

Cost Reimbursement Agreement

Executed By

King County Sheriff's Office, a department of
King County, hereinafter referred to as "KCSO,"

Department Authorized Representative:

John Urquhart, Sheriff
King County Sheriff's Office
W-150 King County Courthouse
516 Third Avenue
Seattle, WA 98104

and

Redmond Police Department, a department of King County, hereinafter referred to as
"Contractor,"

Department Authorized Representative:

✓ Kristi Wilson, Chief of Police
8701 160th Avenue NE
Redmond, WA 98052

WHEREAS, KCSO and Contractor have mutually agreed to work together for the purpose of verifying the address and residency of registered sex and kidnapping offenders; and

WHEREAS, the goal of registered sex and kidnapping offender address and residency verification is to improve public safety by establishing a greater presence and emphasis by Contractor in King County neighborhoods; and

WHEREAS, as part of this coordinated effort, Contractor will increase immediate and direct contact with registered sex and kidnapping offenders in their jurisdiction, and

WHEREAS, KCSO is the recipient of a Washington State Registered Sex and Kidnapping Offender Address and Residency Verification Program grant through the Washington Association of Sheriffs and Police Chiefs for this purpose, and

WHEREAS, KCSO will oversee efforts undertaken by program participants in King County;

NOW THEREFORE, the parties hereto agree as follows:

KCSO will utilize Washington State Registered Sex and Kidnapping Offender Address and Residency Verification Program funding to reimburse for expenditures associated

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with the Contractor for the verification of registered sex and kidnapping offender address and residency as set forth below. This Interagency Agreement contains eight (8) Articles:

ARTICLE I. TERM OF AGREEMENT

The term of this Cost Reimbursement Agreement shall commence on July 1, 2016 and shall end on June 30, 2017 unless terminated earlier pursuant to the provisions hereof.

ARTICLE II. DESCRIPTION OF SERVICES

This agreement is for the purpose of reimbursing the Contractor for participation in the Registered Sex and Kidnapping Offender Address and Residency Verification Program. The program's purpose is to verify the address and residency of all registered sex and kidnapping offenders under RCW 9A.44.130.

The requirement of this program is for face-to-face verification of a registered sex and kidnapping offender's address at the place of residency. In the case of

- level I offenders, once every twelve months.
- of level II offenders, once every six months.
- of level III offenders, once every three months.

For the purposes of this program unclassified offenders and kidnapping offenders shall be considered at risk level I, unless in the opinion of the local jurisdiction a higher classification is in the interest of public safety.

ARTICLE III. REPORTING

Two reports are required in order to receive reimbursement for grant-related expenditures. Both forms are included as exhibits to this agreement. "Exhibit A" is the Offender Watch generated "Advanced Verification Request Report" that the sex or kidnapping offender completes and signs during a face-to-face contact. "Exhibit B" is an "Officer Contact Worksheet" completed in full by an officer/detective during each verification contact. Both exhibits representing each contact are due quarterly and **must be complete and received** before reimbursement can be made following the quarter reported.

Original signed report forms are to be submitted by the 5th of the month following the end of the quarter. The first report is due October 5, 2016.

Quarterly progress reports shall be delivered to

Attn: Tina Keller, Project Manager
King County Sheriff's Office
500 Fourth Avenue, Suite 200
M/S ADM-SO-0200
Seattle, WA 98104

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Phone: 206-263-2122

Email: tina.keller@kingcounty.gov

ARTICLE IV. REIMBURSEMENT

Requests for reimbursement will be made on a monthly basis and shall be forwarded to KCSO by the 10th of the month following the billing period.

Overtime reimbursements for personnel assigned to the Registered Sex and Kidnapping Offender Address and Residency Verification Program will be calculated at the usual rate for which the individual's' time would be compensated in the absence of this agreement.

Each request for reimbursement will include the name, rank, overtime compensation rate, number of reimbursable hours claimed and the dates of those hours for each officer for whom reimbursement is sought. Each reimbursement request must be accompanied by a certification signed by an appropriate supervisor of the department that the request has been personally reviewed, that the information described in the request is accurate, and the personnel for whom reimbursement is claimed were working on an overtime basis for the Registered Sex and Kidnapping Offender Address and Residency Verification Program.

