

Meeting Date: Agenda Item No:

Office/Department: Staff Contact: Lee Reyes K2-9and Item Title: KC-692-21 — Sourcewell Administrative Services Lee Reyes KC-692-21 — Sourcewell Recommended Action: Move that the Board of County Commissioners approve and authorize the Chair to execute the Master Cooperative Purchasing Agreement with Sourcewell. KC-692-21 — Sourcewell Summary: Kitsap County has entered into a membership with Sourcewell for a Master Cooperative Purchasing Agreement under Member ID 2566230. This Master Agreement shall commence upon approval by both parties and remain in effect until terminated in writing by either party. Attachments: 1. Contract Review Sheet 2. Master Cooperative Purchasing Agreement Expenditure required for this specific action: \$0.00 Expenditure required for this specific action: \$0.00 Source of Funds: \$0.00 Fiscal Impact for Total Project Foject Costs: \$0.00 Froject Costs Savings: \$0.00 Project Related Revenue: \$0.00 Froject Net Total: \$0.00 Project Net Total: \$0.00 Coffice/Departmental Review & Coordination Office/Departmental Review & Coordination Contract Information Contract Information Contract Information Contract Amendment		Kits	ap County Board	of Commission	ners		
Chair to execute the Master Cooperative Purchasing Agreement with Sourcewell. KC-692-21 - Sourcewell Summary: Kitsap County has entered into a membership with Sourcewell for a Master Cooperative Purchasing Agreement under Member ID 2566230. This Master Agreement shall commence upon approval by both parties and remain in effect until terminated in writing by either party. Attachments: 1. Contract Review Sheet 2. Master Cooperative Purchasing Agreement Fiscal Impact for this Specific Action Expenditure required for this specific action: \$0.00 Related Revenue for this specific action: \$0.00 Cost Savings for this specific action: \$0.00 Net Fiscal Impact: \$0.00 Source of Funds: NA Fiscal Impact for Total Project Project Costs: \$0.00 Project Costs Savings: \$0.00 Project Related Revenue: \$0.00 Project Related Revenue: \$0.00 Office/Departmental Review & Coordination Office/Department Director Administrative Services Amber Dunwiddie Total Amount of Amended Contract or Amendment Approved Amended Contract Amendment Approved Total Amount of Amended Contract Amendment	Staff Contact: Lee Rey		/es				
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2. Master Cooperative Purchasing Agreement	Summary:	Cooperative Po	urchasing Agreem all commence upo	ent under Memb n approval by bo	er ID 256	6230. This Master	
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Contract Number Date Original Contract or Amendment Approved Amount of Original Contract Amendment Approved Total Amount of Amended Contract							
Contract Number or Amendment Approved Contract Amendment Amended Contract			Contract Ir	formation			
KC-692-21 Pending \$0.00	Contract Number	r or A	or Amendment				
	KC-692-21	Pending		\$0.00			



Kitsap County CONTRACT REVIEW SHEET

(Chapter 3.56 KCC)

A. CONTRACT INFORMATION (for Contract Signing Authority, see KCC 3	3.56.075)			
1. Contractor Sourcewell					
Purpose Master Cooperative Purchasing Agreement					
3. Contract Amount \$0.00 Disburse Receive					
4. Contract Term Upon approval and until termination in writ	ting by	either party			
Contract Administrator <u>Lee Reyes</u>		one <u>360-337-4471</u>			
Approved: Dat	e				
Department Director					
B. AUDITOR – Accounting Information					
1. Contract Control No. KC-692-21					
2. Fund Name NA					
Payment from-Revenue to CC/Account No. NA					
	Date	12/28/2021			
4. Comments					
C. AUDITOR – Grant Review Signature only required if grant funded contract					
	Date	NA			
2. Comments:	Date	IVA			
D. ADMINISTRATIVE SERVICES DEPARTMENT – Risk Manage	r Dovid				
	Revie	÷W			
1. X Approved Not Approved	D . 1 .	40/00/0004			
	Date	12/28/2021			
2. Comments:					
E. ADMINISTRATIVE SERVICES DEPARTMENT – Budget Mana					
Signature required if \$50,000 or more OR if signed by Board of Commissioners	s (regard	ness of donar amount)			
1. X Approved Not Approved	Data	40/00/0004			
7	Date	12/28/2021			
2. Comments:					
F. HUMAN RESOURCES – Human Resources Director Review Signature only required if union or employment contract					
1. Approved Not Approved					
	Date				
2. Comments:					
G. INFORMATION SERVICES – Information Services Director R	Review				
Signature only required if technology contract					
1. Approved Not Approved					
Reviewer	Date				
2. Comments:					
H. PROSECUTING ATTORNEY					
X Approved as to Form Not Approved as to Form	n				
Reviewer Susan rogers	Date	12.30.2021			
2. Comments:	•				
Date Approved by Authorized Contract Signer:	Date	1/10/2022 BOCC			
RETURN SIGNED ORIGINALS TO:		Lee Reyes @ MS- 7			



