

**AMENDMENT # 001
to Contract 78555
dated 10/1/2010
for Domestic Violence Training**

THIS AGREEMENT is made and entered into by Pierce County and City of Lakewood.

WHEREAS, the parties have previously entered into an agreement dated 10/01/2010 for training that targets domestic violence or any violence against females eighteen years of age or older .

WHEREAS, the parties desire to amend the agreement in consideration of the mutual benefits and advantages to be derived by each of the parties,

IT IS HEREBY AGREED as follows:

1. The City of Lakewood shall make an effort to contribute a local cash match of 50 percent towards the total cost of the approved grant project during the grant award period and shall submit to Pierce County Sheriff's Department the source of local matching funds, the amount of the match and when match is contributed. The match may be the cost of the salary and benefits for the employee while they are attending the training.
2. The Pierce County Sheriff's Department shall reimburse the City of Lakewood within 30 days of receipt of the reimbursement from the grantor.
3. The City of Lakewood shall agree to Single Audit Act Compliance: *If the Public Agency or Non-profit Agency is a subrecipient of a federal award as identified in this agreement, the Agency shall comply with the Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments and Non-Profit Organizations.*

All other terms and conditions of the agreement and all supplements and modifications thereto shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be duly executed, such parties acting by their representatives being there unto duly authorized.

DATE this Dec day of 29, 2010

End of agreement. Signature page to follow.

CONTRACTOR:

City of Lakewood

Full Firm Name

Andrew E. Neiditz 12-3-10
Andrew E. Neiditz, City Manager Date

Alice Bush 12-13-10
Alice Bush, MMC, City Clerk Date

Heidi Ann Wachter 12/9/10
Heidi Ann Wachter, City Attorney Date

Mailing Address: 6000 Main St SW
Lakewood, WA 98499

Street Address, if different: _____

Choi Halladay, ACM Finance Date

Bret Farrar 11-9-10
Bret Farrar, Chief of Police Date

Federal Tax ID or Social Security Number:

601667295 EIN 911698185

PIERCE COUNTY:

Approved as to legal form only:

[Signature] 12-17-10
DEPUTY PROSECUTING ATTORNEY Date

Reviewed:

[Signature] 1/5/11
BUDGET & FINANCE Date

Approved:

Paul A. Posten 12-25-10
DEPARTMENT DIRECTOR Date

COUNTY EXECUTIVE Date
(\$250,000 or more)

**Memorandum of Understanding
Between City of Lakewood and
Pierce county Sheriff's Department**

WHEREAS: The Pierce County Sheriff's Department administers the STOP Violence Against Women Act Grant; and

WHEREAS: This grant period is October 1, 2009 through September 30, 2010; and

WHEREAS: This grant must be used for training that targets domestic violence or any violence against females eighteen years of age or older; and

WHEREAS: The grant requires that all Police Agencies within Pierce County be notified of its existence and that those departments who wish to participate in its disbursement be able to receive financial benefit;

NOW THEREFORE: Effective this 15 day of October 2009;

Pierce County Sheriff's Department shall reimburse the City of Lakewood for training of law enforcement officers in the investigation of domestic violence, sexual assault, dating violence, stalking, and other related crimes.

The reimbursement amount shall not exceed \$2,000, per person, per training event.

The City of Lakewood shall invoice the County and provide the necessary paperwork to support reimbursement.

The County shall reimburse the City within 30 days of invoice date.

By Executing this Agreement, the Pierce County Sheriff's Department certifies that it is not debarred, suspended or otherwise excluded from or ineligible for participation in Federal Assistance Programs under Executive Order 12549 "Debarment and Suspension". PCSD certifies that it will not contract with a subcontractor that is debarred or suspended. The City of Lakewood certifies to the same.

End of agreement. Signature page to follow.

Pierce County Representative

Date Andrew E. Neiditz, City Manager 12-10-09 Date

Attest Alice Bush, MMC, City Clerk 12-11-09
Date

Approved as to Form:

Heidi Ann Wachter 12/10/09
Heidi Ann Wachter, City Attorney Date

Bret Farrar
Bret Farrar, Chief of Police

**PIERCE COUNTY
CONTRACT SIGNATURE PAGE**

Contract # 77281

IN WITNESS WHEREOF, the parties have executed this Agreement this ____ day of _____, 20____.

