

**TOWN COUNCIL AGENDA**  
**February 24, 2025 6:00 PM**

- I. Opening Ceremonies**
  - A. Call Meeting to Order
  - B. Pledge of Allegiance
  - C. Roll Call
  
- II. Public Participation:**
  - A. Tom Beckwith – Comprehensive Plan Update
  - B. CYSA Requests (pages 1-2)
  - C. Girl Scouts – Swap Meet Area Use
  
- III. Events Application:**
  - A. United General District 304 – Concrete Resource Coalition Youth Activity Day (pages 3-7)
  - B. United General District 304 – Concrete Prevention Posse Flashlight Egg Hunt (pages 8-12)
  
- IV. Special presentations:**
  - A. Public Safety
  - B. Water & Wastewater – WWTP Report January 2025 (page 13)
  
- V. Consent Agenda:**
  - A. Town Council Meeting Minutes – February 10, 2025 (pages 14-18)
  - B. Approval of Claims Checks
  
- VI. Public Hearings: None.**
  
- VII. Old Business: None**
  
- VIII. New Business:**
  - A. Skagit County EMS Interlocal Agreement 2025-2030 (pages 19-42)
  
- IX. Discussion Items:**
  - A. Income Survey (page 43-44)
  - B. Main Street Trees
  
- X. Reports**
  - A. Council Reports
    - i. Parks-Council Member, Cassie Manke
    - ii. Airport-Council Member, Jon Gunnarsson
    - iii. Health & Emergency Care – Council Member, Drew Jenkins
    - iv. HPLC- Representative, Council Member, Stephanie Semro
    - v. Economic Development Commission – Council Member, Stephanie Semro
  
- XI. B. Staff Reports**
  - i. Planning/Historical Preservation – Kevin Cricchio
  - ii. Admin/Finance-Andrea Fichter, Clerk-Treasurer
  - iii. Public Works- Terry Coggins, PW Director
  - iv. Fire Department – Jaesen Meacham, Fire Chief  
  - C. Mayor Report
  
- XII. Announcements**
  
- XIII. Executive Session (if necessary)**
  
- XIV. Adjournment**

Town of Concrete Town is utilizing Zoom for access to Town Council meetings. The information below is for the next meeting:

**Join Zoom Meeting**

<https://zoom.us/j/3723563720>

**Meeting ID: 372 356 3720**

**One tap mobile**

+12532158782,,3723563720# US (Tacoma)

+13462487799,,3723563720# US (Houston)

**Dial by your location**

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

**Meeting ID: 372 356 3720**

Find your local number: <https://zoom.us/u/addgwovb80>

**Fwd: CYSA Stuff**

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From Marla Reed <marlareed79@gmail.com>  
Date Tue 2/11/2025 10:14 AM  
To Andrea Fichter <Andraef@concretewa.gov>

Andrea,

Do you see a problem with us doing any of these items? Let me know please.

----- Forwarded message -----

From: **Concrete YSA** <[concreteysa@gmail.com](mailto:concreteysa@gmail.com)>  
Date: Tue, Feb 11, 2025, 9:30 AM  
Subject: CYSA Stuff  
To: Marla Gates Reed <[marlareed79@gmail.com](mailto:marlareed79@gmail.com)>

Hi Mayor Marla,

We received the check donation from the town, thank you.

We are preparing for baseball season and I just want to run a few things by you:

1. Would the town be willing to donate the use of 2 Porta Potties this year. Terry said that it's up to you, but he see no issues other than might having to steel them for the Fly-In weekend.
2. Regarding CVMP baseball field, Terry said you guys have the base anchors. If you give us permission to use that field again this year, CYSA was hoping you would be ok with us getting those base anchors from Terry and installing them. We are pretty impressed with how well the infield held up over the winter, but we are also asking permission's to begin raking it out and do some field prep. Let me know.
3. CYSA is looking for a longer soccer field. The school doesn't have in space long enough. CVMP looks like we might be able to fit something in. If so, would you be ok if CYSA painted lines in the field. Our season is August through November. Here's the big ask, would the town be willing to purchase soccer goals?

Let me know if you have any questions or suggestions.

