

CITY COUNCIL MEETINGS RULES – PUBLIC DECORUM

Strict adherence to the following rules of decorum by the public will be observed and adhered to during City Council meetings, including open forum, public comment period on legislative items, and Council deliberations:

- 1. No Clapping!**
- 2. No Cheering!**
- 3. No Booing!**
- 4. No public outbursts!**
- 5. Three-minute time limit for comments made during open forum and public testimony on legislative items!**
- 6. No person shall be permitted to speak at open forum more often than once per month. In addition, please silence your cell phones when entering the Council Chambers!**

Further, keep the following City Council Rules in mind:

Rule 2.2 Open Forum

- D. The open forum is a limited public forum; all matters discussed in the open forum shall relate to the affairs of the City. No person shall be permitted to speak regarding items on the current or advance agendas, pending hearing items, or initiatives or referenda in a pending election. Individuals speaking during the open forum shall address their comments to the Council President and shall not use profanity, engage in obscene speech, or make personal comment or verbal insults about any individual.
- E. To encourage wider participation in open forum and a broad array of public comment and varied points of view, no person shall be permitted to speak at open forum more often than once per month. However, there is no limit on the number of items on which a member of the public may testify, such as legislative items, special consideration items, hearing items, and other items before the City Council and requiring Council action that are not adjudicatory or administrative in nature, as specified in Rules 5.3 and 5.4.

Rule 5.4 Public Testimony Regarding Legislative Agenda Items – Time Limits

- A. 5.4.1 The City Council shall take public testimony on all matters included on its legislative agenda, with those exceptions stated in Rule 5.4(B). Public testimony shall be limited to the final Council action. Public testimony shall be limited to three (3) minutes per speaker, unless, at his or her discretion, the Chair determines that, because of the number of speakers signed up to testify, less time will need to be allocated per speaker in order to accommodate all of the speakers. The Chair may allow additional time if the speaker is asked to respond to questions from the Council.
- B. No public testimony shall be taken on consent agenda items, amendments to legislative agenda items, or procedural, parliamentary, or administrative matters of the Council.
- C. For legislative or hearing items that may affect an identifiable individual, association, or group, the following procedure may be implemented:
 1. Following an assessment by the Chair of factors such as complexity of the issue(s), the apparent number of people indicating a desire to testify, representation by designated spokespersons, etc., the Chair shall, in the absence of objection by the majority of the Council present, impose the following procedural time limitations for taking public testimony regarding legislative matters:
 - a. There shall be up to fifteen (15) minutes for staff, board, or commission presentation of background information, if any.
 - b. The designated representative of the proponents of the issue shall speak first and may include within his or her presentation the testimony of expert witnesses, visual displays, and any other reasonable methods of presenting the case. Up to thirty (30) minutes shall be granted for the proponent's presentation. If there be more than one designated representative, they shall allocate the 30 minutes between or among themselves.

- c. Three minutes shall be granted for any other person not associated with the designated representative who wishes to speak on behalf of the proponent's position.
 - d. The designated representative, if any, of the opponents of the issue shall speak following the presentation of the testimony of expert witnesses, visual displays, and any other reasonable methods of presenting the case. The designated representative(s) of the opponents shall have the same time allotted as provided for the proponents.
 - e. Three minutes shall be granted for any other person not associated with the designated representative who wishes to speak on behalf of the opponents' position.
 - f. Up to ten minutes of rebuttal time shall be granted to the designated representative for each side, the proponents speaking first, the opponents speaking second.
- 2. In the event the party or parties representing one side of an issue has a designated representative and the other side does not, the Chair shall publicly ask the unrepresented side if they wish to designate one or more persons to utilize the time allotted for the designated representative. If no such designation is made, each person wishing to speak on behalf of the unrepresented side shall be granted three minutes to present his/her position, and no additional compensating time shall be allowed due to the fact that the side has no designated representative.
 - 3. In the event there appears to be more than two groups wishing to advocate their distinct positions on a specific issue, the Chair may grant the same procedural and time allowances to each group or groups, as stated previously.
- D. The time taken for staff or Council member questions and responses thereto shall be in addition to the time allotted for any individual or designated representative's testimony.

THE CITY OF SPOKANE



ADVANCE COUNCIL AGENDA

MEETING OF MONDAY, NOVEMBER 26, 2018

MISSION STATEMENT

**TO DELIVER EFFICIENT AND EFFECTIVE SERVICES
THAT FACILITATE ECONOMIC OPPORTUNITY
AND ENHANCE QUALITY OF LIFE.**

MAYOR DAVID A. CONDON

COUNCIL PRESIDENT BEN STUCKART

COUNCIL MEMBER BREEAN BEGGS

COUNCIL MEMBER MIKE FAGAN

COUNCIL MEMBER CANDACE MUMM

COUNCIL MEMBER KATE BURKE

COUNCIL MEMBER LORI KINNEAR

COUNCIL MEMBER KAREN STRATTON

**COUNCIL CHAMBERS
CITY HALL**

**808 W. SPOKANE FALLS BLVD.
SPOKANE, WA 99201**

CITY COUNCIL BRIEFING SESSION

Council will adopt the Administrative Session Consent Agenda after they have had appropriate discussion. Items may be moved to the 6:00 p.m. Legislative Session for formal consideration by the Council at the request of any Council Member.

SPOKANE CITY COUNCIL BRIEFING SESSIONS (BEGINNING AT 3:30 P.M. EACH MONDAY) AND LEGISLATIVE SESSIONS (BEGINNING AT 6:00 P.M. EACH MONDAY) ARE BROADCAST LIVE ON CITY CABLE CHANNEL FIVE AND STREAMED LIVE ON THE CHANNEL FIVE WEBSITE. THE SESSIONS ARE REPLAYED ON CHANNEL FIVE ON THURSDAYS AT 6:00 P.M. AND FRIDAYS AT 10:00 A.M.

The Briefing Session is open to the public, but will be a workshop meeting. Discussion will be limited to Council Members and appropriate Staff and Counsel. There will be an opportunity for the expression of public views on any issue not relating to the Current or Advance Agendas during the Open Forum at the beginning and the conclusion of the Legislative Agenda.

ADDRESSING THE COUNCIL

- No one may speak without first being recognized for that purpose by the Chair. Except for named parties to an adjudicative hearing, a person may be required to sign a sign-up sheet as a condition of recognition.
- Each person speaking at the public microphone shall print his or her name and address on the sheet provided at the entrance and verbally identify him/herself by name, address and, if appropriate, representative capacity.
- If you are submitting letters or documents to the Council Members, please provide a minimum of ten copies via the City Clerk. The City Clerk is responsible for officially filing and distributing your submittal.
- In order that evidence and expressions of opinion be included in the record and that decorum befitting a deliberative process be maintained, modes of expression such as demonstration, banners, applause and the like will not be permitted.
- A speaker asserting a statement of fact may be asked to document and identify the source of the factual datum being asserted.

SPEAKING TIME LIMITS: Unless deemed otherwise by the Chair, each person addressing the Council shall be limited to a three-minute speaking time.

CITY COUNCIL AGENDA: The City Council Advance and Current Agendas may be obtained prior to Council Meetings from the Office of the City Clerk during regular business hours (8 a.m. - 5 p.m.). The Agenda may also be accessed on the City website at www.spokanecity.org. Agenda items are available for public review in the Office of the City Clerk during regular business hours.

AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION: The City of Spokane is committed to providing equal access to its facilities, programs and services for persons with disabilities. The Spokane City Council Chamber in the lower level of Spokane City Hall, 808 W. Spokane Falls Blvd., is wheelchair accessible and also is equipped with an infrared assistive listening system for persons with hearing loss. Headsets may be checked out (upon presentation of picture I.D.) at the City Cable 5 Production Booth located on the First Floor of the Municipal Building, directly above the Chase Gallery or through the meeting organizer. Individuals requesting reasonable accommodations or further information may call, write, or email Human Resources at 509.625.6383, 808 W. Spokane Falls Blvd, Spokane, WA, 99201; or msteinolfson@spokanecity.org. Persons who are deaf or hard of hearing may contact Human Resources through the Washington Relay Service at 7-1-1. Please contact us forty-eight (48) hours before the meeting date.

If you have questions, please call the Agenda Hotline at 625-6350.

BRIEFING SESSION

(3:30 p.m.)

(Council Chambers Lower Level of City Hall)

(No Public Testimony Taken)

Roll Call of Council

Council Reports

Staff Reports

Committee Reports

Advance Agenda Review

Current Agenda Review

ADMINISTRATIVE SESSION**CONSENT AGENDA****REPORTS, CONTRACTS AND CLAIMS****RECOMMENDATION**

- | | | |
|--|---------|------------------------------|
| 1. Consultant Agreement with MSI Engineers (Spokane, WA) for engineering and design services for HVAC system for Wastewater Management—\$53,366.40.
Mike Coster | Approve | OPR 2018-0751 |
| 2. Contract with Occupational Medicine Associates for medical services for the City of Spokane—\$150,000.
Chris Cavanaugh | Approve | OPR 2018-0752
BID 4449-18 |
| 3. Contract Amendment with Etter, McMahon, Van Wert & Oreskovich, P.C., for outside counsel services in the legal matter John Durgan, et. al. v. City of Spokane—Increase of \$75,000. Total contract amount—\$325,000.
Sam Faggiano | Approve | OPR 2017-0546 |
| 4. Contract Amendment with Brian T. Grogan and the law firm of Moss & Barnett, P.A. for legal services and advice in regard to the Comcast Franchise renewal—Increase of \$30,000. Total contract amount—\$150,000.
Mike Ormsby | Approve | OPR 2014-0117 |

- | | | |
|---|-----------------------------|---------------|
| 5. ALTCEW Amendment No. 3 to Interlocal Agreement to include the City of Spokane Valley.
Council Member Fagan | Approve | OPR 1987-0022 |
| 6. Report of the Mayor of pending: | Approve & Authorize Payment | CPR 2018-0002 |
| a. Claims and payments of previously approved obligations, including those of Parks and Library, through _____, 2017, total \$_____, with Parks and Library claims approved by their respective boards. Warrants excluding Parks and Library total \$_____. | | |
| b. Payroll claims of previously approved obligations through _____, 2017: \$_____. | | CPR 2018-0003 |
| 7. City Council Meeting Minutes: _____, 2018. | Approve All | CPR 2018-0013 |

EXECUTIVE SESSION

(Closed Session of Council)

(Executive Session may be held or reconvened during the 6:00 p.m. Legislative Session)

CITY COUNCIL SESSION

(May be held or reconvened following the 3:30 p.m. Administrative Session)

(Council Briefing Center)

This session may be held for the purpose of City Council meeting with Mayoral nominees to Boards and/or Commissions. The session is open to the public.

LEGISLATIVE SESSION

(6:00 P.M.)

(Council Reconvenes in Council Chamber)

WORDS OF INSPIRATION

PLEDGE OF ALLEGIANCE

ROLL CALL OF COUNCIL

ANNOUNCEMENTS

(Announcements regarding Changes to the City Council Agenda)

BOARDS AND COMMISSIONS APPOINTMENTS

(Includes Announcements of Boards and Commissions Vacancies)

APPOINTMENTS**RECOMMENDATION**

Spokane Airport Board: One Reappointment	Approve	CPR 1981-0071
Civil Service Commission: One Reappointment	Approve	CPR 1981-0271

ADMINISTRATIVE REPORT**COUNCIL COMMITTEE REPORTS**

(Committee Reports for Finance, Neighborhoods, Public Safety, Public Works, and Planning/Community and Economic Development Committees and other Boards and Commissions)

OPEN FORUM

This is an opportunity for citizens to discuss items of interest not relating to the Current or Advance Agendas nor relating to political campaigns/items on upcoming election ballots. This Forum shall be for a period of time not to exceed thirty minutes. After all the matters on the Agenda have been acted on, unless it is 10:00 p.m. or later, the open forum shall continue for a period of time not to exceed thirty minutes. Each speaker will be limited to three minutes, unless otherwise deemed by the Chair. If you wish to speak at the forum, please sign up on the sign-up sheet located in the Chase Gallery.

Note: No person shall be permitted to speak at Open Forum more often than once per month (Council Rule 2.2.E).

LEGISLATIVE AGENDA**NO SPECIAL BUDGET ORDINANCES****NO EMERGENCY ORDINANCES****RESOLUTIONS & FINAL READING ORDINANCES**(Require Four Affirmative, Recorded Roll Call Votes)

RES 2018-0095	Increasing engagement and capacity-building funding options for Neighborhood Councils within the City of Spokane. Council Member Beggs
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- RES 2018-0096 Laying out a framework for funding the paving of unpaved residential streets in Spokane.
Council Member Beggs
- ORD C35699 Relating to elevator standards and permit fees amending SMC 17F.060.010, SMC 17F.060.020, SMC 17F.060.030, SMC 17F.060.040, SMC 17F.060.050, SMC 17F.060.090, SMC 17F.080.120, 08.02.033, and SMC 1.05.150.
Duane Leopard
- ORD C35700 Prohibiting the misrepresentation of an animal as a service animal, prescribing allowable inquiries concerning service animals, and setting the penalty for such misrepresentation; amending sections 18.06.040 and 01.05.210 of the Spokane Municipal Code.
Council Member Fagan

FIRST READING ORDINANCES

(No Public Testimony Will Be Taken)

- ORD C35707 Amending the composition of the Community, Housing, and Human Services Board.
Council Member Stratton

FURTHER ACTION DEFERRED

NO SPECIAL CONSIDERATIONS

NO HEARINGS

Motion to Approve Advance Agenda for November 26, 2018
(per Council Rule 2.1.2)

OPEN FORUM (CONTINUED)

This is an opportunity for citizens to discuss items of interest not relating to the Current or Advance Agendas nor relating to political campaigns/items on upcoming election ballots. This Forum shall be for a period of time not to exceed thirty minutes. After all the matters on the Agenda have been acted on, unless it is 10:00 p.m. or later, the open forum shall continue for a period of time not to exceed thirty minutes. Each speaker will be limited to three minutes, unless otherwise deemed by the Chair. If you wish to speak at the forum, please sign up on the sign-up sheet located in the Chase Gallery.

Note: No person shall be permitted to speak at Open Forum more often than once per month (Council Rule 2.2.E).

ADJOURNMENT

The November 26, 2018, Regular Legislative Session of the City Council is adjourned to December 3, 2018.

NOTES

**Agenda Sheet for City Council Meeting of:**

11/26/2018

Date Rec'd

11/6/2018

Clerk's File #

OPR 2018-0751

Renews #**Submitting Dept**

WASTEWATER MANAGEMENT

Contact Name/Phone

MIKE COSTER 625-4640

Contact E-Mail

MCOSTER@SPOKANECITY.ORG

Agenda Item Type

Contract Item

Cross Ref #**Project #****Bid #****Requisition #**

CR19864

Agenda Item Name

4320 ENGINEERING AND DESIGN SERVICES FOR HVAC SYSTEM

Agenda Wording

Council approval to award contract with MSI Engineers of Spokane, WA for Engineering and Design Services for our HVAC System. The contract amount is for \$49,050.00 plus applicable tax. MSI was previously contracted for \$8,000 to study our options.

Summary (Background)

The HVAC system at RPWRF was built in the 1970's. After roughly 50 years this original equipment has either failed or become worn to the point that it can no longer perform to original standards nor meet current needs. Also, as RPWRF has expanded different areas of the facility now have new demands on the system that did not exist previously.

Fiscal Impact

Grant related? NO

Public Works? NO

Budget Account

Expense \$ 53,366.40

4320.43106.94000.56401

Select \$

#

Select \$

#

Select \$

#

Approvals**Council Notifications****Dept Head**

COSTER, MICHAEL

Study Session**Division Director**

CONKLIN, CHUCK

Other

PIES and Fiance and

Finance

ALBIN-MOORE, ANGELA

Distribution List**Legal**

ODLE, MARI

hbarnhart@spokanecity.org

For the Mayor

ORMSBY, MICHAEL

jsalstrom@spokanecity.org

Additional Approvals

mhughes@spokanecity.org

Purchasing

cwahl@spokanecity.org

Tax & Licenses

kkeck@spokanecity.org

lberry@spokanecity.org



Continuation of Wording, Summary, Budget, and Distribution

Agenda Wording

This design project is for the replacement of worn out and insufficient HVAC equipment at RPWRF. The Strategic Initiatives it supports are Innovative Infrastructure and Sustainability by keeping existing facilities operable rather than the expense of replacement.

Summary (Background)

This project will be to develop the design and construction documents to replace the HVAC system in the Maintenance Shop and the east end of the Administration Building. MSI Engineers was selected from among qualified three firms reviewed via the MRSC website. MSI was previously selected to perform a feasibility study to determine what options were available to utilize existing facilities to their greatest benefit and be able to meet current building and energy efficiency code requirements. RPWRF staff selected the preferred option and this design firm based on their reviews. Construction of the capital project will be procured separately and competitively.

Fiscal Impact		Budget Account
Select	\$	#
Select	\$	#

Distribution List

Briefing Paper

(Finance and Sustainable Resources)

Division & Department:	Public Works / Riverside Park Water Reclamation Facility
Subject:	Contract with MSI Engineers of Spokane, WA, for a HVAC design and associated construction documents. The contract amount is for \$49,050 (excluding tax).
Date:	
Contact (email & phone):	Mike Coster, Plant Manager 625-4640 mcoster@spokanecity.org
City Council Sponsor:	
Executive Sponsor:	
Committee(s) Impacted:	PIES
Type of Agenda item:	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
Alignment: (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Strategic Plan
Strategic Initiative:	This design project is for the replacement of worn out and insufficient HVAC equipment at RPWRF. The Strategic Initiatives it supports are Innovative Infrastructure and Sustainability by keeping existing facilities operable rather than the expense of replacement.
Deadline:	
Outcome: (deliverables, delivery duties, milestones to meet)	Council approval to award this contract to MSI Engineers for the design of an updated HVAC system.
Background/History: <p>The HVAC system at RPWRF was built in the 1970's. After roughly 50 years this original equipment has either failed or become worn to the point that it can no longer perform to original standards nor meet current needs. Also, as RPWRF has expanded different areas of the facility now have new demands on the system that did not exist previously. This project will be to develop the design and construction documents to replace the HVAC system in the Maintenance Shop and the east end of the Administration Building.</p> <p>MSI Engineers was selected from among qualified three firms reviewed via the MRSC website. MSI was previously selected to perform a feasibility study to determine what options were available to utilize existing facilities to their greatest benefit and be able to meet current building and energy efficiency code requirements. RPWRF staff selected the preferred option and this design firm based on their reviews.</p> <p>Construction of the capital project will be procured separately and competitively.</p>	

Executive Summary:

- HVAC systems at RPWRF are old, failing, and do not meet current code requirements.
- A feasibility study has been done and best option has been selected.
- Design and construction documents are to be completed under this proposed contract.
- Contract amount is for \$49,050 (excluding tax).
- Funding is from the Wastewater Management Capital Plan, revenue is from sewer rates.
- Construction will be competitively bid upon completion of this work.

Budget Impact:

Approved in current year budget? ☒ Yes ☐ No ☐ N/A

Annual/Reoccurring expenditure? ☐ Yes ☒ No ☐ N/A

If new, specify funding source: Department

Other budget impacts: (revenue generating, match requirements, etc.)