CONTRACTOR:

see Agreement _____
Contractor Signature Date

Title of Signatory Authorized by Firm Bylaws

Name: City of Lakewood

Address: _____

Mailing Address: _____

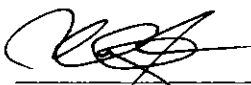
Contact Name: _____

Phone: _____


Fax: _____

PIERCE COUNTY:

Approved As to Legal Form Only:

 _____ 1-12-10
Prosecuting Attorney Date

Recommended:

 _____ 1-28
Budget and Finance Date

Approved:

Paul A. Paste _____ 1-13-10
Department Director Date
(less than \$250,000)

County Executive (over \$250,000) Date

P1099.15013,
190.10, 521.20.43.001

**Memorandum of Understanding
Between
City of Lakewood
And
Pierce County Sheriff's Department**

WHEREAS: The Pierce County Sheriff's Department administers the Stop Violence Against Women Grant; and

WHEREAS: This grant period is October 1, 2008 through September 30, 2009; and

WHEREAS: This grant must be used for training that targets domestic violence or any violence against females eighteen years of age or older; and

WHEREAS: The grant requires that all Police Agencies within Pierce County be notified of its existence and that those departments who wish to participate in its disbursement be able to receive financial benefit;

NOW THEREFORE: Effective this ___ day of _____ 2009;

Pierce County Sheriff's Department shall reimburse the City of Lakewood for training of law enforcement officers in the investigation of domestic violence, sexual assault, dating violence, stalking, and other related crimes.

The reimbursement amount shall not exceed \$1600, per person, per training event.

The City of Lakewood shall invoice the County and provide the necessary paperwork to support reimbursement.

The County shall reimburse the City within 30 days of invoice date.

By Executing this Agreement, the Pierce County Sheriff's Department certifies that it is not debarred, suspended or otherwise excluded from or ineligible for participation in Federal Assistance Programs under Executive Order 12549 "Debarment and Suspension". PCSD certifies that it will not contract with a subcontractor that is debarred or suspended. The City of Lakewood certifies to the same.

End of agreement. Signature page to follow.

**PIERCE COUNTY
CONTRACT SIGNATURE PAGE**

Contract #

IN WITNESS WHEREOF, the parties have executed this Agreement this 12th day of May, 2009.

CONTRACTOR:

Contractor Signature Date

Title of Signatory Authorized by Firm Bylaws

Name: _____ City of Lakewood

UBI No. _____
001667295 UBI

Address: _____

Mailing Address: _____
Same as above

Contact Name: _____

Phone: _____

Fax: _____

PIERCE COUNTY:

Reviewed:

Prosecuting Attorney (as to form only) 4-28-09
Date

Budget and Finance 5-12
Date

Approved:

Department Director 4-29-09
(less than \$250,000) Date

County Executive (over \$250,000) Date

Training 21-23 April
out of state
Costa Mesa, CA

Pierce County Representative

Date


Andrew E. Neiditz, City Manager

4-9-09
Date

Attest

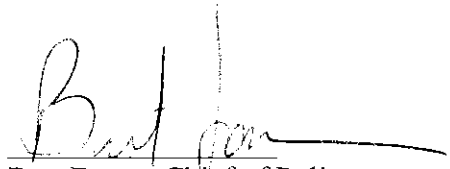

Alice Bush, MMC, City Clerk

4-9-09
Date

Approved as to Form:


Heidi Ann Wachter, City Attorney

4/3/09
Date


Bret Farrar, Chief of Police

**Memorandum of Understanding
Between
City of Lakewood
And
Pierce County Sheriff's Department**

WHEREAS: The Pierce County Sheriff's Department administers the Stop Violence Against Women Grant; and

WHEREAS: This grant period is October 1, 2005 through September 30, 2006; and

WHEREAS: This grant must be used for training and/or equipment that targets domestic violence or any violence against females eighteen years of age or older; and

WHEREAS: The grant requires that all Police Agencies within Pierce County be notified of its existence and that those departments who wish to participate in its disbursement be able to receive financial benefit;

NOW THEREFORE: Effective this 9th day of March 2006;

Pierce County Sheriff's Department shall reimburse the City of Lakewood for training on Domestic Violence.

The reimbursement amount shall not exceed \$1,500 per person and will be in accordance with the attached rules for reimbursement requests.

The City of Lakewood shall invoice the County and provide the necessary paperwork to support reimbursement.

The County shall reimburse the City within 30 days of invoice date.

By Executing this Agreement, the Pierce County Sheriff's Department certifies that it is not debarred, suspended or otherwise excluded from or ineligible for participation in Federal Assistance Programs under Executive Order 12549 "Debarment and Suspension". PCSD certifies that it will not contract with a subcontractor that is debarred or suspended. The City of Lakewood certifies to the same.