Overtime and all other expenditures under this Agreement are restricted to the following criteria:

1. For the purpose of verifying the address and residency of registered sex and kidnapping offenders; and
2. For the goal of improving public safety by establishing a greater presence and emphasis in King County neighborhoods; and
3. For increasing immediate and direct contact with registered sex and kidnapping offenders in their jurisdiction

Any non-overtime related expenditures must be pre-approved by KCSO. Your request for pre-approval must include: 1) The item you would like to purchase, 2) The purpose of the item, 3) The cost of the item you would like to purchase. You may send this request for pre-approval in email format. Requests for reimbursement from KCSO for the above non-overtime expenditures **must** be accompanied by a spreadsheet detailing the expenditures as well as a vendor's invoice and a packing slip. The packing slip must be signed by an authorized representative of the Contractor.

All costs must be included in the request for reimbursement and be within the overall contract amount. Over expenditures for any reason, including additional cost of sales tax, shipping, or installation, will be the responsibility of the Contractor.

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Requests for reimbursement must be sent to

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Phone: 206-263-2122

Email: tina.keller@kingcounty.gov

The maximum amount to be paid under this cost reimbursement agreement shall not exceed Two Thousand Nine Hundred Eighteen Dollars and Seventy One Cents (\$2,918.71). Expenditures exceeding the maximum amount shall be the responsibility of Contractor. All requests for reimbursement must be received by KCSO by July 31, 2017 to be payable.

ARTICLE V. WITNESS STATEMENTS

"Exhibit C" is a "Sex/Kidnapping Offender Address and Residency Verification Program Witness Statement Form." This form is to be completed by any witnesses encountered during a contact when the offender is suspected of not living at the registered address and there is a resulting felony "Failure to Register as a Sex Offender" case to be referred/filed with the KCPAO. Unless, due to extenuating circumstances the witness is incapable of writing out their own statement, the contacting officer/detective will have the witness write and sign the statement in their own handwriting to contain, verbatim, the information on the witness form.

ARTICLE VI. FILING NON-DISCOVERABLE FACE SHEET

"Exhibit D" is the "Filing Non-Discoverable Face Sheet." This form shall be attached to each "Felony Failure to Register as a Sex Offender" case that is referred to the King County Prosecuting Attorney's Office.

ARTICLE VII. SUPPLEMENTING, NOT SUPPLANTING

Funds may not be used to supplant (replace) existing local, state, or Bureau of Indian Affairs funds that would be spent for identical purposes in the absence of the grant.

Overtime - To meet this grant condition, you must ensure that:

- Overtime exceeds expenditures that the grantee is obligated or funded to pay in the current budget. Funds currently allocated to pay for overtime may not be reallocated to other purposes or reimbursed upon the award of a grant.
- Additionally, by the conditions of this grant, you are required to track all overtime funded through the grant

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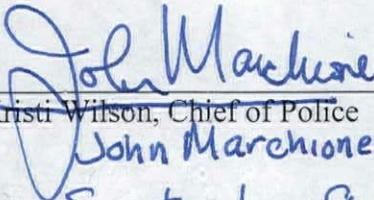
ARTICLE VII. AMENDMENTS

No modification or amendment of the provisions hereof shall be effective unless in writing and signed by authorized representatives of the parties hereto. The parties hereto expressly reserve the right to modify this Agreement, by mutual agreement.

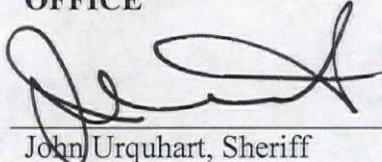
IN WITNESS WHEREOF, the parties have executed this Agreement by having their representatives affix their signatures below.

Redmond Police Department

**KING COUNTY SHERIFF'S
OFFICE**



~~Kristi Wilson, Chief of Police~~
John Marchione, Mayor
September 9, 2016



John Urquhart, Sheriff
9/29/2016

Date

Date

Date

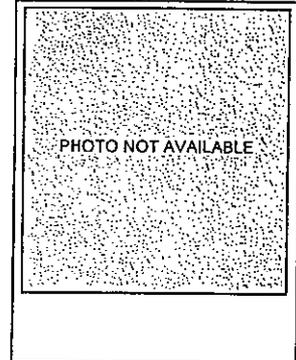
Verification Request

Agency: King County WA Sheriff's Office Administrator: King County Sheriff's Office RSC Phone: (206)263-2120 Date: 6/16/2016

Offender Information

Name test, test Registration # 2353765
POB SSN
DOB 01/01/1990 Age 26 Alt Reg #
Sex Orient Drv. Lic./State
Race Nat. No Selection FBI
Height Hair State ID
Weight Eyes Last Verified:
Risk Type Date
Comm.