Operations Impact:

Consistent with current operations/policy? ☒ Yes ☐ No ☐ N/A

Requires change in current operations/policy? ☐ Yes ☒ No ☐ N/A

Specify changes required:

Known challenges/barriers:



City of Spokane

CONSULTANT AGREEMENT

Title: **Engineering and Design
Services for HVAC System**

This Agreement is made and entered into by and between the **City of Spokane** as ("City"), a Washington municipal corporation, and **MSI Engineers (Meulink Stauffenberg, Inc.)**, whose address is 108 North Washington, Suite 505, Spokane, Washington 99201 as ("Consultant").

WHEREAS, the purpose of this Agreement is to hire Consultant to perform engineering and design services for the City; and

WHEREAS, the Consultant was selected from MRSC Consultant Roster.

-- NOW, THEREFORE, in consideration of the terms, conditions, covenants and performance of the Scope of Work contained herein, the City and Consultant mutually agree as follows:

1. TERM OF AGREEMENT.

The term of this Agreement begins on October 15, 2018, and ends on September 30, 2019, unless amended by written agreement or terminated earlier under the provisions.

2. TIME OF BEGINNING AND COMPLETION.

The Consultant shall begin the work outlined in the "Scope of Work" ("Work") on the beginning date, above. The City will acknowledge in writing when the Work is complete. Time limits established under this Agreement shall not be extended because of delays for which the Consultant is responsible, but may be extended by the City, in writing, for the City's convenience or conditions beyond the Consultant's control.

3. SCOPE OF WORK.

The General Scope of Work for this Agreement is described in **Exhibit A**, which is attached to and made a part of this Agreement. In the event of a conflict or discrepancy in the Agreement documents, this City Consultant Agreement controls.

The Consultant shall provide the following mechanical engineering services for the City regarding Spokane WWTP HVAC System:

- 1) **Mechanical Pre-Design Study;**
- 2) **Design and Construction Documents;**
- 3) **Bidding and Construction Period Services**

The Work is subject to City review and approval. The Consultant shall confer with the City periodically, and prepare and present information and materials (e.g. detailed outline of completed Work) requested by the City to determine the adequacy of the Work or Consultant's progress.

4. COMPENSATION / PAYMENT.

Total compensation for Consultant's services under this Agreement shall be a maximum amount not to exceed **FORTY NINE THOUSAND FIFTY AND NO/100 DOLLARS (\$49,050.00)** excluding tax, unless modified by a written amendment to this Agreement. This is the maximum amount to be paid under this Agreement for the work described in Section 3 above, and shall not be exceeded without the prior written authorization of the City in the form of an executed amendment to this Agreement.

The Consultant shall submit its applications for payment to Waste Water Treatment Facility, Administration Office, 4401 North Aubrey L. White Parkway, Spokane, Washington 99205. **Payment will be made via direct deposit/ACH** within thirty (30) days after receipt of the Consultant's application except as provided by state law. If the City objects to all or any portion of the invoice, it shall notify the Consultant and reserves the right to only pay that portion of the invoice not in dispute. In that event, the parties shall immediately make every effort to settle the disputed amount.

5. TAXES, FEES AND LICENSES.

- A. Consultant shall pay and maintain in current status, all necessary licenses, fees, assessments, permit charges, etc. necessary to conduct the work included under this Agreement. It is the Consultant's sole responsibility to monitor and determine changes or the enactment of any subsequent requirements for said fees, assessments, or changes and to immediately comply.
- B. The cost of any permits, licenses, fees, etc. arising as a result of the projects included in this Agreement shall be included in the project budgets.

6. CITY OF SPOKANE BUSINESS LICENSE.

Section 8.01.070 of the Spokane Municipal Code states that no person may engage in business with the City without first having obtained a valid annual business registration. The Consultant shall be responsible for contacting the State of Washington Business License Services at <http://bls.dor.wa.gov> or 1-800-451-7985 to obtain a business registration. If the Consultant does not believe it is required to obtain a business registration, it may contact the City's Taxes and Licenses Division at (509) 625-6070 to request an exemption status determination.

7. REIMBURSABLES

If reimbursables under this Agreement are to be included, they are considered part of the maximum amount not to exceed (above), and require the Consultant's submittal of appropriate documentation and actual itemized receipts, the following limitations apply.

- A. City will reimburse the Consultant at actual cost for expenditures that are pre-approved by the City in writing and are necessary and directly applicable to the work required by this Agreement provided that similar direct project costs related to the contracts of other clients are consistently accounted for in a like manner. Such direct project costs may not be charged as part of overhead expenses or include a markup. Other direct charges may include, but are not limited to the following types of items: travel, printing, cell phone, supplies, materials, computer charges, and fees of subconsultants.
- B. The billing for third party direct expenses specifically identifiable with this project shall be an itemized listing of the charges supported by copies of the original bills, invoices, expense accounts, subconsultant paid invoices, and other supporting documents used by the Consultant to generate invoice(s) to the City. The original supporting documents shall be available to the City for inspection upon request. All charges must be necessary for the services provided under this Agreement.
- C. The City will reimburse the actual cost for travel expenses incurred as evidenced by copies of receipts (excluding meals) supporting such travel expenses, and in accordance with the City of Spokane Travel Policy, details of which can be provided upon request.
- D. **Airfare:** Airfare will be reimbursed at the actual cost of the airline ticket. The City will reimburse for Economy or Coach Fare only. Receipts detailing each airfare are required.
- E. **Meals:** Meals will be reimbursed at the Federal Per Diem daily meal rate for the city in which the work is performed. *Receipts are not required as documentation.* The invoice shall state "the meals

are being billed at the Federal Per Diem daily meal rate”, and shall detail how many of each meal is being billed (e.g. the number of breakfasts, lunches, and dinners). The City will not reimburse for alcohol at any time.

- F. **Lodging:** Lodging will be reimbursed at actual cost incurred up to a maximum of the published General Services Administration (GSA) Index for the city in which the work is performed (*the current maximum allowed reimbursement amount can be provided upon request*). Receipts detailing each day / night lodging are required. The City will not reimburse for ancillary expenses charged to the room (e.g. movies, laundry, mini bar, refreshment center, fitness center, sundry items, etc.)
- G. **Vehicle mileage:** Vehicle mileage will be reimbursed at the Federal Internal Revenue Service Standard Business Mileage Rate in affect at the time the mileage expense is incurred (currently that rate for 2018 is 54.5 cents per mile.) Please note: payment for mileage for long distances traveled will not be more than an equivalent trip round-trip airfare of a common carrier for a coach or economy class ticket.
- H. **Rental Car:** Rental car expenses will be reimbursed at the actual cost of the rental. Rental car receipts are required for all rental car expenses. The City will reimburse for a standard car of a mid-size class or less. The City will not reimburse for ancillary expenses charged to the car rental (e.g. GPS unit).
- I. **Miscellaneous Travel** (e.g. parking, rental car gas, taxi, shuttle, toll fees, ferry fees, etc.): Miscellaneous travel expenses will be reimbursed at the actual cost incurred. Receipts are required for each expense of \$10.00 or more.
- J. **Miscellaneous other business expenses** (e.g. printing, photo development, binding): Other miscellaneous business expenses will be reimbursed at the actual cost incurred and may not include a mark up. Receipts are required for all miscellaneous expenses that are billed.

Subconsultant: Subconsultant expenses will be reimbursed at the actual cost incurred and may not include a mark up. Copies of all Subconsultant invoices that are rebilled to the City are required.

8. SOCIAL EQUITY REQUIREMENTS / NON-DISCRIMINATION.

No individual shall be excluded from participation in, denied the benefit of, subjected to discrimination under, or denied employment in the administration of or in connection with this Agreement because of age, sex, race, color, religion, creed, marital status, familial status, sexual orientation including gender expression or gender identity, national origin, honorably discharged veteran or military status, the presence of any sensory, mental or physical disability, or use of a service animal by a person with disabilities. The Consultant agrees to comply with, and to require that all subcontractors comply with, federal, state and local nondiscrimination laws, including but not limited to: the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination in Employment Act, and the American's With Disabilities Act, to the extent those laws are applicable.

9. INDEMNIFICATION.

The Consultant shall defend, indemnify, and hold the City and its officers and employees harmless from all claims, demands, or suits at law or equity-asserted by third parties for bodily injury (including death) and/or property damage which arise from the Consultant's negligence or willful misconduct under this Agreement, including attorneys' fees and litigation costs; provided that nothing herein shall require a Consultant to indemnify the City against and hold harmless the City from claims, demands or suits based solely upon the negligence of the City, its agents, officers, and employees. If a claim or suit is caused by or results from the concurrent negligence of the Consultant's agents or employees and the City, its agents, officers and employees, this indemnity provision shall be valid and enforceable to the extent of the negligence of the Consultant, its agents or employees. The Consultant specifically assumes liability and agrees to defend, indemnify, and hold the City harmless for actions brought by the Consultant's own employees against the City and, solely for the purpose of this indemnification and defense, the Consultant specifically waives any immunity under the Washington State industrial insurance law, or Title 51 RCW. The Consultant recognizes that this waiver was specifically entered into pursuant to the provisions of RCW 4.24.115 and was the subject of mutual negotiation. The indemnity and agreement to defend and hold the City harmless provided for in this section shall survive any termination or expiration of this agreement.

10. INSURANCE.

During the period of the Agreement, the Consultant shall maintain in force at its own expense, each insurance noted below with companies or through sources approved by the State Insurance Commissioner pursuant to RCW 48:

- A. **Worker's Compensation Insurance** in compliance with RCW 51.12.020, which requires subject employers to provide workers' compensation coverage for all their subject workers and Employer's Liability Insurance in the amount of \$1,000,000;
- B. **General Liability Insurance** on an occurrence basis, with a combined single limit of not less than \$1,000,000 each occurrence for bodily injury and property damage. It shall include contractual liability coverage for the indemnity provided under this agreement. It shall provide that the City, its officers and employees are additional insureds but only with respect to the Consultant's services to be provided under this Agreement;
- C. **Automobile Liability Insurance** with a combined single limit, or the equivalent of not less than \$1,000,000 each accident for bodily injury and property damage, including coverage for owned, hired and non-owned vehicles.
- D. **Professional Liability Insurance** with a combined single limit of not less than \$1,000,000 each claim, incident or occurrence. This is to cover damages caused by the error, omission, or negligent acts related to the professional services to be provided under this Agreement. The coverage must remain in effect for at least two (2) years after the Agreement is completed.

There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without sixty (60) days written notice from the Consultant or its insurer(s) to the City. As evidence of the insurance coverage(s) required by this Agreement, the Consultant shall furnish acceptable Certificates of Insurance (COI) to the City at the time it returns this signed Agreement. The certificate shall specify the City of Spokane as "Additional Insured" specifically for Consultant's services under this Agreement, as well as all of the parties who are additional insureds, and include applicable policy endorsements, the sixty (60) day cancellation clause, and the deduction or retention level. The Consultant shall be financially responsible for all pertinent deductibles, self-insured retentions, and/or self-insurance.

11. AUDIT.

The Consultant and its sub-consultants shall maintain for a minimum of three (3) years following final payment all records related to its performance of the Agreement. The Consultant and its sub-consultants shall provide access to authorized City representatives, at reasonable times and in a reasonable manner to inspect and copy any such record. In the event of conflict between this provision and related auditing provisions required under federal law applicable to the Agreement, the federal law shall prevail.

12. INDEPENDENT CONSULTANT.

The Consultant is an independent Consultant. This Agreement does not intend the Consultant to act as a City employee. The City has neither direct nor immediate control over the Consultant nor the right to control the manner or means by which the Consultant works. Neither the Consultant nor any Consultant employee shall be an employee of the City. This Agreement prohibits the Consultant to act as an agent or legal representative of the City. The Consultant is not granted express or implied rights or authority to assume or create any obligation or responsibility for or in the name of the City, or to bind the City. The City is not liable for or obligated to pay sick leave, vacation pay, or any other benefit of employment, nor to pay social security or other tax that may arise from employment. The Consultant shall pay all income and other taxes as due.

13. KEY PERSONS.

The Consultant shall not transfer or reassign any individual designated in this Agreement as essential to the Work, nor shall those key persons, or employees of Consultant identified as to be involved in the

Project Work be replaced, removed or withdrawn from the Work without the express written consent of the City, which shall not be unreasonably withheld. If any such individual leaves the Consultant's employment, the Consultant shall present to the City one or more individuals with greater or equal qualifications as a replacement, subject to the City's approval, which shall not be unreasonably withheld. The City's approval does not release the Consultant from its obligations under this Agreement.

14. ASSIGNMENT AND SUBCONTRACTING.

The Consultant shall not assign or subcontract its obligations under this Agreement without the City's written consent, which may be granted or withheld in the City's sole discretion. Any subcontract made by the Consultant shall incorporate by reference this Agreement, except as otherwise provided. The Consultant shall ensure that all subconsultants comply with the obligations and requirements of the subcontract. The City's consent to any assignment or subcontract does not release the consultant from liability or any obligation within this Agreement, whether before or after City consent, assignment or subcontract.

15. TERMINATION.

Either party may terminate this Agreement, with or without cause, by ten (10) days written notice to the other party. In the event of such termination, the City shall pay the Consultant for all work previously authorized and performed prior to the termination date.

16. STANDARD OF PERFORMANCE.

The standard of performance applicable to Consultant's services will be the degree of skill and diligence normally employed by professional consultants performing the same or similar services at the time the services under this Agreement are performed.

17. OWNERSHIP AND USE OF RECORDS AND DOCUMENTS.

Original documents, drawings, designs, reports, or any other records developed or created under this Agreement shall belong to and become the property of the City. All records submitted by the City to the Consultant shall be safeguarded by the Consultant. The Consultant shall make such data, documents and files available to the City upon the City's request. If the City's use of the Consultant's records or data is not related to this project, it shall be without liability or legal exposure to the Consultant.

Under Washington State Law (reference RCW Chapter 42.56, the *Public Records Act* [PRA]) all materials received or created by the City of Spokane are **public records** and are available to the public for viewing via the City Clerk's Records (online) or a valid Public Records Request (PRR).

18. ANTI KICK-BACK.

No officer or employee of the City of Spokane, having the power or duty to perform an official act or action related to this Agreement shall have or acquire any interest in the Agreement, or have solicited, accepted or granted a present or future gift, favor, service or other thing of value from or to any person involved in this Agreement.

19. DEBARMENT AND SUSPENSION.

The Consultant has provided its certification that it is in compliance with and shall not contract with individuals or organizations which are debarred, suspended, or otherwise excluded from or ineligible from participation in Federal Assistance Programs under Executive Order 12549 and "Debarment and Suspension", codified at 29 CFR part 98.

20. MISCELLANEOUS PROVISIONS.

- A. **Amendments/Modifications:** This Agreement may be modified by the City in writing when necessary, and no modification or Amendment of this Agreement shall be effective unless signed by an authorized representative of each of the parties hereto.
- B. The Consultant, at no expense to the City, shall comply with all laws of the United States and Washington, the Charter and ordinances of the City of Spokane; and rules, regulations, orders

and directives of their administrative agencies and officers. Without limiting the generality of this paragraph, the Consultant shall comply with the requirements of this Section.

- C. This Agreement shall be construed and interpreted under the laws of Washington. The venue of any action brought shall be in a court of competent jurisdiction, located in Spokane County, Washington.
- D. **Captions:** The titles of sections or subsections are for convenience only and do not define or limit the contents.
- E. **Severability:** If any term or provision is determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of this Agreement shall not be affected, and each term and provision shall be valid and enforceable to the fullest extent permitted by law.
- F. **Waiver:** No covenant, term or condition or the breach shall be deemed waived, except by written consent of the party against whom the waiver is claimed, and any waiver of the breach of any covenant, term or condition shall not be deemed a waiver of any preceding or succeeding breach of the same or any other covenant, term of condition. Neither the acceptance by the City of any performance by the Consultant after the time the same shall have become due nor payment to the Consultant for any portion of the Work shall constitute a waiver by the City of the breach or default of any covenant, term or condition unless otherwise expressly agreed to by the City in writing.
- G. **Entire Agreement:** This document along with any exhibits and all attachments, and subsequently issued addenda, comprises the entire agreement between the City and the Consultant. If conflict occurs between Agreement documents and applicable laws, codes, ordinances or regulations, the most stringent or legally binding requirement shall govern and be considered a part of this Agreement to afford the City the maximum benefits.
- H. **No personal liability:** No officer, agent or authorized employee of the City shall be personally responsible for any liability arising under this Agreement, whether expressed or implied, nor for any statement or representation made or in any connection with this Agreement.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained, or attached and incorporated and made a part, the parties have executed this Agreement by having legally-binding representatives affix their signatures below.

CONSULTANT

By _____
Signature Date

Type or Print Name

Title

601999958

Consultant's UBI #

Attest:

City Clerk

CITY OF SPOKANE

By _____
Signature Date

Type or Print Name

Title

Approved as to form:

Assistant City Attorney

Attachments that are part of this Agreement:

Exhibit A – Consultant's General Scope of Work and Proposal dated October 2, 2018
Attachment A – Debarment Certification

U2018-101

ATTACHMENT A

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION**

1. The undersigned (i.e., signatory for the Subrecipient / Contractor / Consultant) certifies, to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - b. Have not within a three-year period preceding this contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
 - c. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
 - d. Have not within a three-year period preceding this contract had one or more public transactions (federal, state, or local) terminated for cause or default.
2. The undersigned agrees by signing this contract that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
3. The undersigned further agrees by signing this contract that it will include the following clause, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

1. The lower tier contractor certified, by signing this contract that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the lower tier contractor is unable to certify to any of the statements in this contract, such contractor shall attach an explanation to this contract.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, person, primary covered transaction, principal, and voluntarily excluded, as used in this exhibit, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. The undersigned may contact the City for assistance in obtaining a copy of these regulations.
5. I understand that a false statement of this certification may be grounds for termination of the contract.

Name of Subrecipient / Contractor / Consultant (Type or Print)	Program Title (Type or Print)
Name of Certifying Official (Type or Print)	Signature
Title of Certifying Official (Type or Print)	Date (Type or Print)

MECHANICAL ENGINEERING SERVICES

MSI ENGINEERS will be responsible for the following elements:

A. PHASE-1 - MECHANICAL PRE-DESIGN STUDY

Completed. See separate report.

B. PHASE-2 – DESIGN AND CONSTRUCTION DOCUMENTS

Prepare final design documents based on the selected HVAC system (Option B), along with and associated construction installation details.

MSI Activities:

- Incorporate Owner review comments. Conduct review meetings.
- Finalize HVAC design, loads and, equipment selections, cost estimates and drawing layout.
- Prepare HVAC construction drawings with equipment installations, ductwork, sections, installation details, notes and equipment schedules.
- Coordinate with other disciplines (electrical).
- Site visit to Plant to verify fit of final design.
- Assist with preparing the front-end specifications (prepared by the City).
-

MSI Deliverables – Construction (Bid) Documents:

- HVAC system drawings and details, installation notes, stamped and signed by a licensed engineer.
- Technical Specifications Only (City of Spokane will provide the frontal documents).
- Updated construction cost estimate.

Outsourced Activities:

- Electrical engineering and design services will be contracted out to separate consulting firm.
- MSI Engineers will be responsible for coordinating the design effort and deliverables.

