



## Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

NAME County of Kittitas		Doing business as (DBA) Kittitas County	
ADDRESS 205 West 5th Avenue, Suite 105 Ellensburg	Applicable Procurement or Solicitation #, if any:  WA 98926	WA Uniform Business Identifier (UBI) 192002673	Federal Employer Tax Identification #: 91-60019349
<b>This certification is submitted as part of a request to contract.</b>			

### Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

**READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

The prospective lower tier participant certifies, by submission of this proposal or 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. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: \_\_\_\_\_

Date: December 5, 2017

Print Name and Title: Judy Pless  
Budget Finance Officer

PLEASE  
DO NOT  
STAPLE

# Statewide Payee Registration Washington State

## STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

NEW REGISTRATION

CHANGE to EXISTING REGISTRATION – complete the ENTIRE form and check below what is updated:

Name/DBA    Address    Contact Information    Email    Payment Options    Direct Deposit    Additional Information

If you know your Statewide Vendor Number, enter it here: SWV0010475-00

## STEP 2: Enter information about the payee and contact person

County of Kittitas  
Legal Name of Payee as it appears on federal tax forms (see W-9)

91-60019349  
SSN   OR   EIN

Kittitas County  
Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name

Contact Person

Mailing Address  
Ellensburg   WA   98926  
City, ST and Zip Code

Contact Telephone Number

Email to receive Statewide Vendor Number and payment notifications

Contact Fax Number

Agy#/Owner-Int./System/Identifier STATE USE ONLY

Type of Business

## STEP 3: Select Payment Option:

Direct Deposit to bank (recommended) or    Check in US mail (terminates any previous banking information on file)

## STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution

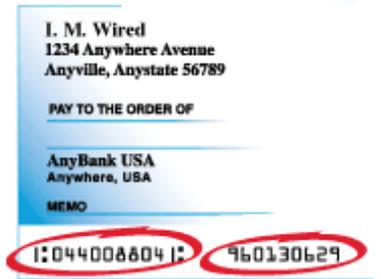
Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right

In addition to providing your banking information on this form, you may also attach a voided check.

Account Type:  Checking or  Savings (Checking will be used if neither box is marked.)



↑ routing number (nine digits)   ↑ account number (can vary in length)

### Authorization for Direct Deposit:

I hereby authorize and request the Department of Enterprise Services (DES) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, DES and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, DES will notify this office of the error and the reason for the reversal. This authority will continue until such time DES and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorized Representative (Please Print)

Title

SIGNATURE of Authorized Representative

December 5, 2017

Date

**STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)**

Substitute Form <b>W-9</b>	<b>Request for Taxpayer Identification Number and Certification</b>	
1. <b>Legal Name</b> (as shown on your income tax return) <b>County of Kittitas</b>		
2. <b>Business Name, if different from Legal Name above</b> – e.g. Doing Business As (DBA) Name <b>Kittitas County</b>		
3. Check <b>ONLY ONE</b> box below (see W-9 instructions for additional information)		
<input type="checkbox"/> Individual or Sole Proprietor  <input type="checkbox"/> LLC filing as a sole proprietor  <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation  <input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC filing as Corporation  <input type="checkbox"/> LLC filing as Partnership  <input type="checkbox"/> LLC filing as S-Corp
<input type="checkbox"/> Non Profit Organization  <input type="checkbox"/> Volunteer  <input type="checkbox"/> Board /Committee Member	<input checked="" type="checkbox"/> Local Government  <input type="checkbox"/> State Government  <input type="checkbox"/> Federal Government (including tribal)	<input type="checkbox"/> Tax-exempt organization  <input type="checkbox"/> Trust/Estate
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable: <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Attorney/Legal		
5. If exempt from backup withholding, check here: <input checked="" type="checkbox"/>		
6. <b>Address</b> (number, street, and apt. or suite no.)		<b>For office use</b>
7. <b>City, state, and ZIP code</b> <b>Ellensburg WA 98926</b>		The Legal Name, Address and TIN must be filled in completely and the document signed for the forms to be accepted.
8. <b>Taxpayer Identification Number (TIN)</b> Enter your EIN <u>OR</u> SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).		<div style="border: 1px solid black; padding: 5px; text-align: center; color: blue; font-style: italic;">Social security number</div> <p style="font-size: 2em; font-weight: bold; margin: 10px 0;">OR</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Employer identification number</b>  <span style="font-size: 1.2em;">91-60019349</span> </div>
NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.		
9. <b>Certification</b> Under penalty of perjury, I certify that:		
<ul style="list-style-type: none"> <li>• The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>• I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>• I am a U.S. person (including a U.S. resident alien).</li> </ul>		
SIGNATURE of U.S. PERSON		Date <b>December 5, 2017</b>