Thank you,

Joe Frank  
360-661-6579



PO Box 841393  
 Dallas, TX 75284-1393  
 Phone: 800-527-7610 Fax: 800-899-0149  
 Visit us at www.bsnsports.com

Contact Your Rep  
 Dan Burfeind Email: dburfeind@bsnsports.com | Phone: 360-319-9841

Bill to  
 9049431  
 Concrete Youth Sports Associat  
 115 Thunderbird Ln  
 CONCRETE WA 98237  
 SA

Ship To  
 9049431  
 Concrete Youth Sports Associat  
 Joe Frank  
 9115 Thunderbird Ln  
 CONCRETE WA 98237  
 USA

Payer  
 9049431  
 Concrete Youth Sports Associat  
 9115 Thunderbird Ln  
 CONCRETE WA 98237  
 USA

Quote	
Cart #:	12919437
Purchase Order #:	Joe Frank
Cart Name:	soccer goals
Quote Date:	02/12/2025
Quote Valid-to:	03/31/2025
Payment Terms:	NT00
Ship Via:	
Ordered By:	Joe Frank

Description	Qty	Unit Price	Total
" Classic Alumagoal 6.5'X12' NATURAL Item # - SGA323	1 PR	\$ 1,895.00	\$ 1,895.00

Subtotal:	\$1,895.00
Other:	\$0.00
Freight:	\$350.00
Sales Tax:	\$193.07
Order Total:	\$2,438.07
Payment/Credit Applied:	\$0.00
<b>Order Total:</b>	<b>\$2,438.07</b>

2

# TOWN OF CONCRETE EVENTS APPLICATION

(proof of insurance required)

## APPLICATION FEES (PLEASE CHECK ONE)

	\$	#		\$
SPECIAL EVENT	\$43.50 AN EVENT		* TOWN STAFF PRESENCE REQUESTED	\$50.00 PER EMPL, PER DAY
SPECIAL EVENT WITH WATER	\$49.50 AN EVENT		**SANI-CAN REQUEST	\$90.00 PER SANI-CAN, PER DAY
SPECIAL EVENT WITH ELECTRICITY	\$55.50 AN EVENT		** PICNIC TABLES	\$12.50.00 PER TABLE, PER EVENT
SPECIAL EVENT WITH WATER & ELECTRICITY	\$62.00 AN EVENT		MARDI GRAS, 4 <sup>TH</sup> OF JULY, FLY-IN AND CASCADE DAYS - PICNIC TABLE RENTAL FEES WAIVED - REPLACEMENT COST REMAIN FOR ANY DAMAGE	
SPECIAL EVENT NON-PROFIT ORGANIZATION	\$31.00 AN EVENT	X	STREET CARNIVAL AND/OR CIRCUS	\$37.00 PER DAY
SPECIAL EVENT NON-PROFIT WITH WATER	\$37.00 AN EVENT		STREET CARNIVAL/CIRCUS WITH WATER	\$49.50 PER DAY
SPECIAL EVENT NON-PROFIT WITH WATER	\$43.50 AN EVENT		STREET CARNIVAL/CIRCUS WITH ELECTRICITY	\$55.50 PER DAY
SPECIAL EVENT NON-PROFIT WITH WATER & ELECTRICITY	\$49.50 AN EVENT		STREET CARNIVAL/CIRCUS WITH WATER & ELECTRICITY	\$62.00 PER DAY

ENTER TOTAL FEES HERE \$ 31.00

\*\* THESE FEES ARE IN ADDITION TO THE SPECIAL EVENT OR STREET CARNIVAL/CIRCUS FEE - DAMAGE BEYOND NORMAL REPAIR TO ITEMS WILL REQUIRE EVENT HOLDER TO PAY FULL REPLACEMENT COSTS AS STATED IN THE MOST RECENT FEE SCHEDULE

NAME: Stephanie Morgareidge  
 ADDRESS: 2136 SR 20, Sedro-Woolley WA 98284  
 PHONE: 360-854-7159

**OFFICIAL NAME OF ORGANIZATION:**

NAME OF ORGANIZATION: United General District 304 / Concrete Resource Coalition  
 ADDRESS: 2136 SR 20, Sedro-Woolley, WA 98284  
 PHONE: \_\_\_\_\_