C. PHASE-3 – BIDDING AND CONSTRUCTION PERIOD SERVICES

MSI will assist the City of Spokane in preparing the Construction Documents for a publicly bid project delivery method.

MSI Bid Period Activities:

- Manage bidding activities in conjunction with the City of Spokane, for a public bid opening of the project.
- Prepare and issue project Addendum or clarifications. Respond to bidder inquiries.
- Conduct pre-bid walk-thru of project site.
- Attend public bid opening and assist in evaluating bid results.

MSI Construction Period Services:

- Schedule and attend regular project construction meetings & walk-throughs.
- Review and process shop drawings and submittals.
- Respond to contractor RFIs and questions.
- Prepare and distribute meeting minutes and other correspondence.
- Review contractor schedule and pay applications.
- Conduct periodic progress walk-throughs and prepare observation reports.
- Prepare final punch lists and close-out paper work.
- Assume construction duration not to exceed 6 months, with an allowance of two (2) on-site meetings/visits per month (12 total).

GENERAL INFORMATION ABOUT THIS PROPOSAL

AGREEMENT AND CONDITIONS

MSI Engineers is pleased to submit this proposal and the corresponding fee estimate. This proposal is based upon our understanding of the project as discussed with you.

Professional Services will be provided using Industry Standard of Care.

Design standards and codes will be in accordance with the State Building Codes, including the IBC, IMC, NEC, NFPA and the State Energy Code.

DESIGN SCHEDULE

We are available to begin design work on this project as soon as the Proposal is accepted. We anticipate a design period (Phase 2 tasks) of approximately 6-8 weeks to prepare the CDs for bidding.

EXCLUSIONS

Items not included in the Basic Services:

- Structural, Civil, Fire Projection or Architectural Design (none anticipated).
- Commissioning.
- Exclusions as noted in design tasks.

ENGINEERING SERVICES FEE PROPOSAL:

Fixed-fee based design fees to be billed monthly, as a percentage of completion for each phase of work.

A. Phase-2 - Construction Documents	\$ 29,616
B. Phase-3 - Bidding & Const. Admin	\$ 19,434

TOTAL DESIGN SERVICES	<u>\$ 49,050</u>
------------------------------	-------------------------

APPROVALS:

J. Brad Snow, P.E.
MSI Engineers

10-02-18

Date

Chris Peterschmidt
Spokane WWTP

Date

Spokane WWTP - Admin Area HVAC Upgrade

HOURS AND FEE ESTIMATE / BUDGET

FOR: City of Spokane

Date: 1-Sep-18

MECHANICAL SYSTEMS DESIGN
Phase 2 - Final Design

DESCRIPTION	Principal	Sr. Engineer	CAD Tech.	Word Proc.	Total
Billing Rates	\$180.00	\$135.00	\$70.00	\$50.00	Hours
Phase 2 Services - Final Design & Drawings					
Final Design, Calculations & Equipment Selection	2	40	0	0	42
HVAC Design - Floor Plans	0	8	20	0	28
HVAC Design - Roof Plans	0	4	16	0	20
HVAC - Sections	0	4	8	0	12
HVAC Schedules & Details	0	12	8	0	20
Control Diagrams	0	8	4	0	12
Cost Estimates	0	8	0	0	8
Specifications	2	12	0	16	30
Coordinate with other Electrical design	2	4	0	0	6
Follow-up Site Visit to Validate Design	0	4	0	0	4
Design Review Meetings & Coordination @ WWTP	4	4	2	0	10
Bid Document Front-end Coord. With City	8	2	0	0	10
Subtotal - Hours	18	110	58	16	202
MSI Labor Costs	\$3,240	\$14,850	\$4,060	\$800	\$22,950
Sub-Consultants (See Trindera Proposal)	\$6,060	Fee	10%	B&O Mark-up	\$6,666
Phase 2 Services - Final Design & Drawings					\$29,616

Phase 3 - Construction Period Services

DESCRIPTION	Principal	Sr. Engineer	CAD Tech.	Word Proc.	Total
Billing Rates	\$180.00	\$135.00	\$70.00	\$50.00	Hours
Phase 3 Services - Construction Period					
Bidding Period Coord., Addendums, etc.	2	12	4	4	22
Submittal Review, project coordination, RFIs, etc.	2	20	4	0	26
Construction Site Visits - 6 Mo x 2/Mo = 12 visits	0	24	0	0	24
Const. Meeting Minutes and Observation Reports	2	40	0	0	42
Misc. CA services	0	8	0	0	8
Project Close-out, Punch Lists, etc.	2	16	0	0	18
Subtotal - Hours	8	120	8	4	122
MSI Labor Costs	\$1,440	\$16,200	\$560	\$200	\$18,400
Sub-Consultants (See Trindera Proposal)	\$940	Fee	10%	B&O Mark-up	\$1,034
Phase 3 Services - Construction Period					\$19,434

GRAND TOTAL - Phases 2 to 3 **\$49,050**

End of Design Engineering Fee Proposal

Page 5 of 5



Trindera
ENGINEERING

Electrical | Controls | Lighting | Automation

Balanced Approach. Powerful Solutions.

October 2, 2018

MSI Engineers
108 N. Washington, #505
Spokane, WA 99201

Attention: Brad Snow

Subject: Spokane WWTP – HVAC Upgrade
Proposal for Engineering Services

Dear Brad:

Thank you for the opportunity to submit this proposal for engineering services to assist with the design of the Spokane WWTP – HVAC Upgrade. Trindera is well-suited to assist you with this project, having a staff of over 25 professionals which includes 8 licensed Professional Engineers. Trindera proposes to provide you with Design, Pre-Bid Assistance and Construction Contract Administration Services as described below.

PROJECT UNDERSTANDING:

- Project description: Power connections to new HVAC equipment to support new rooftop VAV air handling unit, chilled water pump, and VAV boxes.
- Power: New panel will be added to support equipment if existing panels lack capacity.
- Lighting and special systems: No lighting or special systems scope is included.

ASSUMPTIONS:

1. Existing electrical service has adequate capacity to support new equipment.

UNDERSTANDING OF SCOPE OF WORK:

We understand the scope of work to include the following services:

TASK 1 – Design Services

General Services

1. Provide construction documents stamped and signed by a Professional Engineer registered in the state of Washington.
2. Drawings will be provided in AutoCAD and PDF formats. Abbreviated specifications will be provided on the drawings.
3. Cross-Coordination with the design team for design elements of all other sub-consultants. Check sets provided at 65% and 100% intervals through the design period.
4. Provide cost estimation at 90% milestone.
5. Participation in on-site project kick-off meeting and one milestone design review meetings at the architect's office.

Power / Data Distribution Design

1. Power service and distribution including connections to mechanical equipment as required.

TASK 2 – Construction Contract Administration Services

1. Review shop drawings and submittals.
2. Answer RFI's.
3. Provide (insert quantity) site visits and corresponding reports to observe contractor progress and compliance with contract documents.
4. Provide one site visit at project completion with contractor punchlist.

WORK NOT INCLUDED:

1. Additional site visits or on-site meetings beyond those listed above.
2. Design submittals beyond those listed above.
3. Bidding phase services.

PRICE AND TERMS OF COMPENSATION:

Trindera proposes to provide Design Services as shown below. Invoices will be sent monthly, indicating hours expended in each skill category with the appropriate rate and the total amount of the invoice. Invoices will be due and payable when received, on NET 30 terms.

Our fee has been estimated using our standard engineering fee rates for this year, and we assume completion within 180 days of the date of this proposal. Should the project be delayed, we reserve the right to amend our fee.

1. TASK 1 Design Phase	\$6,060	Lump Sum
2. TASK 2 Construction Phase	\$940	Hourly T&M

An engineering fee estimate worksheet is attached for reference showing expected effort.

REIMBURSABLES:

Applicable reimbursables are provided in the associated fee estimate.

This proposal is valid for 30 days after submittal date. We reserve the right to negotiate terms beyond the 30 days.

We appreciate this opportunity to provide our services to you. After you have had a chance to review this proposal information, we would be happy to discuss this proposal with you. We are prepared to commence work upon notice to proceed and will support your schedule. If this proposal is satisfactory, please send us authorization to proceed.



Sincerely,

Janelle C Lee

Janelle Lee, P.E.

Authorized by _____

Date _____



ENGINEERING FEE ESTIMATE

Client MSI Engineers	Contact Brad Snow	Date 10/2/2018
Address 108 N. Washington, #505		Proposal No. pr18342
City Spokane	State WA	Zip 99201
Phone 509.624.1050		Estimator jcl
		Rev No. 0

Project Spokane WWTP - HVAC Upgrade

Description of Tasks	PIC	PM	SrPE	PrEng	Des	Drft	Admin	Total
Task 1A Preliminary Design								
1A.1 Existing Site Conditions			3					
1A.2 Coordination meetings with Design team			2					
1A.3 Cost analysis			4					
1A.4 Specifications (On Drawings)			3					
1A.5 Utility Coordination (N/A)								
1A.6 Quality Control Review			2					
1A.7 Project Management		2					2	
Task 1B Construction Drawings Design								
1B.1 Drawing Set-up						4		
1B.2 General Notes				1	1			
1B.3 Panel Schedules			1	2	2			
1B.4 Power One Line Diagram			2	3	3			
1B.5 Demolition Plans				2	2			
1B.6 Power Plans			1	5	5			
1B.7 Electrical Details				1	1			
SUBTOTAL 1A & 1B		2	18	14	14	4	2	\$6,060
Task 2 Construction Administration								
2.1 Attendance at Pre-construction conference				2				
2.2 Submittal Review				1				
2.3 RFI responses				1				
2.4 Final site visit and punchlist documentation				2				
2.5 Preparation of As Builts				1		1		
SUBTOTAL				7		1		\$940
Total Hours		2	18	21	14	5	2	

Reimbursable Expense Details:

Mileage	
Reproducibles	
Misc.	
Total Expenses + 10% markup	

SubTotal	\$7,000
Expenses	
TOTAL	\$7,000



Agenda Sheet for City Council Meeting of:
11/26/2018

Date Rec'd	11/13/2018
Clerk's File #	OPR 2018-0752
Renews #	
Cross Ref #	
Project #	
Bid #	
Requisition #	MASTER

Submitting Dept	HUMAN RESOURCES
Contact Name/Phone	CHRIS 6383
Contact E-Mail	CCAVANAUGH@SPOKANECITY.ORG
Agenda Item Type	Contract Item
Agenda Item Name	0620 PROFESSIONAL MEDICAL SERVICES

Agenda Wording

Contract with Occupational Medicine Associates for the City of Spokane pursuant to Bid #4449-18. *Contract to follow; will be attached under separate cover*

Summary (Background)

Approve the contract for medical services for the City of Spokane. Pre-Employment, Fit-For-Duty, DOT Certification, Post-Accident and Random Drug and Alcohol Testing.

<u>Fiscal Impact</u>	Grant related? NO	<u>Budget Account</u>
	Public Works? NO	

Expense	\$ 150,000.00	# Various departments
Select	\$	#
Select	\$	#
Select	\$	#

<u>Approvals</u>		<u>Council Notifications</u>	
<u>Dept Head</u>	CAVANAUGH, CHRISTINE	<u>Study Session</u>	Sustainable Resources
<u>Division Director</u>	CAVANAUGH, CHRISTINE	<u>Other</u>	
<u>Finance</u>	BUSTOS, KIM	<u>Distribution List</u>	
<u>Legal</u>	DALTON, PAT		
<u>For the Mayor</u>	ORMSBY, MICHAEL		

Additional Approvals

<u>Purchasing</u>		

ATTACHMENT A

COST PROPOSAL PRICING PAGE

1. PRE-EMPLOYMENT PHYSICALS

(Approximately 180 per year (includes drug test), 15 per month; approximately 175 drug tests of temporary seasonal employees per year, 15 per month)

NON-UNIFORMED EMPLOYEES		UNIT PRICE
00521	DS Lab/Collection Fee	\$ 36.00
00526C	Dot Exam w/hearing for City	\$ 70.00
72100	X-ray Spine LS/AP + Lat	\$ 67.00
00504	Extended Exam/Audio	\$ 65.00
00579	Drug Test (Temporary Seasonal Park Department employees only).	\$ 35.00
00582	Drug Test + PAML (Temporary Seasonal Park Department employees only)	\$ 55.00
00516	Pulmonary Function Test (as needed depending on job classification)	\$ 28.00

UNIFORMED POLICE OFFICERS (to include Reservists)

00504	Ext. Exam/Audio	\$ 65.00
81000	Urinalysis-Dip Stick	\$ 11.50
72100	X-Ray Spine LS/AP + Lat	\$ 67.00
71010	X-Ray Chest, Pa View	\$ 53.00
93000	Electrocardiogram, Complete	\$ 70.00
36415	Venous Blood Draw/Office	\$ 17.50
4102Q	Lab Panel	\$ 42.00
86592	RPR	\$ 26.00
86580	TB Test	\$ 12.50
81001	Urinalysis – sent to lab	\$ 22.00

UNIFORMED FIREFIGHTERS

00504	Pre-emp exam, hearing and full vision	\$ 65.00
00615	Respirator clearance, questionnaire review *	\$ 30.00
00516	Pulmonary Function Test	\$ 28.00
71010	Chest X-ray (PA only)	\$ 53.00
72020	L-spine (if indicated)	\$ 45.00
4102Q	Lab Panel	\$ 42.00
36415	Blood Draw	\$ 17.50
93015	Stress EKG Treadmill (Drs. Discretion)	\$ 190.00
00521	Drug Screen (Pre-employment only)	\$ 36.00
72100	X-Ray Spine LS/AP + Lat	\$ 67.00
71010	X-Ray Chest, Pa View	\$ 53.00

2. ONGOING PHYSICALS

FIREFIGHTERS

00504	Annual Exam >40	\$ 65.00
00504	Bi-annual Exam (age 30 to 39)	\$ 65.00
00504	Exam every 3 years (age 29 & under)	\$ 65.00
00516	Pulmonary Function Test	\$ 28.00
81000	Urinalysis-Chem Stick	\$ 11.50
36415	Blood Draw	\$ 17.50
4102Q	Lab Panel	\$ 42.00
84153	PSA (>50 years old)	\$ 42.50
71010	Check X-ray PA (if indicated)	\$ 53.00
93015	Stress EKG Treadmill (Haz Mat Only)	\$ 190.00
90636	Twinrix	\$ 92.50
90632	Hep A	\$ 65.00
90746	Hep B	\$ 60.00
00498	Lift Test	\$ 10.00
90714	Tetanus	\$ 16.00
00124	Quantiferon Gold blood test	\$ 170.00
90396	Varicella-Zoster IG IM	\$ 135.00
86787	Varicella-Zoster Titer	\$ 60.00
86706	Hep B Surface Antibody	\$ 42.50
90715	TDAP Vaccine – Tetanus, Diphtheria, Pertussis	\$ 51.00
90658	Influenza Virus Immunization	\$ 20.00
90472	Additional Vaccination nursing Fee	\$ 6.25

As part of a Firefighters ongoing physical, additional services that would need to be provided are: (Fire Department would be financially responsible for these charges.)

86803	Hep C	\$ 42.75
86580	TB Test	\$ 12.50
90746	Hep B Series	\$ 60.00
90632	Hep A Series	\$ 65.00
86735	Mumps Titer	\$ 42.50
86762	Rubella Titer	\$ 29.00
86765	Rubeola Titer	\$ 60.00
90703	Diphtheria, Tetanus Vaccine - DTP	\$ 16.00

POLICE OFFICERS

00504	Ext. Exam/Audio	\$ 65.00
81000	Urinalysis-Dip Stick	\$ 11.50
72100	X-Ray Spine LS/AP + Lat	\$ 67.00
71010	X-Ray Chest, PA View	\$ 53.00
93000	Electrocardiogram, Complete	\$ 70.00
36415	Venous Blood Draw/Office	\$ 17.50
4102Q	Lab Panel	\$ 42.00

86592	RPR	\$ 26.00
81001	U/A Microscopic Analysis (Bomb Squad)	\$ 11.50
<i>For those officers exposed to meth labs while on duty:</i>		
00615	RESP Clearance Quest *	\$ 30.00
00516	Pulmonary Function Test	\$ 28.00
83655	Lead W/Zinc/OSHA	\$ 75.25
4102M	Chem Panel Heavy Metal Screen	\$ 165.00
84153	ASSAY PSA Total	\$ 42.50

3. DOT CERTIFICATION/RECERTIFICATION

(Approximately 245 per year, 30 per month)

00506 C	DOT Exam	\$ 65.00
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4. FIT-FOR-DUTY EXAMS

(Approximately 13 per year)

00510	Basic Fit for Duty Exam	\$ 120.00
00511	Ext Fit for Duty Exam	\$ 180.00

5. POST ACCIDENT TESTING

(Approximately 15 per year)

00536	Breath Alcohol Test	\$ 30.00
00521	DS Lab/Collection Fee	\$ 36.00

6. RANDOM DRUG/ALCOHOL TESTING (CDL)

(Random Drug Tests = 22 per month. Random Alcohol Tests = 5 per month.)

00536	Breath Alcohol Test	\$ 30.00
00521	DS Lab/Collection Fee	\$ 36.00
00525	MRO Report	\$ 15.00
00568	2nd Lab Conf	\$ 175.00

7. EXIT AUDIOGRAMS

00531	Exit Audiogram	\$ 20.00
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8. MISCELLANEOUS

90471	Injection Administration Fee - first	\$ 11.25
90472	Additional injection done at the same time as another injection	\$ 6.25
00521	After Hours Drug Screen w/Lab	\$ 86.00
00536	After Hours Breath Alcohol (BAT)	\$ 50.00
00615	Respirator questionnaire done in bulk (biller adjusts the fee to \$15 each)	\$ 15.00

9. ADDITIONAL CHARGES

Any other fees/charges that might be billed to the City, as part of this contract must be identified here or they will not be allowed.