## FFATA FORM

<b>Subrecipient Agency:</b> County of Kittitas				
<b>Grant and Year:</b> 5200		<b>Agreement Number:</b> D17-1016		
<b>Completed by:</b>	Judy Pless	Budget Finance Officer	509-962-7502	
	<i>Name</i>	<i>Title</i>	<i>Telephone</i>	
<b>Date Completed:</b> December 5, 2017				
<b>STEP 1</b>				
Is your grant agreement less than \$25,000?	YES <input type="checkbox"/>	STOP, no further analysis needed, GO to Step 6	NO <input checked="" type="checkbox"/>	GO to Step 2
<b>STEP 2</b>				
In your preceding fiscal year, did your organization receive 80% or more of its annual gross revenues from federal funding?	YES <input type="checkbox"/>	GO to STEP 3	NO <input checked="" type="checkbox"/>	STOP, no further analysis needed, GO to Step 6
<b>STEP 3</b>				
In your preceding fiscal year, did your organization receive \$25,000,000 or more in federal funding?	YES <input type="checkbox"/>	GO to STEP 4	NO <input type="checkbox"/>	STOP, no further analysis needed, GO to Step 6
<b>STEP 4</b>				
Does the public have access to information about the total compensation* of senior executives in your organization?	YES <input type="checkbox"/>	STOP, no further analysis needed, GO to step 6	NO <input type="checkbox"/>	GO to STEP 5
<b>STEP 5</b>				
Executive #1	Name:			
	Total Compensation amount: \$			
Executive #2	Name:			
	Total Compensation amount: \$			
Executive #3	Name:			
	Total Compensation amount: \$			
Executive #4	Name:			
	Total Compensation amount: \$			
Executive #5	Name:			
	Total Compensation amount: \$			
<b>STEP 6</b>				
If your organization does not meet these criteria, specifically identify below <b>each</b> criteria that is not met for your organization: <u>For Example: "Our organization received less than \$25,000."</u>				
We received less than 80% of our annual gross revenues from federal funding last fiscal year				

**Signature:** \_\_\_\_\_

**Date:** December 5, 2017

\* Total compensation refers to:

- Salary and bonuses
- Awards of stock, stock options, and stock appreciation rights
- Other compensation including, but not limited to, severance and termination payments
- Life insurance value paid on behalf of the employee

Additional Resources:

<http://www.whitehouse.gov/omb/open>

<http://www.hrsa.gov/grants/ffata.html>

<http://www.gpo.gov/fdsys/pkg/FR-2010-09-14/pdf/2010-22705.pdf>

<http://www.grants.gov/>

## **FFATA PROVISIONS AND INSTRUCTIONS**

### **For Compliance With The**

### **Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282) (FFATA)**

The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website. Federal awards include grants, subgrants, loans, awards, cooperative agreements and other forms of financial assistance as well as contracts, subcontracts, purchase orders, task orders, and delivery orders. The legislation does not require inclusion of individual transactions below \$25,000 or credit card transactions before October 1, 2008. However, if an award is initially below this amount yet later increased, the act is triggered. Due to this variability in compliance Subrecipients are **required** by the Military Department to be familiar with the FFATA requirements and complete this Worksheet for *each contract* for the State's submission in to the FFATA portal.

