MEMORANDUM OF UNDERSTANDING

WASHINGTON TRAFFIC SAFETY COMMISSION 621 8th Ave SE, Suite 409, PO Box 40944, Olympia WA 98504-0944

THIS AGREEMENT is made and entered into by and between:

SEQUIM POLICE DEPARTMENT

(Agency Name)

Hereinafter referred to as "CONTRACTOR" and the WASHINGTON TRAFFIC SAFETY COMMISSION, hereinafter referred to as "WTSC."

IT IS THE PURPOSE OF THIS AGREEMENT to provide overtime funding to law enforcement agencies who have certified Drug Recognition Experts (DRE) to conduct the following activities:

- Respond in person to allied agency requests for DRE assessments when no other DRE is available on duty and this response is in 'overtime status' from a list of certified DREs.
- Cover shift extension 'overtime' when completing a drug evaluation or covering a request for a DRE
- Court testimony resulting from performing drug evaluations with call outs and shift extensions when overtime is required. (This MOU and grant funding is not responsible for overtime generated from cases/arrests during normal employment or assignment)
- On an overtime basis, participate in duties as a DRE during emphasis patrols, allied agency DRE-related requests, or other DRE programs such as teaching and training deemed necessary and pre-approved by the Washington State DRE Coordinator between July 1, 2021 through June 30, 2023.

IT IS, THEREFORE, MUTUALLY AGREED THAT:

- 1. All contractor DREs will be available for callout by Washington State Patrol (WSP) communications in their individual regions. WSP Communications will be notified of the DRE availability when that DRE signs into service with their respective allied agency. As part of this agreement, contractor DREs are responsible to ensure that WSP Communications has their correct contact information in the DRE callout system.
- Contractor will provide a certified DRE on an "overtime" basis (not to exceed 1.5 times contracted salary and allowable benefits, even during paid holiday) to perform DRE activities as specified. No other commissioned personnel will be funded.
- 3. The period of activity will begin on July 1, 2021 and extend through June 30, 2023.
- 4. Drug evaluation performance standards for certified and funded DREs must meet the standards of the International Association of Chiefs of Police (IACP).
- 5. DREs will maintain good standing with Drug Evaluation Classification Program; i.e. paperwork, rolling logs, and resumes. (Contractor and DRE will be notified if DRE is not eligible for availability and removed from WSP roster -30 day notice given.)
- 6. Disputes arising under this agreement shall be resolved by a panel consisting of one representative of the WTSC, one representative from Contractor agency and one representative from the DECP. The dispute panel shall thereafter decide the dispute with the majority prevailing.
- 7. Either party may terminate this agreement upon (30 days) written notice to the other party. In the event of termination of this agreement, the terminating party shall be liable for the performance rendered prior to the effective date of termination.

- 8. WTSC Termination This project agreement may be terminated or fund payments discontinued or reduced by WTSC at any time upon written notice to the Contractor due to non-availability of funds, failure of the Contractor to accomplish any of the terms herein, or from any change in the scope or timing of the project.
- 9. The WTSC will monitor and track the availability of DRE Callout funds. Expenditure tracking will be shared with WSP quarterly to ensure DRE Callout funding is being fully utilized.

FISCAL RESPONSIBILITY:

- 1. For all DRE overtime activities to be billed against this MOU, any projected overtime amount greater than \$3,000 must get prior written approval from WTSC.
- 2. Contractor must submit the billings and supporting documents to the WTSC at PO Box 40944, Olympia, WA 98504-0944 or emailed to mmedalen@wtsc.wa.gov for approval and reimbursement not more than 30 days after the last day of the month in which the overtime is worked. Billings and supporting documents submitted later than the 30 day cutoff will be reviewed on a case by case basis. Contractor must ensure that reimbursement being requested is not for on-duty time, but for call out and shift extension overtime only. Billings will include:
 - Completed and signed invoice Voucher, A19-1A Form (attached). Your agency must be identified as the "Claimant" and Federal Tax ID # and an original signature of the agency head, command officer or contracting officer must be provided on the A19-1A form
 - Payment documentation (overtime slips, payroll documents, etc.)
 - DRE Request Form showing all pertinent information. If for court case, evidence it came from a prior MOU overtime situation must be provided with the A-19 1A form.

IN WITNESS WHEREOF, PARTIES HAVE EXECUTED THIS AGREEMENT.

APPROVED/DISAPPROVED

Washington Traffic Safety Commission (Date)

Mark Medalen

5/28/21

(Date)

05/21/21

CHIEF, SHERI CRAIN

SEQUIM POLICE DEPT

Contracting Agent Title & NAME (print/type name)

(Signature)

(Agency)

Please return this signed form (email is preferred) to:

mmedalen@wtsc.wa.gov

Washington Traffic Safety Commission Attn: Mark Medalen PO Box 40944 Olympia, WA 98504



FORM **A 19-1A** (Rev. 11/20)



STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY NAME

WA Traffic Safety Commission PO Box 40944 Olympia, WA 98504-0944

VENDOR OR CLAIMANT (Warrant is to be payable to)

City of Sequim 152 W Cedar St. Seguim, WA 98382

Statewide Vendor #: SWV

Federal ID #: 91-6001502

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise, or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

Typing your name below constitutes your electronic signature on this document.

Name: Sheri Crain Date: 3/18/2021

DATE	DESCRIPTION						QUAN	ITITY	UNIT PRICE	AMOUNT	FOR AGENCY USE
2/28/202	2021-1749							5	89.14	445.70	
3/10/202	WSP 2021-004326							2	98.14	196.28	
Pick Date.	Enter Description.									0.00	
Pick Date.	Enter Description.									0.00	
Pick Date.	Enter Description.									0.00	
Pick Date.	Enter Description.									0.00	
Pick Date.	Enter Description.									0.00	
PREPARED BY Tiffany	TOTAL P								\$641.98 NUMBER - 7227		
DOC. DATE	PMT DUE DATE CURRENT DOC. NO. REF DOC. VENDOR NUMBER						VEND	VENDOR MESSAGE UBI NUMBER			
REF TRANS M O FL	IND MASTER INDEX APPN PROGRAM OBJ	CLID	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS			IVOICE NUMBER
ACCOUNTING APP	ROVAL FOR PAYMENT	DATE							WARRANT TO	OTAL WAF	RRANT NUMBER