<u>Description of fee/charge</u>	<u>Unit</u>	<u>Unit Cost</u>
Telephone consultation for special cases		No Fee
Code: 00525 - MRO Fee for DOT drug tests	Per test	\$30.00
Random Program Administration Fee	Annual Fee	\$400.00
Respirator Exam (Drs. Discretion)	Each	\$48.00

Classes Offered:

Reasonable Suspicion Training for DOT Supervisors (2 hours)	\$20.00 per person
Designated Employer Representative Compliance Workshop (8 hours)	\$50.00 per person

ATTACHMENT B

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

By signing and submitting this proposal, Occupational Medicine Associates, P.S. certifies to the best of our knowledge and belief that our firm and principals:

- a. *Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;*
- b. *Have not within a three-year period preceding this contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;*
- c. *Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,*
- d. *Have not within a three-year period preceding this contract had one or more public transactions (federal, state, or local) terminated for cause or default.*

Company Name of Respondent: OCCUPATIONAL MEDICINE ASSOCIATES, PS

Company Address: 323 E. 2ND AVENUE, SUITE 102, SPOKANE, WA 99202

Telephone Number: 509-455-5555

Fax Number: 509-455-4114

Email Address: annm@omaspokane.org

Authorized Signature: Paula Lantsberger MD, MPH, FAcOEM

Printed Name and Title: Paula Lantsberger, MD, MPH, FAcOEM

Date Signed: 10/24/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/07/2018

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

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

PRODUCER Pilkey-Hopping & Ekberg, Inc. 2102 N. Pearl St., Suite 102 Tacoma, WA 98406-2551 Shawn McClain		253-756-2000	CONTACT NAME: Physicians Insurance Agency PHONE (A/C, No, Ext): 253-756-2000 FAX (A/C, No): 253-756-5336 E-MAIL ADDRESS:	
INSURED Occupational Medicine Associates PS 323 E 2nd Ave Ste 102 Spokane, WA 99202		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Liberty Mutual Ins. Co.		23043
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		BZS55604889	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 STOP GAP \$ 2,000,000
A	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BZS55604889	07/01/2018	07/01/2019	
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		BZS55604889	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ESO58878789	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	STATE MANDATED			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							PROPERTY 437,624

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Spokane
Risk Management Dept.
808 W Spokane Falls Blvd
Spokane, WA 99201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



OCCUP-1

OP ID: SM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/07/2018

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

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

PRODUCER Pilkey-Hopping & Ekberg, Inc. 2102 N. Pearl St., Suite 102 Tacoma, WA 98406-2551 Shawn McClain	253-756-2000	CONTACT NAME: Physicians Insurance Agency	
		PHONE (A/C, No, Ext): 253-756-2000	FAX (A/C, No): 253-756-5336
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Liberty Mutual Ins. Co.	23043
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED Occupational Medicine
Associates PS
323 E 2nd Ave Ste 102
Spokane, WA 99202

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		BZS55604889	07/01/2018	07/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000
A				BZS55604889	07/01/2018	07/01/2019	MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:						STOP GAP \$ 2,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	X		BZS55604889	07/01/2018	07/01/2019	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY		X				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB			ESO58878789	07/01/2018	07/01/2019	AGGREGATE \$ 1,000,000
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		STATE MANDATED			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							PROPERTY 437,624

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Spokane Police Department
Administration
1100 W Mallon
Spokane, WA 99260

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Shawn McClain

ATTACHMENT D



STATE OF WASHINGTON

Department of Labor & Industries

Certificate of Workers' Compensation Coverage

July 2, 2018

WA UBI No.	601 521 043
L&I Account ID	864,314-00
Legal Business Name	OCCUPATIONAL MEDICINE ASSOCIATES PS
Doing Business As	OCCUPATIONAL MEDICINE ASSOC PS
Workers' Comp Premium Status:	Account is current.
Estimated Workers Reported (See Description Below)	Quarter 1 of Year 2018 "11 to 20 Workers"
Account Representative	Employer Services Help Line, (360) 902-4817
Licensed Contractor?	No

What does "Estimated Workers Reported" mean?

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person, or several part time workers.

Industrial Insurance Information

Employers report and pay premiums each quarter based on hours of employee work already performed, and are liable for premiums found later to be due. Industrial insurance accounts have no policy periods, cancellation dates, limitations of coverage or waiver of subrogation (See [RCW 51.12.050](#) and [51.16.190](#)).

CITY OF SPOKANE
ATT: JENNIFER QUICK
808 W SPOKANE FALLS Blvd
SPOKANE WA 99201
509-625-6365 Jennifer Quick
jquick@spokanecity.org
Fax 625-6379
Contract # OPR 2013-0295

ATTACHMENT E

Appt	
Check In	
Paperwork Comp	
Chart Ready	
Chart Pickup	
Roomed	

Drug Test PAML DOT OR NON-DOT DFW50X FOR POSTACCIDENT TESTING THAT DOESN'T MEET THE DOT PA CRITERIA ALL EMPLOYER COPIES GO TO JENNI TO SEND SECURE ONCE A WEEK	36.00	00521	
BAT ALL EMPLOYER COPIES GO TO JENNI TO SEND SECURE ONCE A WEEK	30.00	00536	
BASIC EXAM W/HEARING	65.00	00504	
DOT EXAM W/HEARING		00526C	
RDOT EXAM ***NO HEARING***		00506C	
LIFT TEST SEE CHECK OFF SHEET FOR AMOUNT OF LIFT TEST			
PFT	28.00	00516	
PFT CLEARANCE EXAM		00507	
X-RAY AP & LAT LUMBAR (ONLY AT DR. DISCRETION)	\$67.00	72100	
LS OBLIQUE 2V (ONLY IF REQUESTED BY ROCKWOOD)		72101	
LS CONE DOWN 1V (ONLY IF REQUESTED BY ROCKWOOD)		72102	
OSHA ZPP BLOOD	75.25 &	83655	
BLOOD DRAW	17.50	36415	
HEARING ONLY	20.00	00531C	
TB TESTSKIN TEST	12.50	86580	
INJ. ADMINISTRATION FEE	11.25	90471	

Results:

- RDOT Physical: **E Mail** DOT certificate to jquick@spokanecity.org gkinyon@spokanecity.org
- HEARING: E-mail hearing results to Mike Threlfall mthrelfall@spokanecity.org and Greg gkinyon@spokanecity.org
- PRE-EMPLOYMENT PHYS: E-mail ROME and/or DOT card, DS result, City letter that applicant signs and OMA intake to Jennifer and Greg. All pre-employment DOT drug test results negative or positives will be emailed to Greg, Kelly and Jennifer with the physical results.

5/17/18 Removed Kelly Burnett as a contact per email from Jennifer. 4/11/18 Send pre-employment results to Greg, Kelly and Jennifer. 8/15/17 Separated seasonal drug testing, FFD, and immunizations from this protocol and added Kelley as replacement contact for Becky. JC Updated 6/22/17 – Becky retired



Paula A. Lantsberger, MD, MPH, FACOEM
 Terrence D. Rempel, MD, MPH, FACOEM
 Royce F. Van Gerpen, MD, MPH

323 East Second Avenue, Suite 102
 Spokane, WA 99202
 509.455.5555
 509.455.4114 FAX
www.omaspokane.org

This letter is to remind you that your DOT Medical Certificate will be expiring soon. Please refer to your current card/certificate for the date of expiration. Check with your employer about their protocol for scheduling your appointment. If you do not have to schedule through your employer, please call our office at (509) 455-5555 (option 0) to schedule your appointment.

HOW TO PASS A DOT PHYSICAL

New, more extensive medical examination forms (Medical Examination Report MCSA-5875 and Medical Examiner's Certificate MCSA-5876) have been implemented by the U.S. Department of Transportation/Federal Motor Carrier Safety Administration as of **APRIL 20, 2016**.

The new forms can be found at this link:

<https://www.fmcsa.dot.gov/medical/driver-medical-requirements/driver-medical-fitness-duty>
 then click on "download forms" under "most requested links" in the middle of the page.

Pointers to keep in mind

- ✓ It's best to not wait until your current card is ready to expire, especially if you require a Washington State waiver.
- ✓ Be truthful on your medical history on the patient section of the Medical Examination Report. You have to certify on the first page that your responses are complete and true. If you make inaccurate statements or falsify information, that action may invalidate the examination and medical examiner's certificate.

How to prepare for your DOT physical

- ✓ Complete your health history on the Medical Examination Report Form (MCSA-5875 – see link above), the driver must **complete Section 1. Driver Information**. Complete instructions are on page 6 of the form. You can fill out the form electronically, but you will need to print it as it does not allow you to save it online.
- ✓ Be sure to take your regular prescribed medications before and the day of the physical exam
- ✓ Avoid using the bathroom prior to your physical as a small amount of urine is required for a kidney screen. Please note that this is **NOT** a drug screen.
- ✓ If you are being treated by a doctor for an injury, have had surgery since your last exam, or recent severe illness, please bring a note from your treating physician/specialist stating your condition does not pose a safety risk in driving a commercial vehicle (**PLEASE NOTE:** the decision regarding your qualification or disqualification for a renewed DOT card is up to the Medical Examiner, not your personal physician).

- ✓ If you have blood pressure concerns or are on blood pressure medication:
-Coffee, tea, energy drinks, salty foods such as potato chips or certain over-the-counter medications such as cold or cough medicine or herbal remedies may cause a spike in your blood pressure – avoid these before your physical. If you smoke, reduce the amount of nicotine you use.
- ✓ If you have diabetes:
Please bring a laboratory report from your doctor indicating a hemoglobin A1C test result within the past six months.
- ✓ If you have had a heart attack or have cardiovascular disease
Please bring a copy of your last treadmill test results and the records from your cardiologist for the last year
- If you have been diagnosed with sleep apnea and are using a C-Pap machine
- ✓ Please bring a report of your latest CPAP machine use. This is obtained from the SD card in your C-Pap machine.

PLEASE NOTE: The Medical Examiner has an obligation to determine if your health meets the FMCSA standards. The Medical Examiner will decide whether additional information should be obtained from your treating physician/health care provider. The DOT certificate will not be issued until this requirement is met.

What you need to bring with you

- ✓ Your driver's license
- ✓ If you have a hearing aid, please bring with you
- ✓ Eyeglasses or contact lenses
- ✓ A list of the current medications (including over-the-counter) with you, including strength and dosage
- ✓ Please bring the names, phone and fax numbers of your doctors or health care providers
- ✓ It is helpful if you know whether or not your employer will pay for your DOT physical. If you are paying, OMA accepts checks, cash and credit cards (VISA, MasterCard, Discover and American Express)
- ✓ Some employers may require additional testing such as drug or alcohol testing, hearing test, etc.
- ✓ Know the difference between INTERSTATE (driving between states), which includes transporting commerce between states (i.e., you are transporting coconuts that came from Florida but you are only driving between Spokane and Seattle – that is considered INTERSTATE) and INTRASTATE (driving within a state only and only local commerce).

What happens during the medical exam

As required by the DOT/FMCSA, a complete medical examination will be conducted.

- ✓ The Certified Medical Assistant will review your completed form, take your vitals (blood pressure, weight, height) and collect urine for the dip stick test.
- ✓ You will be asked to put on a gown over your underwear in the exam room. The physicians check your eyes, ears, plus a whisper test, nose, throat, lungs, heart, abdomen, reflexes and feet. A hernia check is also required.
- ✓ The physician will go over your health history with you
- ✓ A very small urine sample is required to check your kidney function (dip stick strip), urine blood and urine sugar levels.

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RBA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*

☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Name *(please print or type)*

TERRENCE D. REMPEL, MD, MPH, FACOEM

Medical Examiner's State License, Certificate, or Registration Number

MD 00024366

Medical Examiner's Telephone Number

(509) 455-5555

Date Certificate Signed

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner *(specify)* _____

Issuing State

Washington

National Registry Number

4353116177

Driver's Signature

Driver's Address

Street Address: _____

City: _____

State/Province: _____

Zip Code: _____

☐ Yes ☐ No

Driver's License Number

Issuing State/Province

CLP/CDL Applicant/Holder

****This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.****

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

 Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: ☐ M ☐ F

 E-mail (optional): _____ CLP/CDL Applicant/Holder*: ☐ Yes ☐ No

Driver ID Verified By**: _____

 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☐ No ☐ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below.

☐ Yes ☐ No ☐ Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)?

☐ Yes ☐ No ☐ Not Sure

If "yes," please describe below.

(Attach additional sheets if necessary)

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Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Yes	No	Not Sure		Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulin used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other health condition(s) not described above:

☐ Yes ☐ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below.

☐ Yes ☐ No ☐ Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report (to be filled out by the medical examiner)**DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

TESTING

Pulse rate: _____		Pulse rhythm regular: <input type="radio"/> Yes <input type="radio"/> No		Height: __ feet __ inches		Weight: ____ pounds	
Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting			Urinalysis is required. Numerical readings must be recorded.				
Second reading (optional)							
Other testing if indicated			Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.				

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/____	20/____	Right Eye: ____ degrees
Left Eye:	20/____	20/____	Left Eye: ____ degrees
Both Eyes:	20/____	20/____	Yes No

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors

Monocular vision

Referred to ophthalmologist or optometrist?

Received documentation from ophthalmologist or optometrist?

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☐ Neither

Whisper Test Results

Record distance (in feet) from driver at which a forced whispered voice can first be heard

OR

Audiometric Test Results

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average (right):			Average (left):		

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Abdomen	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/Spine	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

--

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason): _____
- ☐ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ☐ Meets standards, but periodic monitoring required (specify reason): _____
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- ☐ Determination pending (specify reason): _____
- ☐ Return to medical exam office for follow-up on (must be 45 days or less): _____
- ☐ Medical Examination Report amended (specify reason): _____
- (if amended) Medical Examiner's Signature: _____ Date: _____
- ☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): TERRENCE D. REMPEL, MD, MPH, FACOEM

Medical Examiner's Address: 323 E. 2ND AVENUE, SUITE 102 City: SPOKANE State: WA Zip Code: 99202

Medical Examiner's Telephone Number: (509) 455-5555 Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: MD 00024366 Issuing State: WA

☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: 4353116177

Medical Examiner's Certificate Expiration Date: _____

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

TERRENCE D REMPEL, MD

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. TERRENCE D REMPEL has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

Issued at: Washington, DC 20590
 Date: 03/13/2014
 National Registry No.: 4353116177
 Expires: 03/13/2024

Charles A. Horan III
 Charles A. Horan III, Director
 Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
 Federal Motor Carrier Safety Administration



National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

PAULA A LANTSBERGER, MD

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. PAULA A LANTSBERGER has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49).

Issued at: Washington, DC 20590
Date: 01/29/2014
National Registry No.: 9916104752
Expires: 01/29/2024

Charles A. Horan III
Charles A. Horan III, Director
Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

ROYCE F VAN GERPEN, MD

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. ROYCE F VAN GERPEN has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

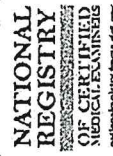
Issued at: Washington, DC 20590
 Date: 03/08/2014
 National Registry No.: 4638081675
 Expires: 03/08/2024

Charles A. Horan III

Charles A. Horan III, Director
 Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
 Federal Motor Carrier Safety Administration





OMA NEWS MARCH 2018

In this issue

- Information for Employers With DOT Employees. Update on DOT Driver medical exam website.
- Up Coming Reasonable Suspicion Supervisor Training Webinars.
- Opioid Use In The Workplace

INFORMATION FOR EMPLOYERS WITH DOT DRIVERS

When a driver comes to OMA for a DOT physical, we provide the employee with their completed medical examination certificate. OMA is required to enter the results of that medical exam into the National Registry of Certified Medical Examiners (NRCME) website. On December 1, 2017, the NRCME suffered a security breach in a portion of the site's software. This resulted in the system being taken offline by the Federal Motor Carrier Safety Administration (FMCSA). They were hoping to have the system updated quickly but that was not possible and the FMCSA is currently developing plans for rebuilding the Registry's web interface. This means that OMA has been unable to enter results to the FMCSA site since that time. Officials at the FMCSA have stated that while this was a security issue, none of the secure data contained in the Registry was accessed or released. The FMCSA has instructed medical examiners to continue to conduct exams as usual and to continue issuing the paper Medical Examiner's Certificate to qualified drivers. OMA will enter driver data when the website is working. We will keep you posted.

UPCOMING EVENTS

Are Your Managers and Supervisors Prepared to Make Reasonable Suspicion Determinations?

This class will teach managers and supervisors;

- A clear definition and explanation of reasonable suspicion.
- The effects of alcohol and drugs in the workplace.
- Signs, symptoms, and behavior indicators to look out for.
- How to recognize and document performance using the behavior observation check list.
- What to do about hearsay, rumors, or customer complaints.

The Department of Transportation Regulations does require all DOT supervisors to attend a two hour supervisor training on Reasonable Suspicion for drugs and alcohol. This class will satisfy that requirement. It is also instructional and appropriate for non-DOT supervisors as well.

When: Tuesday March 27th 1:00pm to 3:00pm

And

Thursday April 12th 10am to 12pm

Where: This will be conducted as a webinar so you can attend from your office; all you need is a computer. Once you register, you will receive an email with the link for the webinar and instructions. [Click here to register](#)

Cost: The class is \$100.00 per person

Opioid Use in The Workplace

According to the Journal of Occupational and Environmental Medicine volume 56, number 7, July 2014. "Acute or chronic opioid use is not recommended for patients who perform safety-sensitive jobs. These jobs include operating motor vehicles, other modes of transportation, forklift driving, overhead crane operation, heavy equipment operation, sharps work (e.g., knives, box cutters, needles), work with injury risks (e.g., heights) and tasks involving high levels of cognitive function and judgment. Conclusion: Quality evidence consistently demonstrates increase risk of vehicle crashes."

So how do you make sure employees who have prescription opioids stay safe on the job?

Define your "Safety-Sensitive" positions as a job or position where the employee holding this position has the responsibility for his/her own safety or other people's safety. It would be particularly dangerous if such an employee is using drugs or alcohol while on job. The person in the position should have the ability to work in a constant state of alertness and in a safe manner.

1. Update job descriptions and company policy: It is important to define safety-sensitive, and what jobs are considered safety-sensitive. Add as an essential job function to safety-sensitive positions, the "ability to work in a constant state of alertness and in a safe manner". Adding this makes alertness "job related" under the ADA & OSHA General Duty Section 5(a). Make sure to include all impairing-effect medications and substances equally to avoid discrimination.
2. Employee training: Employees need to know and understand the potential for injury or death when working impaired. Fatal work injuries were up 7% in 2016, and fatal injuries from falls, slips or trips were up 6% in 2016. Overdoses from non-medical use of drugs or alcohol while on the job increased 32% in 2016.
3. Supervisor training: Supervisors are vitally important to the safety of the workplace. While drug testing helps workplace safety, it is not done daily on each employee. The Supervisor is the one that knows the employees and usually interacts personally with them daily, making their observations of the employee's appearance, behavior, speech, and mental status extremely important. Reasonable suspicion drug and alcohol testing is a must if the supervisor sees any indication that an employee may be under the influence of drugs or alcohol. Your supervisors need to know what to look for and what to do quickly before someone gets hurt.

When an employee is drug tested and tests positive for anything, that result goes from the lab to the Medical Review Officer to be reviewed. The medical review consists of the Medical Review Officer (MRO) talking to the employee/applicant to see if they have any prescriptions for the positive test. The Medical Review Officer is also an M.D and will ask the employee what position the donor holds for the company that is requesting the drug test. It is the job of the MRO to decide if the medication could potentially cause safety-sensitive concerns. If the donor has valid prescriptions (in their name, filled before the date of the test, and taken for the medical condition prescribed) the test will be deemed "negative". However, the MRO may add a comment of "physicians clearance needed for safety-sensitive functions", or "fitness for duty required for safety-sensitive functions" - this is an indication to the company that if the employee's position is safety-sensitive they either need:

- a note from their prescribing physician stating they can perform those functions while taking the medication, or
- "fitness for duty required for safety-sensitive function" meaning an evaluation by an independent occupational medicine physician. The fitness for duty would be an evaluation of the employee where the physician looks at medical records of the medical condition for

which the medication is prescribed along with a job description from the company and determines if the employee can safely perform that job while on the medication.

As of January 01, 2018, some of the DOT regulations have changed:

The DOT test that is performed now tests for synthetic opioids (hydrocodone, hydromorphone, oxycodone, and oxymorphone) and the reporting of safety concerns to the employer is more complex. If a DOT test is positive for those or any other medication that could cause safety issues the MRO will talk to the employee and if they were able to verify the medication as a valid prescription, the result gets reported to the employer as a "negative" test.

However the employer may get a revised result within five (5) days either stating that the employee needs a physician's clearance or a fitness for duty evaluation for safety-sensitive functions depending on if the MRO was able to talk to the prescribing physician or not.