Offender Photo



Active Officer Alert

LOOK HERE FOR OFFICER SAFETY INFORMATION

Employment/School

Name	Address	Supervisor	Phone
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Residence (Bold - Primary Home Address)

Street

Alias

Phone (Bold - Primary Contact Numbers)

Number	Type	Description
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Scars/Tattoos

Location	Type	Description
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Vehicle

Make	Model	Color	Year	License	State	VIN	Comments
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Offense

Date	RS Code/Description	Convicted	Released	Case #	Crime Details
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I _____ do hereby attest, under penalties of perjury, that any and all information contained here is current and accurate on this _____ day of _____ 20_____.

Offender Signature: _____

Officer Signature: _____ Date: _____

Exhibit B

REGISTERED SEX OFFENDER ADDRESS VERIFICATION OFFICER CONTACT WORKSHEET

OFFENDER DETAILS:

OFFENDER'S NAME:	DOB:
ADDRESS:	CITY/STATE/ZIP:
OFFENDER PHONE:	ZIP CODE.:
EMPLOYER:	WORK PHONE:
OFFENDER LEVEL IF KNOWN:	FORM OF ID:

DATE & TIME OF CONTACTS: *SEE KEY BELOW FOR CODING

DATE / TIME:		RESULT:	DATE / TIME:		RESULT:
DATE / TIME:		RESULT:	DATE / TIME:		RESULT:
DATE / TIME:		RESULT:	DATE / TIME:		RESULT:

RESULT OF CONTACT:

MADE IN PERSON CONTACT: YES <input type="checkbox"/> NO <input type="checkbox"/>	FTR CASE NUMBER ASSIGNED IF NO CONTACT MADE:
STATEMENT TAKEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	

REPORTING PARTY INFORMATION:

REPORTING PERSON:		DOB:	
MAILING ADDRESS:		CITY/ZIP:	
TELEPHONE:		ALT #	
RELATION TO OFFENDER:	NONE (UNKNOWN) <input type="checkbox"/> KNOWN <input type="checkbox"/>	RELATION:	

*CONTACT CODE KEY:

1 = OFFENDER MOVED

2 = BAD ADDRESS

3 = NOT HOME

4 = CHANGE OF ADDRESS

5 = HOUSE FOR SALE

6 = ARRESTED

7 = OFFENDER IN JAIL

8 = DEAD

9 = TOOK STATEMENT

OFFICER/DETECTIVE:

AGENCY:

Date _____ Agency/Officer _____ Incident number _____

Witness Statement – Failure to Register

Suspect's Name: _____

Suspect's Last Registered Address: _____

Witness' Name: _____

Witness's Home Address: _____

Witness' Home Phone Number _____ Cell: _____ Other: _____

How do they know the suspect (please be as detailed as possible)?

*If suspect rented an apartment or a room from the witness, please have them provide a copy of any documentations to this effect and any documentations the suspect moved out.

Did the witness ever see the suspect at his/her last registered address? _____

How often would they see him/her there? _____

When did the witness start seeing him/her there? _____

When did they stop? _____

Why did the suspect stop staying at the address? _____

Did the suspect keep any personal belongings there? _____

In general, when is the last time they saw the suspect ? _____

Do they know where the suspect moved to or their current whereabouts? _____

Can they provide the names and contact information of any other witnesses who would have seen the suspect staying at his/her last registered address? _____

Is the witness willing to assist in prosecution? _____

Under penalty of perjury of the laws of the State of Washington, I certify that the foregoing is true and correct.

Witness' Signature _____ date _____

EXHIBIT D

**WASPC GRANT FILING
NON-DISCOVERABLE**

TO: KCPAO – Special Assault Unit – Seattle

DATE:

FROM:

INCIDENT #:

AGENCY:

SUSPECT #1:

DOB:

RACE:

SEX: M F

HGT:

WGT:

SUSP #1 ADDRESS:

CHARGE: **Failure to Register as a Sex Offender**

DATE OF CRIME:

VICTIM #1: **State of Washington**

DOB:

VICTIM #2:

DOB:

INTERVIEWED BY: **NO ONE**

DPA NAME:

TYPE OF CASE: **FTR - Failure To Register**

OTHER TYPE:

THIS CASE IS BEING REFERRED FOR THE FOLLOWING REASONS

FILING OF CHARGES: - Comments:

DECLINE: - Comments:

WASPC STATISTICAL REPORTING TO KCSO

Case Referral Received by KCPAO on this date:

Case filed by KCPAO: YES NO

Cause Number Assigned:

If no, please indicate why:

Other Explanation: