EHS-Amendment 1
Exhibit: C
Period of Performance: 1/1/19-12/31/20

City of North Bend
PO Box 896
North Bend, WA 98045
Invoice Processing Contact: Carrie Smith
(425) 888-7651
csmith@northbendwa.gov

Submit signed hardcopy invoice to:
Joy Carpine-Cazzanti
Local Hazardous Waste Management Program
Public Health - Seattle & King County
401 5th Ave., Suite 1100
Seattle, WA 98104
jcarpine@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	CPA	Amount
1114016	860000	53105	001		

Attach sheet for multiple POETAs

Expenditure Item	2019-20 Budget	Previously Billed	Current	Cumulative	Balance
HHW Education	\$12,598.16				
HHW Collection	\$1,252.35				
Total	\$13,850.51				

Materials and quantities collected:

Gallons of motor oil	
Number of motor oil filters	
Gallons of mixed fuel	
Gallons of antifreeze	
Pounds of lead acid batteries	
Pounds of dry batteries	
Number of CFC appliances	
Other (please specify)	

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.

Recipient Signed Date

PH Authorization / Approval Date

Print Name

INVOICE DETAIL

Salaries & Wages- List by Employee	Hours	Rate of Pay/ Hr	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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Subtotal			\$ -	\$ -	\$ -	\$ -	\$ -
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Fringe Benefits	Base	Rate	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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Subtotal			\$ -	\$ -	\$ -	\$ -	\$ -
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Consultant Costs- Itemize by consultant below	Unit of measure	Rate	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal			\$ -	\$ -	\$ -	\$ -	\$ -

Supplies- Please detail below	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -
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Travel	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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In State Travel	Total # of Miles	Rate			
Out of State Travel	# of People	Rate			
Per Diem and Lodging	# of People	# of Units	Unit Cost		

Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -
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Other Costs- Please detail below	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -

Overhead Costs- Please detail below	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -

Direct Costs Total	Budget	Previously Billed	Current Expenditure	Cumulative (Previous + Current)	Balance (Budget less Cumulative)
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	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -

Notes regarding this Invoice