The DOT regulations state "To ensure that the employee is not caught by surprise by an MRO's decision to report the medical information regarding a legally valid prescription to a third party, we have amended 40.135(e)", which is to give the employee five business days to have his or her treating physician contact the MRO to discuss the safety issues.

Opiate Use in The Workplace



According to the Journal of Occupational and Environmental Medicine volume 56, number 7, July 2014. "Acute or chronic opioid use is not recommended for patients who perform safety-sensitive jobs. These jobs include operating motor vehicles, other modes of transportation, forklift driving, overhead crane operation, heavy equipment operation, sharps work (e.g., knives, box cutters, needles), work with injury risks (e.g., heights) and tasks involving high levels of cognitive function and judgment. Conclusion: Quality evidence consistently demonstrates increase risk of vehicle crashes ."

Upcoming Reasonable Suspicion Supervisor Training

Are Your Managers and Supervisors Prepared to Make Reasonable Suspicion Determinations?

This class will teach managers and supervisors;

- A clear definition and explanation of reasonable suspicion.
- The effects of alcohol and drugs in the workplace.
- Signs, symptoms, and behavior indicators to look out for.
- How to recognize and document performance using the behavior observation check list.
- What to do about hearsay, rumors, or customer complaints.

The Department of Transportation Regulations does require all DOT supervisors to attend a two hour supervisor training on Reasonable Suspicion for drugs and alcohol. This class will satisfy that requirement. It is also instructional and appropriate for non-DOT supervisors as well.

When: Tuesday December 12, 2017 10:00am to 12:00pm

Where: This will be conducted as a webinar so you can attend from your office; all you need is a computer. Once you register, you will receive an email with the link for the webinar and instructions.

Cost: The class is \$100.00 per person

Email Jenni at CarrJ@OMASPOKANE.ORG to register

~ OMA CHRISTMAS HOURS ~
WE WILL BE CLOSED 12/25/17 & 12/26/17
FOR ANY POST-ACCIDENT OR RANDOM DRUG
AND/OR TESTING PLEASE CALL OUR AFTER-HOURS
COLLECTOR AT 509-710-1505
YOUR COMPANY NEEDS TO BE SET UP WITH US FOR ANY AFTER-
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Occupational Medicine Associates, 323 E. Second Avenue, Suite 102, Spokane, WA 99202

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Understand how DOT Final Rule Changes will impact your business.



Department of Transportation Final Rule Takes Place January 1, 2018. What does this mean for your company and employees?

The Department of Transportation has made some changes to the drug and alcohol testing regulations that will go into effect on January 1, 2018.

The biggest change your company and employees will see is the drug test panel will now include four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these semi-synthetic opioids include Oxycontin, Percodan, Percocet, Vicodin, Lortab, Norco, Dilaudid, Exalgo. Although the DOT has not released a lot of details, here is what we know;

- The confirmatory test cutoff levels for the semi-synthetic opioids will be 100ng/ml.
- The testing for methylenedioxyethylamphetamine (MDEA) has been removed as an initial test analyte and they have added methylenedioxyamphetamine (MDA) as a initial testing analyte. Both of these are metabolites for ecstasy.

What Should Employers Do?

- Inform your employees of the semi-synthetic opioids that they will now be tested.
- If an employee tests positive for one of the added opioids, it will be treated the same way as any test, it will go to the Medical Review Officer (MRO). The MRO will contact the employee to go over the results. If the employee has a valid prescription for the positive test, the prescription will be verified by the MRO office by contacting the pharmacy where the medication was filled and the test will be reported as negative. A valid prescription means that the medication has been prescribed to the employee and they have filled the prescription **before** they took the test; or they were given the medication in the hospital and we can verify that with medical records from the hospital. The MRO must be able to verify the prescription information with the pharmacy or medical facility that administered that medication or it is reported as a positive test.
- You may notice new comments on results that you receive from the MRO. If the employee has a valid prescription for the added opioids and they are performing safety sensitive functions, for you it is the MRO's responsibility to inform the employer of safety sensitive risks, and may find that an employee is unqualified under DOT regulations to perform safety sensitive functions without having a fitness for duty exam.
- Look at your company policy to see if you will need to make any changes as of January 1, 2018. Here is a link to address policy changes from the DOT https://www.transportation.gov/odapc/Part_40_DOT_Policies_Notice_2017

We have listed just a few of the changes. I encourage you to read the DOT Federal Register at this link: [Full text of the Final Rule](#).

As always please feel free to contact OMA with any questions or concerns.

Upcoming Reasonable Suspicion Supervisor Training

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Cost: The class is \$100.00 per person

Email Jenni at CarrJ@OMASPOKANE.ORG to register

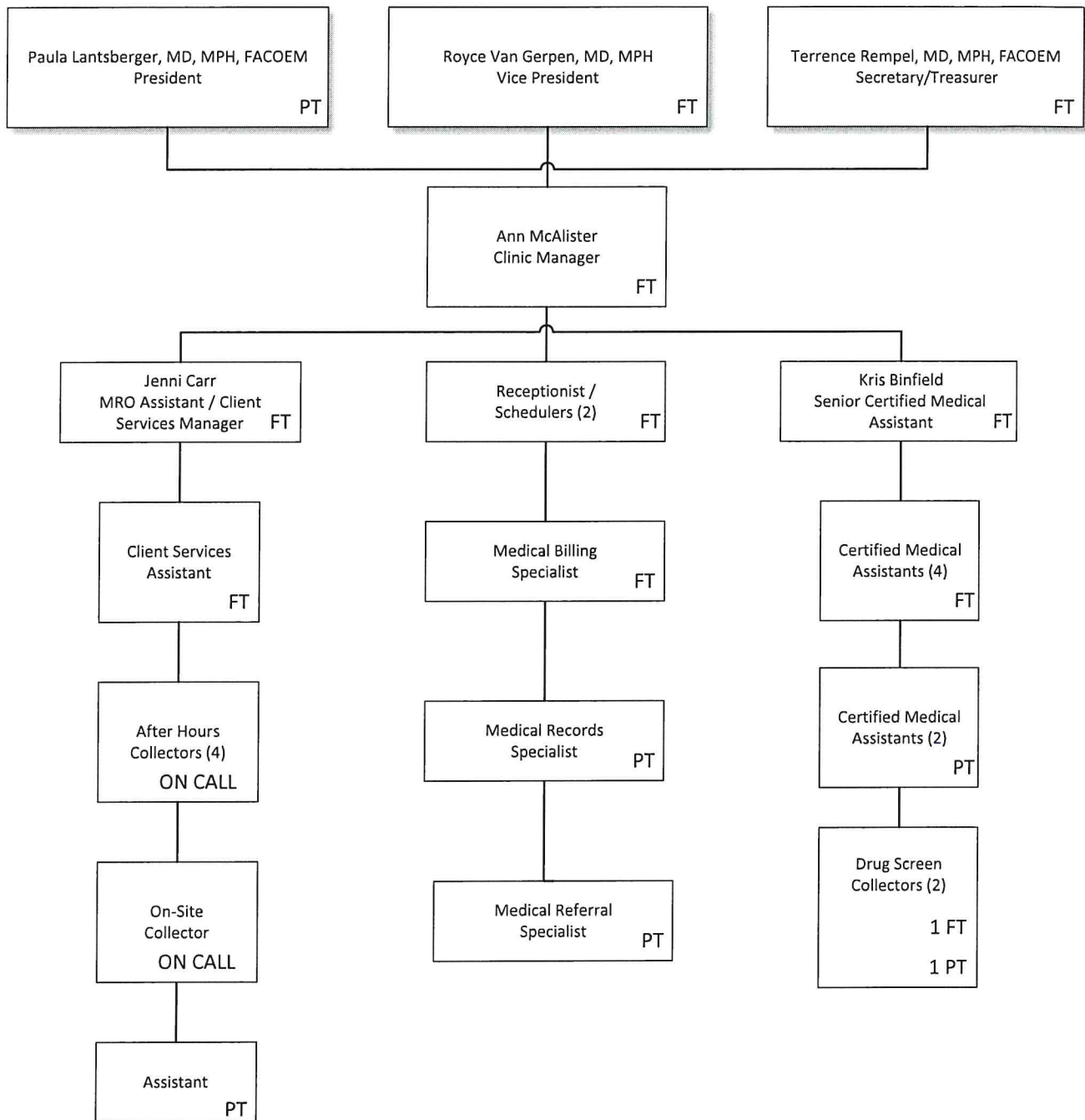
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WE WILL BE CLOSED 12/25/17 & 12/26/17
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COLLECTOR AT 509-710-1505
YOUR COMPANY NEEDS TO BE SET UP WITH US FOR ANY AFTER-
HOURS TESTING.

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Occupational Medicine Associates

Organizational Chart

ATTACHMENT J



Key: FT = full-time employee

PT = $\frac{3}{4}$ time or part-time employee

ATTACHMENT K

<u>Clinic Name</u>	<u>Address</u>	<u>Point of Contact</u>	<u>Phone Number</u>	<u>Email</u>	<u>Associated Personnel</u>
Occupational Medicine Associates, P.S. Occupational Health Services and Physical Exams, Pre and post-offer physicals, drug and alcohol screenings, Fitness for Duty exams	323 E. Second Avenue, Suite 102 Spokane, WA 99202	Ann McAllister, Clinic Manager	509.455.5555 x233	annm@omaspokane.org	<p>Paula Lantsberger, MD, MPH, FACOEM Terrence Rempel, MD, MPH, FACOEM Royce Van Gerpen, MD, MPH Ann McAllister, Clinic Manager Kris Binfield, Senior Certified Medical Assistant Kathy Kroske, Certified Medical Assistant Debbie Carr, Medical Assistant Registered/Certified Phlebotomist Kajwana Daniels, Certified Medical Assistant Ingrid Ostheller, Medical Assistant Registered – Certified Radiologic Technician Lindsay MaCurdy, Medical Assistant William Wilson, Drug & Alcohol Technician, Back-up Scheduler/Receptionist Valerie Coffey, Patient Services Coordinator - Scheduler Tammy Stewart, Receptionist – Scheduler, Back-up Referral Specialist Jenni Carr, Certified Medical Review Officer Assistant/Client Services Manager, After Hours Collector Lisa Machart, Client Services Assistant/Certified MRO Assistant, After Hours Collector Julie Swanson, Assistant Denise Knapp, On-Site Collector, Results Coordinator, Back-up Medical Records Specialist and Scheduler Kristin Kirk, After Hours Collector, Drug and Alcohol Technician Jody Garcia, After Hours Collector Debbie Masten, Billing Specialist Shari Rauch, Medical Records Specialist Michelle Rochon, Referral Specialist</p>

<u>Physician Name /Specialty</u>	<u>Location Where Providing Services</u>	<u>License No., State, & Expiration</u>	<u>Board Certification Specialty, Award Date & Expiration</u>	<u>Role in Contract</u>
Paula Lantsberger, MD, MPH, FACOEM Preventive Medicine with Occupational Medicine Specialty	323 E. 2 nd Avenue, Suite 102, Spokane, WA 99202	MD00024148 Washington 10/5/2020	American Board of Preventive Medicine with Occupational Medicine specialty 1/1/2004 award date 1/31/2024 expires	Performing physical exams, reviewing, evaluating and interpreting information Founder of OMA – 25 years
Terrence Rempel, MD, MPH, FACOEM Preventive Medicine with Occupational Medicine Specialty	323 E. 2 nd Avenue, Suite 102, Spokane, WA 99202	MD00024366 Washington 1/10/2021	American Board of Preventive Medicine with Occupational Medicine specialty 1/1/2006 award date 1/31/2026 expires	Performing physical exams, reviewing, evaluating and interpreting information Partner of OMA – 25 years
Royce Van Gerpen, MD, MPH Preventive Medicine with Occupational Medicine Specialty	323 E. 2 nd Avenue, Suite 102, Spokane, WA 99202	MD00013782 Washington 10/12/2020	American Board of Preventive Medicine with Occupational Medicine specialty 1/22/1999 award date 1/31/2029 expires	Performing physical exams, reviewing, evaluating and interpreting information Partner of OMA – 25 years

Licensed/Certified Professional Staff

<u>Name</u>	<u>Title/Position</u>	<u>Role in Contract</u>	<u>License Information (incl. state & expiration)</u>	<u>Certification Information (incl. expiration)</u>
Kris Binfield 18 years with OMA	Senior Medical Assistant - Certified	Support Collecting exam information	Medical Assistant Certified #CM 60371300 Washington State 11/12/19 expires <u>X-ray Technician Registration</u> Washington State #XT 00006973 Washington State 11/12/2020 expires	Certified Occupational Hearing Conservationist Certificate #63558 7/14/20 expires <u>NIOSH - Spirometry in Occupational Medicine Certification</u> 10/23/2022 expires <u>Regional Certified Professional Collector Trainer – DATIA</u> Certificate #CPID 11148 6/1/2019 expires <u>Breath Alcohol Technician</u> Valid date 5/22/2006 10/05/2022 expires
Debbie Carr 6 years with OMA	Medical Assistant – Registered Medical Assistant - Phlebotomist	Support Collecting exam information	<u>Medical Assistant - Registered Certificate</u> #MR 60412520 Washington State 3/22/2020 expires <u>Medical Assistant Phlebotomist Certificate</u> #PC 60533643 3/22/2020 expires <u>X-ray Technician Registration</u> Washington State #XT 60512830 3/22/19 expires	<u>NIOSH - Spirometry in Occupational Medicine Certification</u> 10/23/2022 expires <u>Breath Alcohol Technician</u> Valid date 9/23/2011 10/5/2022 expires <u>Certified Professional Collector in Urine – DATIA</u> Certificate #CPID 38425 6/1/2019 expires

Kajuana Daniels 4 years with OMA	Medical Assistant – Certified Medical Examiner Administrative Assistant for NRCME	Support Collecting exam information	<u>Medical Assistant - Certified</u> #CM 60508704 Washington State 5/10/2019 expires <u>X-ray Technician</u> <u>Registration</u> #XT 60597980 Washington State 5/10/2020 expires	<u>Certified Occupational Hearing</u> <u>Conservationist</u> Certificate #487756 9/3/2020 expires <u>NIOSH - Spirometry in Occupational Medicine</u> <u>Certification</u> 10/23/2022 expires <u>Breath Alcohol Technician</u> Valid date 7/1/2015 11/18/2020 expires <u>Certified Professional Collector in Urine –</u> <u>DATIA</u> # CPID 50694 6/1/2019 expires
Kathy Kroske 9 years with OMA	Medical Assistant - Certified	Support Collecting exam information	<u>Medical Assistant - Certified</u> #CM 60369392 Washington State 12/21/2019 expires <u>X-ray Technician</u> <u>Registration</u> #XT 60208916 Washington State 12/21/2019 expires	<u>Certified Occupational Hearing</u> <u>Conservationist</u> Certificate #471242 7/14/2020 expires <u>NIOSH - Spirometry in Occupational Medicine</u> <u>Certification</u> 10/23/2022 expires <u>Breath Alcohol Technician</u> Valid date 12/9/2009 11/18/2019 expires <u>Certified Professional Collector in Urine –</u> <u>DATIA</u> # CPID 33205 6/1/2019 expires
Ingrid Ostheller Hired 7/9/2018	Medical Assistant – Registered	Support Collecting exam information	<u>Medical Assistant -</u> <u>Registered</u> #MR 60899932 Washington State 5/5/2019 expires	<u>Certified Occupational Hearing</u> <u>Conservationist</u> Certificate #498541 7/19/2023 expires

			<u>Radiologic Technologist Certification</u> #RT 00004364 Washington State 5/5/2020 expires		She is in training for urine collection and breath alcohol technician
Lindsay MaCurdy Hired 9/24/2018	Medical Assistant	Support Collecting Exam Information			Applied for Medical Assistant – Certified with the State of Washington as well as X-ray Technician registration. Both are pending – in process She is in training for urine collection and breath alcohol technician
Jenni Carr 16 years with OMA	Certified Medical Review Officer Assistant Client Services Manager, Back up Scheduler After-Hours Collector on call	Support Administrative Point of Contact	<u>Certified Medical Review Officer Assistant</u> #06-9522 MROCC 10/29/2019 expires		<u>Spirometry in Industrial & Occupational Medicine certificate</u> Valid date 4/10/2010 No expiration <u>Breath Alcohol Technician</u> Valid date 10/16/2012 10/5/2022 expires <u>Regional Certified Professional Collector Trainer – DATIA</u> # CPID 13989 6/1/2019 expires
Lisa Machart 3 years with OMA	Certified Medical Review Officer Assistant and Client Services Assistant After-Hours Collector on call	Support Administrative Secondary point of contact for Client Services	<u>Certified Medical Review Officer Assistant</u> #16-1390 MROCC 3/18/2019 expires		<u>Breath Alcohol Technician</u> Valid date 3/20/2017 3/20/2022 expires <u>Certified Professional Collector Trainer – DATIA</u> # CPID 51568 6/1/2019 expires
William Wilson 4 years with OMA	Drug and Alcohol Technician Back-up Scheduler	Support			<u>Certified Professional Collector in Urine – DATIA</u> # CPID 49879

					6/1/2019 expires <u>Breath Alcohol Technician</u> Valid date 9/30/2014 9/30/2019 expires
Kristin Kirk Hired 4/18/2018	Drug and Alcohol Technician After-Hours Collector on call	Support			<u>Certified Professional Collector in Urine –</u> DATIA # CPID 56199 6/1/2019 expires <u>Breath Alcohol Technician</u> Valid date 4/5/2018 5/5/2023 expires
Jody Garcia 4 years with OMA	After-Hours Collector on call	Support			<u>Certified Professional Collector in Urine –</u> DATIA # CPID 28503 6/1/2019 expires <u>Breath Alcohol Technician</u> Valid date 11/12/2012 5/5/2023 expires
Denise Knapp 2 years with OMA	On-Site Collector Back-up Medical Records Specialist Back-up Scheduler Results Coordinator	Support			<u>Certified Professional Collector in Urine –</u> DATIA # CPID 51795 6/1/2019 expires <u>Breath Alcohol Technician</u> Valid date 9/9/2015 9/9/2020 expires
ADMINISTRATIVE PROFESSIONALS					
Ann McAlister 8 years with OMA	Clinic Manager Medical Examiner Administrative Assistant for NRCME	Support Point of Contact Administrative		<u>BS in Health Services</u> <u>Administration</u> St. Mary's College, Moraga, CA	
Valerie Coffey 8 years with OMA	Patient Services Coordinator - Scheduler	Support Scheduling Reception			

		Physicals reporting		
Tammy Stewart 4 years with OMA	Scheduler – Receptionist Back-up Referral Coordinator Medical Examiner Administrative Assistant for NRCME	Support Scheduling Reception		
Shari Rausch 17 years with OMA	Medical Records Specialist	Support Medical Records		
Debbie Masten 21 years with OMA	Billing Specialist	Support Billing		

**Agenda Sheet for City Council Meeting of:**

11/26/2018

Date Rec'd

11/14/2018

Clerk's File #

OPR 2017-0546

Renews #**Submitting Dept**

CITY ATTORNEY

Contact Name/Phone

SAM 6818

Contact E-Mail

SFAGGIANOSPOKANECITY.ORG

Agenda Item Type

Contract Item

Agenda Item Name

0500 SPECIAL COUNSEL CONTRACT AMENDMENT

Cross Ref #**Project #****Bid #****Requisition #**

PAID BY CLAIMS

Agenda Wording

Amendment to contract with Etter, McMahon, Van Wert & Oreskovich, P.C., for outside counsel services in the legal matter John Durgan, et. al. v. City of Spokane. Increase of \$75,000 for a total contract amount of \$325,000.