### **ADDITIONAL PROVISIONS**

- A. This contract (subaward) is supported by federal funds, requiring compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act) and Office of Management and Budget Guidance (OMB). Public Law 109-282 as amended by section 6202(a) of Public Law 110-252 (see 31 U.S.C. 6101 note). By entering into this contract, contractor agrees to provide all applicable reporting information to the Washington Military Department (WMD) required by FFATA and OMB Guidance.
- B. The FFATA requires the OMB to establish a publicly available online database (USASpending.gov) containing information about entities that are awarded Federal grants, loans, and contracts. As required by FFATA and OMB Guidance, certain information on the first-tier subawards related to Federal contracts and grants, and the executive compensation of awardees, must be made publicly available.
- C. For new Federal grants beginning October 1, 2010, if the initial subaward is equal to or greater than \$25,000, reporting of the subaward and executive compensation information is required. If the initial subaward is below \$25,000 but subsequent grant modifications result in a total subaward equal to or over \$25,000, the subaward will be subject to the reporting requirements as of the date the subaward exceeds \$25,000. If the initial subaward equals or exceeds \$25,000 but funding is subsequently de-obligated such that the total award amount falls below \$25,000, the subaward continues to be subject to the reporting requirements of the Transparency Act and OMB Guidance.
- D. As a Federal grant subawardee under this contract, your organization is required by FFATA, OMB Guidance and this contract to provide the WMD, as the prime grant awardee, all information required for FFATA compliant reporting by WMD. This includes all applicable subawardee entity information required by FFATA and OMB Guidance, subawardee DUNS number, and relevant executive compensation data, as applicable.
  1. Data about your organization will be provided to USASpending.gov by the WMD. System for Award Management (SAM) is a government wide registration system for organizations that do business with the Federal Government. SAM stores information about awardees including financial account information for payment purposes and a link to D&B for maintaining current DUNS information, [www.sam.gov](http://www.sam.gov). WMD requires SAM registration and annual renewal by your organization to minimize unnecessary data entry

and re-entry required by both WMD and your organization. It will also reduce the potential of inconsistent or inaccurate data entry.

2. Your organization must have a Data Universal Numbering System (DUNS) number obtained from the firm Dun and Bradstreet (D&B) ([www.dnb.com](http://www.dnb.com)). A DUNS number provides a method to verify data about your organization. D&B is responsible for maintaining unique identifiers and organizational linkages on behalf of the Federal Government for organizations receiving Federal assistance.
- E. The WMD, as the prime awardee, is required by FFATA to report names and total compensation of the five (5) most highly compensated officers of your organization (as the subawardee) if:
1. Your organization (the subawardee), in the preceding fiscal year, received 80 percent or more of its annual gross revenues from Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards; and
  2. The public does not have access to this information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986.

“Total compensation” for purposes of this requirement generally means the cash and non-cash value earned by the executive during the past fiscal year and includes salary and bonus; awards of stock, stock options and stock appreciation rights; and other compensation such as severance and termination payments, and value of life insurance paid on behalf of the employee, and as otherwise provided by FFATA and applicable OMB guidance.

- F. If (1) in the preceding fiscal year your organization received 80 percent or more of its annual gross revenues from Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards, and (2) the public does not have access to this information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986, insert the names and total compensation for the five most highly compensated officers of your organization as identified in Step 5 of the FFATA Form.