**PERSON DIRECTLY IN CHARGE OF AND RESPONSIBLE FOR EVENT:**

NAME: Stephanie Morgareidge  
 ADDRESS: 2136 SR 20, SW  
 PHONE: Cell # 360-770-2836

**EVENT DETAILS:**

EVENT NAME: Concrete Youth Activity Day  
 PURPOSE OF EVENT: Connect families to fun & resources  
 DATE OF EVENT: 7/17/25 TIME OF EVENT: 10-2pm  
 LOCATION OF EVENT: Silo Park  
 ROUTE OF EVENT (if applicable): \_\_\_\_\_

APPROXIMATE NUMBER OF SPECTATORS & PERSONS PARTICIPATING: 400+

SETUP/TAKEDOWN TIMES: 8am set up - 2:30-3:30 take down

Will this Event include a fireworks display? Yes or No

This institution is an equal opportunity provider, and employer and does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Event sponsors or organizations will be required to provide a certificate of insurance to the town before the permit is issued. Commercial General Liability insurance of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate written on an occurrence form by an insurance carrier

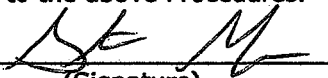
## SPECIAL NEEDS

Number Needed	Item Needed
2 to 3	Sani-Cans
	Extra Garbage Cans
	Road Closure Cones/Candlesticks
	Access to Power
	Access to Water
Department	ADDITIONAL ASSISTANCE OR EQUIPMENT NEEDED
Public Works	
Police	
Fire	

## PROCEDURES FOR EVENT ACTIVITIES

- Anyone desiring to hold a special event in the Town of Concrete should fill out an Events Application and submit with the required fee/s, to the Clerk-Treasurer. Applications for Event Permits must be filed no less than thirty (30) days in advance of the proposed special events activity. Special events include parades, public meetings or assemblies or other organized gathering of a group of persons, or any ceremony, show, exhibition, dance or pageant which may reasonably be expected to result in the gathering of a group of persons, upon any public street, park or other public grounds. They do NOT include funeral processions, a governmental agency acting within the scope of its functions, students going to and from school or participating in educational activities, organized youth and other sports activities.
- The person or organization sponsoring the special events activity shall, on a form prescribed by the town attorney, as a condition to the issuance of a permit, execute an agreement to indemnify and hold the Town harmless from and on any claim that may be made or brought against the Town for loss, injury or damage to any persons or property arising out of or in connection with the special events activity.
- All entry forms to special events activity shall require each individual participant to release the Town from any liability that might be occasioned on account of any injury to the participant or damage to participant's property. If the special events activity will involve minors, said entry form shall provide for a release of such liability on behalf of the minor, by the minor and the minor's parents or guardian.
- Event sponsors or organizations will be required to provide a certificate of insurance before the permit is issued. Commercial General Liability insurance of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate written on an occurrence form by an insurance carrier with an "A" rating and licensed to conduct business in the State of Washington must be in received by the Town of Concrete prior to the event. Auto Liability Insurance with at least \$1,000,000 Combined Single Limit written by an "A" rated carrier licensed to conduct business in the State of Washington, is required if motor vehicles (including parade floats, farm type equipment, or other motorized vehicles regardless if licensed or not) are used in the event. The Town of Concrete will be named as an additional insured by endorsement on the event sponsor's or organization's insurance policy. All participants shall also be required to meet the insurance requirements including naming the Town of Concrete as an additional insured. Proof of insurance shall be provided to the Town prior to the permit being issued.
- Any person or organization sponsoring a special event activity shall be responsible for the prompt and orderly removal of any signs, booths, barricades and any other articles or items erected or used in connection with the special event activity and any trash or debris occasioned by the special event activity. Should the Town for any reason be forced to expend its own funds or staff or use its equipment to ensure the safe and orderly conduct of the special events activity or disassemble or remove any articles erected or used in connection with the special events activity or collect any trash or debris occasioned by the special events activity then the person or organization sponsoring the special events activity shall promptly reimburse the Town for the reasonable cost of same upon presentment of the Town's statement.
- The written permit shall be carried by the person heading or leading the special event activity for which the permit was issued.