Summary (Background)

The City entered into contract with the above firm for outside legal counsel services regarding the above matter. Additional funds are necessary.

Fiscal Impact

Grant related? NO

Public Works? NO

Budget Account

Expense \$ 75,000.00

5800-78100-14780-54601

Select \$

#

Select \$

#

Select \$

#

Approvals**Council Notifications****Dept Head**

DALTON, PAT

Study Session**Division Director****Other**

11/12/18 Exec. Session

Finance

BUSTOS, KIM

Distribution List**Legal**

DALTON, PAT

mfc@ettermcmahon.com

For the Mayor

ORMSBY, MICHAEL

sfaggiano@spokanecity.org

Additional Approvals

sdhansen@spokanecity.org

Purchasing

james.scott@ascrisk.com

RISK MANAGEMENT

ORMSBY, MICHAEL

dstragier@spokanecity.org



City of Spokane
SPECIAL COUNSEL
CONTRACT AMENDMENT

This Contract Amendment is made and entered into by and between the **City of Spokane** as ("City"), a Washington municipal corporation, and **ETTER, MCMAHON, LAMBERSON, VAN WERT & ORESKOVICH, P.C.**, whose address is 618 West Riverside Avenue, Suite 210, Spokane, WA 99201, as ("Firm"), individually hereafter referenced as a "party", and together as the "parties".

*WHEREAS, the parties entered into a Contract wherein the Firm agreed to provide legal services and advice to the City of Spokane, and its officers and employees regarding the matter of **JOHN DURGAN, ET. AL. v. CITY OF SPOKANE**, consistent with applicable laws and this Contract.*

WHEREAS, additional funds are necessary, thus the original Contract needs to be formally Amended by this written document; and

-- NOW, THEREFORE, in consideration of these terms, the parties mutually agree as follows:

1. CONTRACT DOCUMENTS.

The original Contract, dated July 28, 2017 and August 1, 2017, any previous amendments, addendums and / or extensions / renewals thereto, are incorporated by reference into this document as though written in full and shall remain in full force and effect except as provided herein.

2. EFFECTIVE DATE.

This Contract Amendment shall become effective upon signature by both parties.

3. COMPENSATION.

The City shall pay an additional amount not to exceed **SEVENTY FIVE THOUSAND AND NO/100 DOLLARS (\$75,000.00)** as full compensation for everything furnished and done under this Contract Amendment. The total amount under the original Contract, any subsequent amendments, and this Contract Amendment is **THREE HUNDRED TWENTY FIVE THOUSAND AND NO/100 DOLLARS (\$325,000.00)**.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained, or attached and incorporated and made a part, the parties have executed this Contract Amendment by having legally-binding representatives affix their signatures below.

**ETTER, MCMAHON, LAMBERSON,
VAN WERT & ORESKOVICH, P.C.**

CITY OF SPOKANE

By _____
Signature Date

By _____
Signature Date

Type or Print Name

Type or Print Name

Title

Title

Attest: Approved as to form:

City Clerk

Assistant City Attorney

**Agenda Sheet for City Council Meeting of:**

11/26/2018

Date Rec'd

11/12/2018

Clerk's File #

OPR 2014-0117

Renews #**Submitting Dept**

CITY ATTORNEY

Contact Name/Phone

MIKE ORMSBY 6287

Contact E-Mail

MORMSBY@SPOKANECITY.ORG

Agenda Item Type

Contract Item

Agenda Item Name

0500 SPECIAL COUNSEL CONTRACT AMENDMENT

Cross Ref #**Project #****Bid #****Requisition #**

CR19879

Agenda Wording

The City entered into contract with Moss & Barnett to provide legal services and advice in regards to the Comcast Franchise renewal. The total amount under the original contract, all previous amendments and this Amendment is \$150,000.

Summary (Background)

The City is in the process of renewing its cable franchise with Comcast which the current contract ends at the end of 2017, and has been extended to June 30, 2019. The City has hired Brian Grogan as special counsel from the law firm of Moss & Barrett to negotiate a new cable franchise agreement with Comcast. Mr. Grogan has also provided legal services to the City involving the Federal Communications Commission's authority to regulate.

Fiscal Impact

Grant related? NO

Public Works? NO

Budget Account

Expense \$ 30,000

0020-88100-18900-54105

Select \$

#

Select \$

#

Select \$

#

Approvals**Dept Head**

DALTON, PAT

Division Director**Finance**

BUSTOS, KIM

Legal

DALTON, PAT

For the Mayor

ORMSBY, MICHAEL

Council Notifications**Study Session****Other****Distribution List**

brian.grogan@lawmoss.com

tszambelan@spokanecity.org

sdhansen@spokanecity.org

mdoval@spokanecity.org

Additional Approvals**Purchasing**



City of Spokane
CONTRACT AMENDMENT
SPECIAL COUNSEL

THIS CONTRACT AMENDMENT is between the **CITY OF SPOKANE**, a Washington State municipal corporation, as ("City"), and **BRIAN T. GROGAN** and the law firm of **MOSS & BARRETT, P.A.**, whose address is 4800 Wells Fargo Center, 90 South Street, Minneapolis, Minnesota 55402, as ("Firm"), individually hereafter referenced as a "party" and together as the "parties".

WHEREAS, the parties entered into a Contract wherein the Firm agreed to act as OUTSIDE COUNSEL providing legal services and advice to the City in regards to the Comcast Franchise renewal; and

WHEREAS, additional funds are necessary for the Firm to negotiate a franchise renewal for the City;

-- Now, Therefore,

The parties agree as follows:

1. CONTRACT DOCUMENTS.

The original Contract executed by the parties on February 3, 2014 and February 13, 2014, any previous amendments and/or extensions/renewals thereto are incorporated by reference into this document as though written in full and shall remain in full force and effect except as provided herein.

2. EFFECTIVE DATE.

This Contract Amendment shall become effective on August 1, 2018.

3. AMENDMENT.

The City shall pay a maximum of **THIRTY THOUSAND AND NO/100 DOLLARS (\$30,000.00)** for everything furnished and done under this Contract Amendment. The total amount under the original contract, all previous amendments and this Amendment is **ONE HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS (\$150,000.00)**.

MOSS & BARRETT, P.A.

By _____
Signature Date

Type or Print Name

Title

Attest:

City Clerk

CITY OF SPOKANE

By _____
Signature Date

Type or Print Name

Title

Approved as to form:

Assistant City Attorney

18-186

**Agenda Sheet for City Council Meeting of:**

11/26/2018

Date Rec'd

11/14/2018

Clerk's File #

OPR 1987-0022

Renews #**Cross Ref #****Submitting Dept**

CITY COUNCIL

Contact Name/Phone

MIKE FAGAN 625-6269

Project #**Contact E-Mail**

AEVERANO@SPOKANECITY.ORG

Bid #**Agenda Item Type**

Contract Item

Requisition #**Agenda Item Name**

0320 ALTCEW AMENDMENT TO INTERLOCAL AGREEMENT TO INCLUDE SPOKANE VALLEY

Agenda Wording

ALTCEW Amendment to Interlocal Agreement to Include the City of Spokane Valley

Summary (Background)

On July 17, 2018, staff and the Governing Board Chair presented to Spokane Valley City Council about Aging & Long Term Care, the services provided, governance, and financial contribution to be a member of the interlocal agreement based on population of persons age 60 and older. Following the presentation, the council agreed by consensus to pursue joining the interlocal agreement, and gave the City Manager direction to include the match contribution into the 2019 city budget.

Fiscal Impact

Grant related? NO

Budget Account

Public Works? NO

Select \$

#

Select \$

#

Select \$

#

Select \$

#

Approvals**Council Notifications****Dept Head**

MCCLATCHEY, BRIAN

Study Session**Division Director****Other**

Finance 11/19

Finance

BUSTOS, KIM

Distribution List**Legal**

PICCOLO, MIKE

mfagan@spokanecity.org

For the Mayor

ORMSBY, MICHAEL

kstratton@spokanecity.org

Additional Approvals

aeverano@spokanecity.org

Purchasing

mpiccolo@spokanecity.org

**AMENDMENT NO. 3 TO THE INTERLOCAL GOVERNMENT AGREEMENT
TO CREATE THE EASTERN WASHINGTON AREA AGENCY ON AGING**

THIS AMENDMENT NO. 3 (“Amendment No. 3 Agreement”) to the Interlocal Government Agreement to Create the Eastern Washington Area Agency on Aging is made and entered into by and among **SPOKANE COUNTY**, having offices for the transaction of business at W. 1116 Broadway, Spokane, Washington 99201; **STEVENS COUNTY**, having offices for the transaction of business at Stevens County Courthouse, Colville, Washington 99114; **WHITMAN COUNTY**, having offices for the transaction of business at the Whitman County Courthouse, Colfax, Washington 99111; **PEND OREILLE COUNTY**, having offices for the transaction of business at the Pend Oreille County Courthouse, Newport, Washington 99156; **FERRY COUNTY**, having offices for the transaction of business at the Ferry County Courthouse, Republic, Washington 99166; and the **CITY OF SPOKANE**, having offices for the transaction of business at 808 W. Spokane Falls Boulevard, Spokane, Washington 99201, jointly referred to as the **Parties** and the **CITY OF SPOKANE VALLEY**, having offices for the transaction of business at 10210 E. Sprague Avenue, Spokane Valley, WA 99206.

RECITALS:

WHEREAS, pursuant to the provisions of RCW 36.32.120(6), the Boards of County Commissioners of counties within the State of Washington have the care of their respective county property and the management of their respective funds and business; and

WHEREAS, the 1965 Older Americans Act was passed by Congress for the purpose of establishing programs and services for older Americans and required, in conjunction therewith, the establishment of area agencies on aging to provide services and programs for older Americans; and

WHEREAS, pursuant to the above legislation, as well as the provisions of chapter 39.34 RCW, in 1978 Ferry County, Pend Oreille County, Spokane County Stevens County, Whitman County and the City of Spokane entered into an Interlocal Agreement termed “Interlocal Government Agreement to Create the Eastern Washington Area Agency on Aging” (“Interlocal Agreement”); and

WHEREAS, in 1987, the Parties executed a document entitled “AMENDMENT TO INTERLOCAL GOVERNMENT AGREEMENT TO CREATE THE EASTERN WASHINGTON AREA AGENCY ON AGING” wherein the Parties amended the Interlocal Agreement to reconfigure the prior “Panel on Aging and Advisory Council” into the current “Planning and Management Council;” and

WHEREAS, in 1995, the Parties executed a document entitled “AMENDMENT TO THE BY-LAWS AND THE INTERLOCAL AGREEMENT OF THE EASTERN WASHINGTON AREA AGENCY ON AGING” wherein the Parties amended the Interlocal Agreement and bylaws adopted thereunder to change the name of the agency

from “Eastern Washington Area Agency on Aging” to “Aging and Long Term Care of Eastern Washington;” and

WHEREAS, the Interlocal Agreement includes an Article addressing Modification which provides as follows:

ARTICLE XII. MODIFICATION. No change or addition of any printed portion of this Agreement shall be valid or binding upon any Party. There shall be no modification of the Agreement, except in writing, executed with the same formalities as this present instrument; and

WHEREAS, since the execution of the 1978 Interlocal Agreement, the City of Spokane Valley has been incorporated within Spokane County. The Governing Board of the Aging and Long Term Care of Eastern Washington desires to add the City of Spokane Valley to the Interlocal Agreement, including adding a representative of the City of Spokane Valley as a member of the Governing Board, subject to the terms and conditions of the Interlocal Agreement, as amended.

NOW, THEREFORE, for and inconsideration of the above referenced recitals which are incorporated herein by reference and other good and valuable consideration, receipt of which is hereby acknowledged, the Parties do agree that the Interlocal Agreement executed in 1978 among the Parties, as amended in 1987 and 1995, be and is hereby modified as follows:

MODIFICATION NO. 1: Additional Party.

The City of Spokane Valley, by executing this Amendment No. 3 Agreement, will become a party to the Interlocal Agreement executed in 1978 among the Parties, as amended in 1987 and 1995 and all terms and provisions therein:

MODIFICATION NO. 2: ARTICLE VI. ORGANIZATION of the Interlocal Agreement shall be modified as follows:

(Underlined bolded language added, lined out bolded language deleted.)

ARTICLE VI. ORGANIZATION.

A. General Provisions: The Agency is a separate administrative entity organized as a public regional body in accordance with the requirements with the Federal Older Americans Act, as amended. The principal organizational components shall be a Governing Board, and a Planning and Management Council.

B. Governing Board: The Governing Board shall be composed of one representative ~~((duly))~~ appointed by each of the Counties to this Agreement; ~~((three))~~ two representatives ~~((duly))~~ appointed by the Spokane City Council, one of whom shall be the

director or designee of the City's Community, Housing and Human Services Department or related department; one representative appointed by the City of Spokane Valley City Council; and as an ex-officio member, the Chairperson of the Planning and Management Council. The Governing Board shall, by a two-thirds (2/3) vote of its membership, adopt and amend the Agency By-Laws. On all other matters, a majority of the total members of the governing Board shall constitute a quorum, and a majority vote of the quorum shall be necessary to take action on any matter coming before the Governing Board. The Governing Board, in addition to adopting and amending the Agency By-Laws, shall have the authority to approve the annual Area Plan on Aging, approve the annual operating budget, adopt personnel policies, adopt Agency operating procedures, appoint an Agency Director, execute agreements and contracts and any other duties as may be established by Agency By-Laws. The Governing Board may select a Chairperson, Vice Chairperson, and other officers. The Chairperson shall be empowered, at times other than open meetings to execute all agreements and contracts which have been negotiated and approved by the Governing Board at open meetings.

C. Planning and Management Council: The Planning and Management Council shall be composed of no less than twenty-seven (27) and no more than thirty-five (35) members. It shall be representative of all counties within the Agency's service area. Further, to facilitate close working relationships among ~~((EWAAA))~~ ALTCEW and the parties hereto, ~~((six (6)))~~ seven (7) members of the Council shall be representatives of the units of general purpose local government party to this agreement. Additional composition requirements for the Council, appointment procedures and members' terms of service shall be established in the Agency By-Laws. The Council shall be responsible for performing the following:

- (1) Planning activities, including development of the Area Plan on Aging for PSA #11, and Annual Updates thereon;
- (2) Implement the Area Plan on Aging, once adopted by the ~~((EWAAA))~~ ALTCEW Governing Board;
- (3) Represent the interest of older persons;
- (4) Administer the internal affairs of the Agency pursuant to policies and procedures adopted by the Governing Board;
- (5) When requested by the Governing Board, recruit and screen all applicants for the position of Agency Director, and refer the most qualified candidates to the Board for consideration;
- (6) Review and recommend to the Board for adoption the Agency's Annual Report concerning its activities;
- (7) Make recommendations to the Governing Board on amendments to Agency's By-Laws; and

(8) Other duties as may be established by the Agency By-Laws.

BE IT FURTHER AGREED by the Parties that but for the above MODIFICATION NO. 1 Additional Party, and MODIFICATION No. 2 to ARTICLE VI. ORGANIZATION, all other provisions within the Interlocal Agreement executed in 1978 by the Parties, as amended in 1987 and 1995, shall remain in full force and effect without any change or modification whatsoever.

BE IT FURTHER AGREED by the Parties that this Amendment No. 3 may be executed in any number of counterparts, each of which, when so executed and delivered, shall be an original, but such counterparts shall together constitute but one and the same.

BE IT FURTHER AGREED, by the Parties that the provisions of this Amendment No. 3 Agreement shall be effective as of January 1, 2019.

IN WITNESS WHEREOF, the Parties have caused this Amendment No. 3 Agreement to be executed on the date and year opposite their respective signature blocks.

DATED: _____

FERRY COUNTY

By: _____
Chairman

ATTEST:

APPROVED AS TO FORM:

Ferry County
Clerk of the Board

Prosecuting Attorney

DATED: _____

PEND OREILLE COUNTY

By: _____
Chairman

ATTEST:

APPROVED AS TO FORM:

Pend Oreille County
Clerk of the Board

Prosecuting Attorney

DATED: _____

SPOKANE COUNTY

By: _____
Chairman

ATTEST:

APPROVED AS TO FORM:

Spokane County
Clerk of the Board

Prosecuting Attorney

DATED: _____

STEVENS COUNTY

By: _____
Chairman

ATTEST:

APPROVED AS TO FORM:

Stevens County
Clerk of the Board

Prosecuting Attorney

DATED: _____

WHITMAN COUNTY

By: _____
Chairman

ATTEST:

APPROVED AS TO FORM:

Whitman County
Clerk of the Board

Prosecuting Attorney

DATED: _____

CITY OF SPOKANE

By: _____
Mayor

ATTEST

APPROVED AS TO FORM:

City of Spokane
Clerk of the City

Assistant City Attorney

DATED: _____

CITY OF SPOKANE VALLEY

By: _____
City Manager

APPROVED AS TO FORM:

Office of the City Attorney

ATTEST:

Christine Bainbridge, City Clerk

Briefing Paper

Finance & Administration Committee

Division & Department:	City Council
Subject:	ALTCEW Amendment to Interlocal Agreement to Include the City of Spokane Valley
Date:	Nov. 19, 2018
Author (email & phone):	Anna Everano
City Council Sponsor:	Mike Fagan
Executive Sponsor:	None
Committee(s) Impacted:	Finance
Type of Agenda item:	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
Alignment: (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Interlocal Government Agreement to create the Eastern Washington Area Agency on Aging
Strategic Initiative:	Regional Collaboration, Our Most Vulnerable
Deadline:	Nov. 19, 2018
Outcome: (deliverables, delivery duties, milestones to meet)	N/A
Background/History: <p><i>On July 17, 2018, staff and the Governing Board Chair presented to Spokane Valley City Council about Aging & Long Term Care, the services provided, governance, and financial contribution to be a member of the interlocal agreement based on population of persons age 60 and older. Following the presentation, the council agreed by consensus to pursue joining the interlocal agreement, and gave the City Manager direction to include the match contribution into the 2019 city budget.</i></p> <p><i>Staff and legal counsel worked with the City of Spokane Valley and the City of Spokane to negotiate the interlocal agreement amendment.</i></p>	
Executive Summary: <ul style="list-style-type: none"> • <i>City of Spokane Valley would have one voting seat on the governing board.</i> • <i>City of Spokane would reduce from three to two voting seats, retaining representation from one city council member and one director or designee of the City's Community, Housing and Human Services Department or related department.</i> • <i>City of Spokane Valley would have one governmental appointed representative to the Planning and Management Council.</i> 	
Budget Impact: Approved in current year budget? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual/Reoccurring expenditure? <input type="checkbox"/> Yes <input type="checkbox"/> No If new, specify funding source: N/A Other budget impacts: (revenue generating, match requirements, etc.)	
Operations Impact: Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify changes required: Known challenges/barriers:	

**Agenda Sheet for City Council Meeting of:**

11/26/2018

Date Rec'd

11/14/2018

Clerk's File #

CPR 1982-0071

Renews #**Submitting Dept**

MAYOR

Cross Ref #**Contact Name/Phone**

BRANDY COTE 625-6774

Project #**Contact E-Mail**

BCOTE@SPOKANECITY.ORG

Bid #**Agenda Item Type**

Boards and Commissions

Requisition #**Agenda Item Name**

0520 REAPPOINTMENT TO THE SPOKANE AIRPORT BOARD

Agenda Wording

Reappointment of Jennifer West to the Spokane Airport Board for a three year term, from 01/01/19 - 12/31/2021.