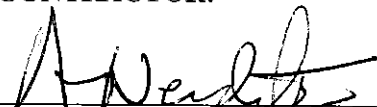
End of agreement. Signature page to follow.

**PIERCE COUNTY
CONTRACT SIGNATURE PAGE**

Contract #

IN WITNESS WHEREOF, the parties have executed this Agreement this 9th day of March, 2006.

CONTRACTOR:

 3-8-06
Contractor Signature, Andrew Neiditz Date

City Manager

Attest:

 3-9-06
Alice M. Bush, MMC City Clerk

Approved as to Form:


Heidi A. Wachter, City Attorney

Name: City of Lakewood

UBI No. _____


Address: 6000 Main Street SW
Lakewood, WA 98499

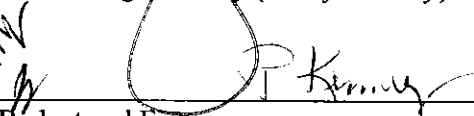
Mailing Address: Same as above

Contact Name: Pamela Battersby
Phone: 830-5009
Fax: 830-5050

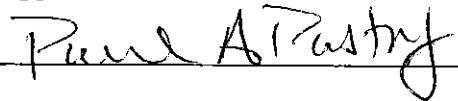
PIERCE COUNTY:

Reviewed:

 6/8/06
Prosecuting Attorney (as to form only) Date

 6-10
Budget and Finance Date

Approved:

 6-12-06
Department Director Date
(less than \$250,000)

County Executive (over \$250,000) Date

Pierce County Sheriff's Department
930 Tacoma Avenue South
Tacoma, WA 98402



Reimbursement Instructions

Each agency requesting reimbursement must submit an itemized billing with corresponding documentation to the Pierce County Sheriff's Department within **30 days** of the completion of the training event. The County's Claim for Expenses form is attached for use as a guide for requesting reimbursement.

All expenses will require a receipt, or documentation of payment , and should be submitted as one bill for each training event, regardless of how many attendees. For example, three officers attending the same event would submit one total, itemized bill to Pierce County. Listed below are examples:

* **Conference/Training Fees**

- Copy of billing for training, or payment made for training

* **Receipts for meals**

- itemized, original receipts (dated) are required (no charge slips)
- maximum gratuity allowed is 15%
- maximum meal allowances limits are those used by Pierce County (2006 rates)

Breakfast	\$12.71 (includes tax) plus gratuity		
Lunch	\$19.03	"	"
Dinner	\$31.74	"	"

Non-Allowable Meal Expenses

- bundling of receipts for one meal
- meals in lieu of other meals, the expense of which is included in the training event
- miscellaneous food expenses other than breakfast, lunch, and dinner

- alcoholic beverages
- room service fees

* **Airfare Reimbursements**

- copy of itemized billing to, or payment from the city for travel expenses. Reimbursement will not be processed for payment until travel has occurred.

* **Accommodations**

- copy of itemized overnight lodging receipt clearly identifying number of occupants and single room rate

* **Ground Travel**

- To and from airport only (receipts required if claiming)

*** A copy of the training conference announcement (describing the training, dates, location), or class itinerary/schedule is required to be submitted with the request for reimbursement, or Claims for Expense form.

CLAIM FOR EXPENSES

CLAIM NO. _____

WARRANT NO _____

DATE _____

TRUSTEE, ADVANCE TRAVEL FUND

DEPARTMENT _____

EMPLOYEE

INSTRUCTIONS: Enter detailed supporting information on reverse side of this form and attach itemized receipts. Claim for Expenses form must be signed by the employee and the department director or authorized designee.

STREET ADDRESS _____

CITY & STATE _____

ZIP _____

FOR TRAVEL AND INCIDENTAL EXPENSES INCURRED FOR THE

MONTH OF _____ 20____

FOR DEPARTMENT BUDGET CODING

FUND	DEPT	PROG	BASUB	OBJ	SUB OBJ

DOLLAR TOTALS
FROM REVERSE SIDE

TOTAL ACTUAL EXPENSES _____

AMOUNT ADVANCED FROM ADVANCED TRAVEL FUND _____

ENTER AMOUNT DUE YOU HERE _____

ENTER AMOUNT DUE COUNTY HERE _____

(_____)

I hereby certify under penalty of perjury that this is a true and correct claim for necessary and actual expenses incurred by me and that no payment has been received by me for these expenses.

EMPLOYEE SIGNATURE _____

TITLE _____

APPROVED BY _____

DEPARTMENT DIRECTOR OR AUTHORIZED DESIGNEE