## 2 CFR Part 200 Subpart F Audit Certification Form

### Audits of States, Local Governments, Indian Tribes, and Non-Profit Organizations

Contact Information			
Subrecipient Name (Agency, Local Government, or Organization): County of Kittitas			
Authorized Chief Financial Officer (central accounting office): Judy Pless			
Address: 205 West 5th Avenue, Suite 105		Ellensburg	WA 98926
Email: judy.pless@co.kittitas.wa.us		Phone #: 509.962.7502	

**Purpose:** As a pass-through entity of federal grant funds, the Washington Military Department/Emergency Management Division (Department) is required by 2 CFR Part 200 Subpart F to monitor activities of subrecipients to ensure federal awards are used for authorized purposes and verify that subrecipients expending \$750,000 or more in federal awards during their fiscal year have met the 2 CFR Part 200 Subpart F Audit Requirements. Your entity is a subrecipient subject to such monitoring by MIL/EMD because it is a non-federal entity that expends federal grant funds received from the Department as a pass-through entity to carry out a federal program. 2 CFR Part 200 Subpart F should be consulted when completing this form.

**Directions:** As required by 2 CFR Part 200 Subpart F, non-federal entities that expend \$750,000 in federal awards in a fiscal year shall have a single or program-specific audit conducted for that year. If your entity **is not** subject to these requirements, you must complete Section A of this Form. If your entity **is** subject to these requirements, you must complete Section B of this form. When completed, you must sign, date, and return this form with your grant agreement and every fiscal year thereafter until the grant agreement is closed. Failure to return this completed Audit Certification Form may result in delay of grant agreement processing, withholding of federal awards or disallowance of costs, and suspension or termination of federal awards.

<b>SECTION A: Entities NOT subject to the audit requirements of 2 CFR Part 200 Subpart F</b>
<p>Our entity is not subject to the requirements of 2 CFR Part 200 Subpart F because (check all that apply):</p> <p><input type="checkbox"/> We did not expend \$750,000 or more of <i>total</i> federal awards during the fiscal year.</p> <p><input type="checkbox"/> We are a for-profit agency.</p> <p><input type="checkbox"/> We are exempt for other reasons (describe):</p> <p>However, by signing below, I agree that we are still subject to the audit requirements, laws and regulations governing the program(s) in which we participate, that we are required to maintain records of federal funding and to provide access to such records by federal and state agencies and their designees, and that WMD/EMD may request and be provided access to additional information and/or documentation to ensure proper stewardship of federal funds.</p>
<b>SECTION B: Entities that ARE subject to the audit requirements of 2 CFR Part 200 Subpart F</b> (Complete the information below and check the appropriate box)
<p><input type="checkbox"/> We completed our last 2 CFR Part 200 Subpart F Audit on [enter date] _____ for Fiscal Year ending [enter date] _____. There were no findings related to federal awards from WMD/EMD. No follow-up action is required by WMD/EMD as the pass-through entity.</p> <p><b>A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is either provided electronically to <a href="mailto:contracts.office@mil.wa.gov">contracts.office@mil.wa.gov</a> or provide the state auditor report number:</b></p> <p>_____.</p> <p><input checked="" type="checkbox"/> We completed our last 2 CFR Part 200 Subpart F Audit on [enter date] <u>09-28-2017</u> for Fiscal Year ending [enter date] <u>2016</u>. There were findings related to federal awards.</p> <p><b>A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is either provided electronically to <a href="mailto:contracts.office@mil.wa.gov">contracts.office@mil.wa.gov</a> or provide the state auditor report number:</b> <u>1019951</u>.</p> <p><input type="checkbox"/> Our completed 2 CFR Part 200 Subpart F Audit will be available on _____ [enter date] for Fiscal Year ending _____ [enter date]. We will provide electronic copy of the audit report to <a href="mailto:contracts.office@mil.wa.gov">contracts.office@mil.wa.gov</a> at that time or provide the state auditor report number: _____.</p>

I hereby certify that I am an individual authorized by the above identified entity to complete this form. Further, I certify that the above information is true and correct and all relevant material findings contained in audit report/statement have been disclosed. Additionally, I understand this Form is to be submitted every fiscal year for which this entity is a subrecipient of federal award funds from the Department until the grant agreement is closed.

Signature of Authorized Chief Financial Officer: \_\_\_\_\_ Date: December 5, 2017

Print Name & Title: Judy Pless