Summary (Background)

Reappointment of Jennifer West to the Spokane Airport Board for a three year term, from 01/01/19 - 12/31/2021.

Fiscal Impact

Grant related? NO

Budget Account

Public Works? NO

Select

\$

#

Select

\$

#

Select

\$

#

Select

\$

#

Approvals**Council Notifications****Dept Head**

COTE, BRANDY

Study Session**Division Director****Other****Finance****Distribution List****Legal**

bcote@spokanecity.org

For the Mayor

ORMSBY, MICHAEL

thart@spokaneairports.net

Additional Approvals**Purchasing**



Agenda Sheet for City Council Meeting of:
11/26/2018

Date Rec'd	11/14/2018
Clerk's File #	CPR 1981-0271
Renews #	

Submitting Dept	MAYOR	Cross Ref #	
Contact Name/Phone	BRANDY COTE 625-6774	Project #	
Contact E-Mail	BCOTE@SPOKANECITY.ORG	Bid #	
Agenda Item Type	Boards and Commissions	Requisition #	
Agenda Item Name	0520 REAPPOINTMENT TO THE CIVIL SERVICE COMMISSION		

Agenda Wording

Reappointment of Craig Hult to the Civil Service Commission, term from 1/1/19 - 12/31/22.

Summary (Background)

Reappointment of Craig Hult to the Civil Service Commission, term from 1/1/19 - 12/31/23.

<u>Fiscal Impact</u>		Grant related?	NO	<u>Budget Account</u>	
		Public Works?	NO		
Select	\$			#	
Select	\$			#	
Select	\$			#	
Select	\$			#	
<u>Approvals</u>			<u>Council Notifications</u>		
<u>Dept Head</u>		COTE, BRANDY		<u>Study Session</u>	
<u>Division Director</u>				<u>Other</u>	
<u>Finance</u>				<u>Distribution List</u>	
<u>Legal</u>				bcote@spokanecity.org	
<u>For the Mayor</u>		ORMSBY, MICHAEL		arichards@spokanecity.org	
<u>Additional Approvals</u>					
<u>Purchasing</u>					



Agenda Sheet for City Council Meeting of:
11/26/2018

Date Rec'd	10/31/2018
Clerk's File #	RES 2018-0095
Renews #	
Cross Ref #	
Project #	
Bid #	
Requisition #	

Submitting Dept	CITY COUNCIL
Contact Name/Phone	BREEAN BEGGS 6714
Contact E-Mail	BBEGGS@SPOKANECITY.ORG
Agenda Item Type	Resolutions
Agenda Item Name	0320 COMMUNITY ENGAGEMENT GRANT RESOLUTION

Agenda Wording

A resolution to increase engagement and capacity-building funding options for Neighborhood Councils within the City of Spokane.

Summary (Background)

Beginning in 2019, this resolution gives Neighborhood Councils that are non-profit corporations and have a bank account the option to receive City funding through a grant that could be used to pay for liability insurance, providing they document impacts of the purchase in alignment with the program.

<u>Fiscal Impact</u>	Grant related? NO	<u>Budget Account</u>
	Public Works? NO	
Select \$		#
Select \$		#
Select \$		#
Select \$		#
<u>Approvals</u>	<u>Council Notifications</u>	
<u>Dept Head</u>	MCDANIEL, ADAM	<u>Study Session</u>
<u>Division Director</u>		<u>Other</u> Urban Development
<u>Finance</u>	BUSTOS, KIM	<u>Distribution List</u>
<u>Legal</u>	PICCOLO, MIKE	
<u>For the Mayor</u>	ORMSBY, MICHAEL	
<u>Additional Approvals</u>		
<u>Purchasing</u>		
<u>CITY COUNCIL</u>	MCDANIEL, ADAM	

RESOLUTION NO. 2018-0095

A resolution to increase engagement and capacity-building funding options for Neighborhood Councils within the City of Spokane.

WHEREAS, the City of Spokane provides annual funding to Neighborhood Councils to support them in increasing organizational capacity and engagement; and

WHEREAS, each Neighborhood Council desires to use their funds in different manners depending on the character and activities of their organizations; and

WHEREAS, the current funding program usually requires the City to directly pay expenses for the Neighborhood Council, which in the past has limited the activities for which the councils can use funding due to internal city requirements; and

WHEREAS, some Neighborhood Councils have created more structured organizations, have their own bank accounts and have the capacity to pay their own capacity building and engagement expenses; and

WHEREAS, the City desires to provide the Neighborhood Councils with more flexibility to meet their unique needs for capacity building and engagement.

NOW, THEREFORE, BE IT RESOLVED that beginning on January 1, 2019, the City of Spokane's neighborhood council capacity and engagement grant program shall offer an option to any Neighborhood Council that is organized as a non-profit corporation and has a bank account to receive all or a portion of its share of the program as a direct grant on the condition that it provide documentation that it spent the money on liability insurance by way of direct payment or reimbursement for the purpose of increasing capacity and engagement, and documents the impact of that purchase in alignment with the grant program.

Passed by the City Council this ____ day of _____, 2018.

City Clerk

Approved as to form:

Assistant City Attorney

**Agenda Sheet for City Council Meeting of:**

11/26/2018

Date Rec'd

11/5/2018

Clerk's File #

RES 2018-0096

Renews #**Submitting Dept**

CITY COUNCIL

Contact Name/Phone

BREEAN BEGGS 625-6254

Contact E-Mail

BBEGGS@SPOKANECITY.ORG

Agenda Item Type

Resolutions

Cross Ref #**Project #****Bid #****Requisition #****Agenda Item Name**

0320 - RESOLUTION CONCERNING THE PAVING OF UNPAVED RESIDENTIAL

Agenda Wording

A Resolution laying out a framework for funding the paving of unpaved residential streets in Spokane.

Summary (Background)

There are over 60 miles of unpaved residential streets in Spokane. Street funding is typically used for repaving, not new pavement. Paved streets improve air quality, increase community pride and the appeal of home ownership, provides easier access for emergency and solid waste collection vehicles, and reduces wear and tear on those vehicles. This resolution creates an equitable funding framework so that all Council districts receive funds for the paving of unpaved streets across Spokane.

Fiscal Impact

Grant related? NO

Public Works? YES

Budget Account

Expense \$ 700,000

various street funds

Select \$

#

Select \$

#

Select \$

#

Approvals**Council Notifications****Dept Head**

MCDANIEL, ADAM

Study Session**Division Director****Other**

PIES Comm., 10/22/2018

Finance

BUSTOS, KIM

Distribution List**Legal**

PICCOLO, MIKE

For the Mayor

ORMSBY, MICHAEL

Additional Approvals**Purchasing****CITY COUNCIL**

MCDANIEL, ADAM

RESOLUTION NO. 2018-0096

A Resolution laying out a framework for funding the paving of unpaved residential streets in Spokane.

WHEREAS, there are currently over sixty miles of unpaved residential streets in Spokane; and

WHEREAS, dollars from the Street Department used for residential street maintenance are typically used on repaving projects rather than on new pavement; and

WHEREAS, constructing complete streets should be a priority for the City, but should not, in all cases, supersede the simple paving of streets that are currently unpaved; and

WHEREAS, the City Council intends that unpaved streets that are paved via the funding mechanism established in this resolution may be exempted from the application of the complete streets ordinance under SMC 17H.020.050(B) if the evidence shows that the cost of requiring these projects to be complete streets would be “excessively disproportionate to the: cost of the project; community need; or probable use” or would exceed twenty percent (20%) of the project’s cost; and

WHEREAS, equity in funding between City Council districts is important as each district has its own priorities when it comes to street repair; and

WHEREAS, a paved street provides for improved air quality, a sense of community pride and appeal of home ownership for the City’s residents, provide easier access for emergency and solid waste collection vehicles, and reduce wear and tear on those vehicles.

NOW, THEREFORE, BE IT RESOLVED that the Spokane City Council supports a program to fund the paving of currently unpaved streets within the City with \$700,000 from the Street Department for residential street maintenance going to such projects annually, beginning with the 2019 budget year.

BE IT ALSO RESOLVED that in 2019, \$200,000 of this \$700,000 will be allocated to each City Council district each year to fund a priority list of projects submitted to the Streets department by the Council Members from each district, with \$100,000 to be submitted by the Council President.

BE IT FURTHER RESOLVED that an additional \$200,000 each for Districts 1 and 2 shall be allocated in 2019 in recognition of the paving of Falls Avenue in 2018.

BE IT FURTHER RESOLVED that a City Council Subcommittee composed of one member from each Council District will propose an equitable matrix for allocating the \$700,000 in 2020 and future years.

AND BE IT FINALLY RESOLVED that each project identified for funding under this resolution shall be reviewed by the Mayor's design advisory committee and approved by the City Council in conjunction with the annual adoption of the 6-Year Street Plan in order to remain exempt from the complete streets ordinance's requirements.

Passed by the City Council this ____ day of _____, 2018.

City Clerk

Approved as to form:

Assistant City Attorney

**Agenda Sheet for City Council Meeting of:**

11/19/2018

Date Rec'd

11/5/2018

Clerk's File #

ORD C35699

Renews #**Submitting Dept**

DEVELOPER SERVICES CENTER

Contact Name/Phone

DUANE 625-6129

Contact E-Mail

DLEOPARD@SPOKANECITY.ORG

Agenda Item Type

First Reading Ordinance

Agenda Item Name

4700 - ELEVATOR CODE AMENDMENTS

Cross Ref #**Project #****Bid #****Requisition #****Agenda Wording**

An ordinance amending to the City's Elevator and related codes to include locally codified witnessed inspection requirements and minor edits to clarify both industry terminology and previously adopted code.

Summary (Background)

Text amendments codify the City's authority regarding witnessed testing of conveyance systems; revises elevator permit and inspection fees; adds penalties for failure to comply with inspection and decommissioning of conveyances; includes text edits related to common industry terms; clarifies the permitting process and requirements to meet other adopted codes; and, adds specific reference to the City's adoption of the International Building Code.

Fiscal Impact

Grant related? NO

Public Works? NO

Budget Account

Neutral

\$

#

Select

\$

#

Select

\$

#

Select

\$

#

Approvals**Dept Head**

BECKER, KRIS

Division Director

TRAUTMAN, HEATHER

Finance

ORLOB, KIMBERLY

Legal

SZAMBELAN, TIMOTHY

For the Mayor

ORMSBY, MICHAEL

Council Notifications**Study Session****Other**

Public Safety &

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Additional Approvals**Purchasing****CITY COUNCIL**

MCDANIEL, ADAM

ORDINANCE C35699

An ordinance relating to elevator standards and permit fees amending SMC 17F.060.010, SMC 17F.060.020, SMC 17F.060.030, SMC 17F.060.040, SMC 17F.060.050, SMC 17F.060.090, SMC 17F.080.120, 08.02.033, and SMC 1.05.150.

The City of Spokane does ordain:

Section 1. That SMC 17F.060.010 is amended to read as follows:

Section 17F.060.010 Adoption of Standard Code

- A. Chapter 70.87 RCW, Chapter 30 of the International Building Code, and the most current Washington State adopted version of chapter 296-96 WAC and their amendments, as applicable, are the elevator code of the City.
- B. Exceptions:
 - 1. All fees shall be determined by the City of Spokane and referenced in SMC 8.02.033.
 - 2. 296-96-01000 WAC – Permit Process.
 - 3. 296-96-01070 WAC – Violation Penalty Fees.

Section 2. That SMC 17F.060.020 is amended to read as follows:

Section 17F.060.020 Installation Permit

- A. No person may construct, erect, place, install, or alter any elevator, dumb waiter, escalator, ~~((man))~~ temporary personnel hoist, platform lift, stair climber, material lift or moving walk or related equipment without first securing a permit from the building services department.
- B. The applicant for a permit must file with the inspector a copy of the plans and specifications showing details of the new installation or addition to an existing installation. Submitted plans are also reviewed by City of Spokane Plans Reviewers for compliance with other adopted codes.

Section 3. That SMC 17F.060.030 is amended to read as follows:

Section 17F.060.030 Inspection

The elevator inspector inspects and, as necessary, tests:

- A. each installation before the operating permit is issued for initial use; and
- B. each temporary personnel hoist semiannually. All other conveyances annually, except those in private residences.
- C. On a random basis, witness testing of conveyances to ensure that testing is being completed according to current codes adopted.
- D. Witness all Category 5 hydraulic elevator testing and apply a City of Spokane Seal to all overspeed valves and pressure relief valves.
- E. Witness all Category 1 testing and cleaning of all escalators.
- F. Failure to arrange to have City Inspector witness the tests shall result in a Class I Civil Infraction.

Section 4. That SMC 17F.060.040 is amended to read as follows:

Section 17F.060.040 Requirements

- A. All new and existing elevators, dumb waiters, escalators, stair climbers, platform lifts, ~~((man))temporary personnel~~ hoists, material lifts and moving walks and alterations must conform to this code.
- B. A sidewalk elevator, or hoist, or a freight elevator, which does not rise above the ground floor must have doors and gates so constructed that the car cannot move until they are closed. A sidewalk hoist must be equipped with safety rods so that it cannot be started until the sidewalk doors are open.
- C. Lock boxes for machine room access may be required by conditions.
- D. Conveyances with uncorrected deficiencies are subject to additional inspections and fees. An elevator inspector may revoke an operating permit and red-tag the conveyance if deficiencies remain uncorrected for one hundred fifty days.
- E. Elevators no longer used or deemed to be unsafe may be ordered to be decommissioned by the City Inspector.

F. Conveyances to be decommissioned must occur by permit and inspections according to the requirements of ASME 17.1. Failure to decommission a conveyance as directed by the elevator inspector shall result in a class I civil infraction.

Section 5. That SMC 17F.060.050 is amended to read as follows:

Section 17F.060.050 Operating Permit

- A. No person may maintain or operate any elevator, dumb waiter, escalator, ~~((man))temporary personnel~~ hoist, stair climber, platform lift, material lift, or moving walk in the City unless there be in effect an operating permit.
- B. The owner of the conveyance ~~((may))~~shall display the current operating permit in the cab of the elevator or the elevator machine room. Operating permits for material and stair lifts shall be posted in-sight and near the conveyance.
- C. Fees for conveyance operating permits are to be paid annually except for temporary personnel hoists. Temporary personnel hoists are addressed in 17F.060.050(D). The annual inspection may or may not occur at the time of billing for the operating permit.
- D. Operating permit fees for temporary personnel hoist are paid semiannually. Semiannual operating permits will be issued if six-month inspections are current.

Section 6. That SMC 17F.060.090 is amended to read as follows:

Section 17F.060.090 Functions of Elevator Inspector

The elevator inspector is responsible to:

- A. ensure all conveyances are maintained, inspected, and safety tested at least once a year (except temporary personnel hoists which are safety inspected semiannually), according to the guidelines of this chapter and the standards adopted by the state per chapter 70.87 RCW and WAC 296-96;
- B. review and approve plans for construction, installation, and alteration of ~~((elevators))~~ conveyances except stair climbers;
- C. conduct inspections and tests of ~~((elevators))~~ conveyances;
- D. issue, suspend, and revoke operating permits;
- E. make and promulgate rules, regulations, and interpretations of the elevator code;
- F. initiate proceedings, including prosecutions, to enforce the elevator code;
- G. maintain records of all permits issued and of all inspections made.

Section 7. That SMC 17F.080.120 is amended to read as follows:

Section 17F.080.120 Elevator Shafts, Equipment Rooms, Machine Spaces, and Lobbies

- A. Elevator shafts and elevator equipment rooms are not required to be provided with automatic sprinklers only if:
 - 1. they are of non-combustible construction; and
 - 2. they meet the fire resistance ratings required by the International Building Code.
- B. Elevator shafts, lobbies, machine space, and elevator equipment rooms shall be provided with smoke detection that will:
 - 1. notify the building's fire alarm system; and
 - 2. activate the recall operation of the elevator(s). ~~((Existing elevators having a travel distance of more than twenty-five feet and with recall capabilities in buildings with a fire alarm system will be connected to the building fire alarm system to activate the recall function. At a minimum, Phase 1 recall is required to be provided with primary and alternate recall floors.))~~
- C. Existing elevators having a travel distance of less than twenty-five feet and with recall capabilities in buildings with a fire alarm system will be connected to the building fire alarm system to activate the recall function. At a minimum, Phase 1 recall is required to be provided with primary and alternate recall floors.
- D. Fire Service Access elevators will be activated by any fire alarm activation device that is activated in the building.

Section 8. That SMC 08.02.033 is amended to read as follows:

Section 08.02.033 Elevator Code

- A. New Installation Permit Fees – ~~((All Conveyances))~~ permit fee includes one new installation inspection.
 - 1. Elevators, Escalators, and Moving Walks.
 - ~~((1-))~~ a. Valuation of one dollar to five thousand dollars: Two hundred fifty dollars.
 - ~~((2-))~~ b. Valuation over five thousand dollars: Two hundred fifty dollars plus four dollars for each one thousand dollars in valuation over five thousand dollars.
 - 2. Stair climbers, platform lifts: Eighty eight-dollars (Plan Review Fees not required.)

3. Dumbwaiters, material lifts: One hundred seventy-seven dollars.

4. Temporary Personnel Hoist (construction lift): Two hundred fifty dollars (includes initial semiannual operating permit).

B. Annual Operating Permit Fees.

1. Hydraulic elevators: One hundred seventy-seven dollars plus twenty-two dollars each additional stop over two.
2. Cable elevators: Three hundred fifty-three dollars plus twenty-two dollars each additional stop over two.
3. Escalators and ~~((material lifts))~~ Moving Walks: ((One hundred seventy-seven dollars.)) Three hundred fifty-three dollars.
4. Dumbwaiters~~((/))~~, platform lifts~~((/limited use/))~~, stair climbers~~((/wheelchair lifts/))~~, material lifts: Eighty-eight dollars.

C. Alterations /Repairs/Modernizations/Permit Fees – All Conveyances.

1. Valuation of one dollar to five thousand dollars: Two hundred fifty dollars.
2. Valuation over five thousand dollars: Permit fee is two hundred fifty dollars plus four dollars for each one thousand dollars in valuation over five thousand dollars.

D. In addition to the above fees, the processing fee for each permit is twenty-five dollars.

E. Reinspections.

The fee for reinspections for work that was not ready, or corrections previously identified, or site not accessible is:

1. Hydraulic elevators: Eighty-eight dollars plus twenty-two dollars per stop over two.
2. Electric elevators: One hundred seventy-seven dollars plus twenty-two dollars per stop over two.
3. All others: Seventy-five dollars.

F. Inspections Outside Normal Inspector Working Hours.

The fee for inspections outside normal inspector working hours is three hundred fifty-three dollars and is payable at the time the request is made and before an inspection can be scheduled.

G. Work Done Without Permit Fees.

Where work has commenced without first obtaining the required permit(s), a “work-without-permit penalty fee” equal to the required permit fee will be added to the permit application and must be paid prior to the issuance of the permit(s).