SOURCEWELL AGI	REEMENT
This Agreement, made effective on the date hereof, by and betwee	• •
Alliance) and Kitsap County (hereinafte	r referred to as the "Member").
Agreem	ent
 Sourcewell, a public entity whose creation was authorize procedures for products and services offered by this Agre is permitted to engage in cooperative purchasing pursuan 	ement in accordance with Minn. Stat. § 471.345. Sourcewel
It is the sole responsibility of each Member to follow stat cooperative purchasing or joint power Agreements with it	
 Sourcewell makes cooperative purchasing contracts avail the terms, conditions, scope, price, and/or any other con Members are permitted to negotiate and agree to addition 	ditions of the contract for the benefit of the Member.
 Each party shall be responsible for its acts and the results responsible for the acts of the other party and the results its purchase, including ordering its goods and/or services, paying the Vendor who will have directly billed the Memi 	thereof. The Member will be responsible for all aspects of inspecting and accepting the goods and/or services, and
5. The use of each contract by the Member will adhere to the	ne terms and conditions of the Sourcewell contract.
 Any dispute which may arise between the Member and to Vendor. 	he Vendor are to be resolved between the Member and the
 This Agreement incorporates all Agreements, covenants a No prior Agreement or understanding, verbal or otherwis enforceable unless embodied in this Agreement. This Agr written amendment executed by both parties. 	
Memberhade leafe	Source part of the second seco
By Edward E. Wolfe hts Chair, Board of County Commissioners ппв	EXECUTIVE BITTECTOT/CEO
111012022	1/3/2022 8:46 AM CST
Rev 5:2018	

202 12th Street NE | P.O. Box 219 | Staples, MN 56479

888-894-1930 | www.soun.eweb.or.gov.

MEMBER INFORMATION



Indicate an address to which corresponder	nce may be delivered.		
Organization Name*	Kitsap County		
Address*	614 Division Street, MS-7		
City	Port Orchard		
State/Province Code	WA ZIP code 9830	6	
Country	US		
Employer Identification Number	91-6001348		
Website	www.kitsapgov.com		
Contact person* (First, Last)	Lee Reyes	<u></u>	
Job Title*	Administrative Manager		
job Role*	Procurement Officer		
E-mail*	Ireyes@co.kitsap.wa.us		
Phone*	3603374471		
Organization Type: Government Federal StateX County Municipality Tribal Township			
Special District			
Pre-K			
Pre-K Public K-12			
Private K-12			
Public Higher Ed			
Private Higher Ed			

207 17th Street NE | P.O. Box 219 | Staples, MN 56479

888-894 1940 [www.source-well trib gov.



Non-Profit (Please include documentation demonstrating non-profit status)
Church
Medical Facility
Other
REFERRED BY
Advertisement
Colleague/Friend
Vendor Representative
Conference/Trade Show
Search Engine/Web Search
RETURN COMPLETED AGREEMENT TO:
Sourcewell
202 12 th Street NE
P.O. Box 219
Staples, MN 56479
877-58S-9706
membership@sourcewell-mn.gov
*Denotes required information