H. Uncorrected Deficiencies.

The fee for operating a conveyance~~((permit))~~ with uncorrected deficiencies is one hundred seventy-seven dollars. Fees will be assessed at the following intervals from the date of inspection:

1. Ninety days,
2. One hundred twenty days, and
3. One hundred fifty days.

I. Document replacement fee: Twenty-five dollars.

J. Temporary Personnel Hoist (construction lift) semiannual inspection and operator’s permit renewal.

Following a successful semi-annual inspection, temporary personnel hoists are eligible for a renewal of a semi-annual operator’s permit.

1. Semiannual inspections or jump inspection: One hundred seventy-seven dollars.
2. Semiannual Operating Permit: One hundred seventy-seven dollars.

~~((J))~~K. Temporary operating permit fee: One hundred dollars plus fifteen dollars per stop over two.

~~((K))~~L. Plans review fees for new installations, ~~((major))~~ alterations~~((,—and repairs))~~: Eighty-eight dollars.

~~((L))~~M. Variance request fees with site visit: One hundred seventy-seven dollars plus eighty-eight dollars per hour after two hours.

~~((M))~~N. Variance request fees via desk evaluation only and not requiring a site visit: Eighty-eight dollars.

~~((N))~~Q. Technical advice site visit fee: One hundred seventy-seven dollars plus eighty-eight dollars per hour after two hours.

~~((O))~~P. Decommissioning of conveyance fee: One hundred seventy-seven dollars.

~~((P))~~Q. Re-commissioning fee of conveyance fee: One hundred seventy-seven dollars plus eighty-eight dollars per hour after two hours.

~~((Q))~~R. Operating a Conveyance without an Operator's Permit.

1. Failure to renew an operator's permit within thirty days of due date: A penalty fee of one hundred sixty-four dollars will be added to the operating permit fee and paid prior to issuing an operator's permit.
2. If an operator's permit has lapsed one hundred twenty days or more, a conveyance may be removed from service by the inspector.

~~((R))~~S. Annual Fee Adjustment.

Effective January 1, 2012, and the first of January of each year thereafter, the various elevator code fees set forth above shall be adjusted by the City of Spokane building official for an amount equal to the consumer price index adjustment of the previous July - July U.S. All City Average (CPI-U and CPI-W). The newly determined amount shall be rounded up to the nearest dollar. In addition, the adjusted fees shall be presented to the city council for approval and a copy of the approved fees filed with the city clerk and city building official before becoming effective.

Section 9. That the Penalty Schedule – Building Construction found in SMC 01.05.150 is amended as follows:

SMC 1.05.150 Penalty Schedule – Building Construction		
Infraction		Violation Class
Chapter 14 IFC	Failure to Provide Fire Safety During Building Construction, Demolition, or Alteration	3
IFC 105 SMC 17F.080.050 SMC 17G.010.140 SMC 17G.010.150	Failure to Provide Plans/Specifications for Department Review	2
IFC 105 SMC 17F.080.060	Failure to Obtain Required Permit	2
IFC 111 SMC 17G.010.080	Working in Disregard of Stop-work Order	1
IFC 605.9	Use of Temporary Wiring in an Unapproved Manner	1
IFC 3801.2	Installation of LPG Equipment Without Permit	2
IMC 106.2 SMC 17F.090.030	Lack of Permit Required by IMC 106.1	1
SMC 10.26.010(A)	Relocate Building Without Permit	2
SMC 10.29.010(B)	Blasting Without Permit	1
SMC 10.29.032	Excess Heating Apprentices on Job	3
SMC 10.29.040	Unsupervised Plumbing Apprentice	2
SMC 11.08.030 SMC 17F.090.030	Install, Alter, Replace System Actively Using Solar Energy Without Building, Mechanical, or Combination Permit	3

SMC 1.05.150 Penalty Schedule – Building Construction		
Infraction		Violation Class
SMC 11.17.050 - SMC 11.17.330	Violation of Sign Code	2
SMC 13.03.0330	Connection to Sewer Without Permit	1
SMC 17F.030.040	Install Boiler, Pressure Vessel Without Installation Permit	1
SMC 17F.030.100	Repair, Alter Boiler, Pressure Vessel Without Repair Permit	1
SMC 17F.040.020	Grading Without Permit (Adopted Appendix of the International Building Code: SMC 8.02.031)	1
IBC 105 IRC 105 IEBC 105	Construction Without Building Permit	2
SMC 17F.040.075	Must Use City Solid Waste Collection/Disposal as Condition of Building/Demolition Permit	1
SMC 17F.040.190 SMC 17F.050.140 SMC 17F.090.070 SMC 17F.100.040	Failure to Take Corrective Action	2
SMC 17F.050.020	Work Without Electrical Permit	1
SMC 17F.050.040	Improper or Unapproved Electrical Material or Equipment	1
SMC 17F.060.020	Work Without Elevator Installation Permit	1
SMC 17F.060.030	<u>Failure to have City Inspector witness required conveyance tests</u>	<u>1</u>
SMC 17F.060.040 SMC 08.02.033	<u>Failure to De-Commission a Conveyance</u>	<u>1</u>
SMC 17F.080.050 SMC 17F.080.140	Install, Alter, Repair Fire Protection/Extinguishing Equipment Without Permit	1
SMC 17F.100.020	Plumbing Without Permit	2

SMC 1.05.150 Penalty Schedule – Building Construction		
Infraction		Violation Class
SMC 17G.010.100(C)(2)	Installation/Repair of Gas- or Oil-fueled HVAC Equipment Without Permit	1

PASSED BY THE CITY COUNCIL ON _____, 2018.

Council President

Attest:

Approved as to form:

City Clerk

Assistant City Attorney

Mayor

Date

Effective Date



Agenda Sheet for City Council Meeting of:
11/12/2018

Date Rec'd	11/5/2018
Clerk's File #	ORD C35700
Renews #	

Submitting Dept	CITY COUNCIL	Cross Ref #	
Contact Name/Phone	MIKE FAGAN 625-6257	Project #	
Contact E-Mail	MFAGAN@SPOKANECITY.ORG	Bid #	
Agenda Item Type	First Reading Ordinance	Requisition #	
Agenda Item Name	0320 - ESTABLISHING PENALTIES FOR SERVICE ANIMAL MISREPRESENTATION		

Agenda Wording

An ordinance prohibiting the misrepresentation of an animal as a service animal, prescribing allowable inquiries; setting penalties for such misrepresentation.

Summary (Background)

The Washington legislature recently amended the RCW to provide for penalties for misrepresenting animals as service animals. This ordinance incorporates the state law requirements and amends the human rights code (Title 18) to provide for a class 3 civil infraction with escalating penalties for repeat misrepresentations of an animal as a service animal.

<u>Fiscal Impact</u>		Grant related?	NO	<u>Budget Account</u>	
		Public Works?	NO		
Neutral	\$			#	
Select	\$			#	
Select	\$			#	
Select	\$			#	
<u>Approvals</u>			<u>Council Notifications</u>		
<u>Dept Head</u>		MCDANIEL, ADAM		<u>Study Session</u>	
<u>Division Director</u>				<u>Other</u>	
				PSCH Comm., 11/5/2018	
<u>Finance</u>		BUSTOS, KIM		<u>Distribution List</u>	
<u>Legal</u>		PICCOLO, MIKE			
<u>For the Mayor</u>		ORMSBY, MICHAEL			
<u>Additional Approvals</u>					
<u>Purchasing</u>					
<u>CITY COUNCIL</u>		MCDANIEL, ADAM			

ORDINANCE NO. C-_____

An ordinance prohibiting the misrepresentation of an animal as a service animal, prescribing allowable inquiries concerning service animals, and setting the penalty for such misrepresentation; amending sections 18.06.040 and 01.05.210 of the Spokane Municipal Code.

WHEREAS, service animals such as guide dogs are a valuable help for people many people with disabilities; and

WHEREAS, Title 18 of the Spokane Municipal Code currently contains some guidelines for the use of guide dogs and service animals and provides that they may only be used by people with disabilities; and

WHEREAS, recently, an amendment to the Revised Code of Washington, which will go into effect on January 1, 2019, adds a prohibition on the misrepresentation of an animal as a service animal and allows law enforcement and the operators of public accommodations to make limited inquiries as to the task and purpose of an animal represented to be a service animal; and

WHEREAS, the City of Spokane intends to clarify the local requirements for the use of service animals by ensuring that only ADA-recognized animals, such as dogs and miniature horses, trained for specific tasks or assistance for people with disabilities may be represented to the public as such and providing penalties for the misrepresentation of an animal as a service animal.

NOW THEREFORE, the City of Spokane does ordain:

Section 1. That section 18.06.040 of the Spokane Municipal Code is amended to read as follows:

Section 18.06.040 (~~(Misrepresentation in the)~~) Use of White Cane, Dog Guide or Service Animal

- A. It shall be unlawful for any pedestrian who is not totally or partially blind to use a white cane or any pedestrian who is not totally or partially blind or does not have a hearing impairment to use a dog guide or any person who does not have a disability as defined in this chapter to use a service animal in any of the places, accommodations or conveyances listed in SMC 18.01.030(Q), for the purpose of securing the rights and privileges accorded by this chapter to persons with total or partial blindness, hearing impairment or who have other disabilities.
- B. It shall be unlawful for any person to misrepresent an animal as a service animal. For purposes of this section, a person misrepresents an animal as a service animal if the person:

1. Expressly or impliedly represents that an animal is a service animal as defined in SMC 18.01.030(X) for the purpose of securing the rights or privileges afforded disabled persons accompanied by service animals set forth in state or federal law; and
 2. Knew or should have known that the animal in question did not meet the definition of a service animal.
- C. A law enforcement officer may investigate and enforce this section by making an inquiry of the person accompanied by the animal in question as allowed by SMC 18.06.040(D), and issuing a civil infraction.
- D. A law enforcement officer or place of public accommodation may not ask about the nature or extent of a person's disability, but may specifically ask if the animal is required because of a disability and what work or task the animal has been trained to perform. A law enforcement officer or place of public accommodation shall not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal, or require that the service animal demonstrate its task. Generally, a law enforcement officer or place of public accommodation may not make these inquiries about a service animal when it is readily apparent that an animal is trained to do work or perform tasks for a person with a disability, such as a dog is observed guiding a person who is blind or has low vision, pulling a person's wheelchair, or providing assistance with stability or balance to a person with an observable mobility disability. Refusal to answer the questions allowed under this subsection creates a presumption that the animal is not a service animal and the law enforcement officer may issue a civil infraction and require the person to remove the animal from the place of public accommodation.
- E. A place of public accommodation shall make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability in accordance with SMC 18.01.030(X) if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability. In determining whether reasonable modifications in policies, practices, or procedures can be made to allow a miniature horse into a facility, a place of public accommodation shall act in accordance with all applicable laws and regulations.
- F. Violation of this section is a class 3 civil infraction. The penalty for each subsequent violation of this code by the same person shall be increased by one class of civil infraction.

Section 2. That section 01.05.210 of the Spokane Municipal Code is amended to read as follows:

Section 01.05.210 Penalty Schedule

- A. For each subsequent violation by a person the classification of infraction advances by one class.
- B. Infraction/Violation Class.

SMC 1.05.210 Penalty Schedule - Personal Conduct		
Infraction		Violation Class
IFC 307.1	Open Burning	1
SMC 10.03.100	Offenses Relating to Safety and Sanitation	4
SMC 10.03.110	Allow Animal in Riverfront Park or Special Permitted Event Area when Banned	3
SMC 10.08.010	Deposit of Tobacco Product Capable of Being Lit	\$500
SMC 10.08.010	Littering, Unlawful Disposal of Rubbish	1
SMC 10.08D.080 SMC 10.08D.090(C) SMC 10.08D.120 – First violation within a one year period	Noise Control	2
SMC 10.08.055	Purchase, Possession of Tobacco by Minor	3
SMC 10.08.100 SMC 10.08.120 SMC 10.08.140(B-D)	Homeless Encampment	1
SMC 10.08.246	Liquor Purchase by Apparently Intoxicated Person	\$500
SMC 10.08A.040(D)	Failure to Respond – Chronic Nuisance	1
SMC 12.06A.050	Penalty for Violation of Park Rules and Regulations	1
SMC 10.11.042	Not Having or Displaying Concealed Pistol License	1
SMC 10.15.115	Selling or Giving Drug Paraphernalia	1
SMC 10.15.220	Open Possession/Consumption of Marijuana, Usable Marijuana or Marijuana-Infused Products	3
SMC 10.17.030	Helmet Safety – Failure to Wear Approved Helmet	4
SMC 10.17.040	Helmet Safety – Failure to Require Wearing of Approved Helmets at Special Events	4
SMC 10.17.050	Helmet Safety – Failure to Rent, Lease, or Loan Approved Helmet	4
SMC 10.17.060	Helmet Safety – Failure to Sell or Offer to Sell Approved Helmet	4
SMC 10.24.060	Property Damage by Animal	3
SMC 10.24A.140	Animal Safety – Animal Left in Vehicle or Enclosed Space	2
SMC 10.24A.150	Dog Tether Safety	2
SMC 10.33A.055	Sell, Use, Discharge Fireworks	1

SMC 12.02.910 SMC 12.02.914	No Tree Permit; Destroy, Injure Street Tree, or Other Violations	1
SMC 17F.100.050	Disposal of Liquid Waste in Unapproved Place or Manner	1
SMC 17G.050.050	Ex Parte Contact with Adjudicative Officer	2
SMC 18.01.040	Reprisal or Retaliation	1
Ch. 18.02	Nondiscrimination in Employment Practices	1
Ch. 18.03	Nondiscrimination in Housing Practices	1
<u>SMC 18.06.040</u>	<u>Misrepresenting an animal as a service animal</u>	<u>3</u>

PASSED by the City Council on _____.

Council President

Attest:

Approved as to form:

City Clerk

Assistant City Attorney

Mayor

Date

Effective Date



Agenda Sheet for City Council Meeting of:
11/26/2018

Date Rec'd	11/8/2018
Clerk's File #	ORD C35707
Renews #	

Submitting Dept	CITY COUNCIL	Cross Ref #	
Contact Name/Phone	KAREN 625-6291	Project #	
Contact E-Mail	KSTRATTON@SPOKANECITY.ORG	Bid #	
Agenda Item Type	First Reading Ordinance	Requisition #	
Agenda Item Name	0320 - ORDINANCE AMENDING CHHS BOARD COMPOSITION		

Agenda Wording

Ordinance amending the composition of the Community, Housing, and Human Services (CHHS) board.

Summary (Background)

As with other citizen boards and commissions, the CHHS board composition needs to be adjusted from time to time. This ordinance accomplishes that task and has been the subject to numerous and thorough revisions from the CHHS board and staff as well as the Community Assembly.

<u>Fiscal Impact</u>	Grant related? NO	<u>Budget Account</u>
	Public Works? NO	

Neutral	\$	#
Select	\$	#
Select	\$	#
Select	\$	#

<u>Approvals</u>		<u>Council Notifications</u>	
<u>Dept Head</u>	MCCLATCHEY, BRIAN	<u>Study Session</u>	
<u>Division Director</u>		<u>Other</u>	various committee
<u>Finance</u>	BUSTOS, KIM	<u>Distribution List</u>	
<u>Legal</u>	PICCOLO, MIKE		
<u>For the Mayor</u>	ORMSBY, MICHAEL		

<u>Additional Approvals</u>		
<u>Purchasing</u>		
<u>CITY COUNCIL</u>	MCCLATCHEY, BRIAN	

ORDINANCE NO. C - _____

An ordinance relating to the composition of the Community Housing and Human Services board; repealing chapter 04.34; and enacting a new chapter 04.34A of the Spokane Municipal Code.

NOW THEREFORE, the City of Spokane does ordain:

Section 1. That chapter 04.34 of the Spokane Municipal Code is repealed in its entirety.

Section 2. That there is enacted a new chapter 04.34A of the Spokane Municipal Code is amended to read as follows:

Chapter 04.34A Community Housing and Human Services Board
Section 04.34A.010 Purpose

The Community, Housing and Human Services Board advises the City administration, the Mayor, and the City Council regarding community development, housing, and human services programs.

Section 04.34A.020 Functions

The Community Housing and Human Services Board shall:

- A. Advise the City on preparing the Annual Action Plan, the CAPER, the Citizen Participation Plan, the Consolidated Plan, and other required plans to conform with the requirements of the U.S. Department of Housing and Urban Development (HUD) and the Washington State Department of Commerce where applicable;
- B. Hold public hearings on the draft plans to obtain citizen comments prior to recommending adoption by City Council;
- C. Make recommendations about funding priorities for housing programs and projects and social services utilizing federal, Washington State and City resources;
- D. Evaluate funding requests for eligible activities and projects and make funding recommendations to the Mayor and City Council;
- E. Make recommendations for funding to the Mayor and City Council for local grant dollars using human services priorities as established by the City Council;
- F. Provide policy guidance and recommendations for community development, human services, and special purpose grant programs applications and implementation;

- G. Participate with the Spokane Continuum of Care in developing the goals and priorities for regional homeless plans; and
- H. Represent the diverse constituencies that make up Spokane's low and moderate income populations, to help guide Spokane's community, housing, and human services into the future.

Section 04.34A.030 Membership

- A. Appointees to the Board shall serve three (3) year terms and may be eligible for one (1) reappointment for a three (3) year term reappointment.
- B. City residence is not a requirement for board membership due to the regional nature of some of the duties and responsibilities of the Board.
- C. The Board will consist of twelve (12) members, nominated by the Mayor and appointed by the City Council. At least one (1) member of the Board shall be a member of a veteran service organization, employed by the Department of Veteran Affairs, or an active duty military member based at Fairchild Air Force Base. In addition, (1) member shall be a liaison from the Community Assembly nominated by the Community Assembly to the Mayor according to the process determined by the Community Assembly and appointed by the City Council.
- D. In addition to the twelve (12) positions, the board will include:
 - 1. two (2) voting representatives from the City Council selected by the City Council, appointed or reappointed for one (1) year terms;
 - 2. one (1) voting elected official or policy-level decision maker to represent Spokane County who shall be selected by the Spokane County commissioners then nominated by the Mayor and appointed by City Council, appointed or reappointed for one (1) year terms.
- E. Members of the Board and Board committees shall include relevant representation in compliance with HUD and Washington State Department of Commerce requirements.
- F. Board members shall serve without compensation.
- G. Board members will meet conflict of interest requirements. Committee members may be required to meet conflict of interest requirements.
- H. The membership as a whole shall reflect a broad range of opinion, experience, and expertise with the object of providing sound advice, representative of the citizenry. To achieve that purpose, it shall include residents from diverse neighborhoods within the City and County, with diverse professional backgrounds and citizens active in neighborhood or community affairs. Youth may also serve as members.

Section 04.34A.040 Board Structure

- A. The Board will utilize a committee structure to assist with its functions. Committees will be comprised of Board members and other citizens with experience and expertise in the subject matter of the committee. The Board Chair shall appoint committee members.
- B. The Board will include an Executive Committee consisting of the Chair, Vice-chairs, and committee chairs.

PASSED by the City Council on _____.

Council President

Attest:

Approved as to form:

City Clerk

Assistant City Attorney

Mayor

Date

Effective Date