I, Stephanie Morganidge, representing Concrete Resource Coalition agree to the above Procedures.

  
(Signature)

2/18/25  
(Date)

This institution is an equal opportunity provider, and employer and does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

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## SPECIAL ACKNOWLEDGEMENT, RELEASE AND AGREEMENT OF INDEMNITY

It is fully understood and acknowledged by the undersigned that the (name of event or organization/ individual) \_\_\_\_\_ sponsored by \_\_\_\_\_ may be conducted along Town streets, across Town intersections and/or on Town property.

With full knowledge of these matters, the undersigned, as sponsor, hereby releases and absolves and agrees to indemnify the Town of Concrete, Washington, its officers, employees and agents, from and against any and all claims of whatever nature arising by reason of participation in the aforementioned event, including injury or death to such participant.

Date: \_\_\_\_\_  
Name of Sponsor: \_\_\_\_\_  
Address of Sponsor: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Note: Sponsors are required to obtain waivers that include holding the Town harmless from all participants in running, walking, etc., events. Anyone under 18 years of age must obtain a parent's or guardian's signature.

### Sign/Banner Placement Request

The Town of Concrete has a structure available for placing event banners or signs. Maximum length of such sign is 10 feet and maximum height is 2.5 feet. Event organizers are responsible for the creation and cost of such banner or sign. The Town will be responsible for the approval and installation of any banner or sign. Signs are only allowed to be placed on the town provided structure.

Signs or banners displayed must be for civic events or non-profit activities and cannot contain commercial advertising or sponsorships.


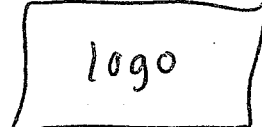
Signs or banners are limited to a maximum size of ten (10) feet in length and two and one half (2.5) feet in height and be legibility at the distance and pace (speed) at which it is to be seen and is limited to the following:

- Name of Event
- Date/s of Event
- Time of Event
- Event logo or other event related image/s

Do you have a sign/banner to be placed for this event? yes

Does it meet the above requirements? yes

Please provide a detailed sketch below or attach sample.

	<p>Concrete Youth Activity Day</p> <p>July 17, 2025</p> <p>Silo Park 10-2pm</p>	
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**FOR TOWN USE ONLY**  
**Review and Recommendations**

Department	Initials	Date	Comments
Public Works			
Police			
Fire			

**Application Fees:**

**Date Paid:** \_\_\_\_\_ **Receipt No.** \_\_\_\_\_

Approved Event permits, will only be issued upon receipt of Certificate of Insurance and any other information required by the Town Council.

**Insurance received:** \_\_\_\_\_  
**Date**

Presented to Town Council on: \_\_\_\_\_

**APPROVED**       **DISAPPROVED**

**SIGNATOR:** \_\_\_\_\_  
**Mayor**

**ATTEST:** \_\_\_\_\_  
**Clerk-Treasurer**

**OTHER FEES REQUIRED:**  **YES**    **NO**

**Amount:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Receipt No.** \_\_\_\_\_

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**CITIES INSURANCE ASSOCIATION OF WASHINGTON  
CERTIFICATE OF COVERAGE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE MEMORANDUM OF COVERAGE (MOC) BELOW. THIS CERTIFICATE OF COVERAGE 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 COVERED PARTY, THE MOC MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE MOC, CERTAIN COVERAGE MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

PRODUCER	COMPANIES AFFORDING COVERAGE
Clear Risk Solutions 159 Basin Street SW PMB #206 Ephrata, WA 98823 Phone: (509) 754-2027 Fax: (509) 754-3406	<b>GENERAL LIABILITY</b> CIAW / Old Republic Specialty Insurance Underwriters  <b>AUTOMOBILE LIABILITY</b> CIAW / Old Republic Specialty Insurance Underwriters
COVERED MEMBER	<b>PROPERTY</b> CIAW / Old Republic Specialty Insurance Underwriters et al.  <b>CRIME / PUBLIC EMPLOYEE DISHONESTY</b> CIAW / Old Republic Specialty Insurance Underwriters
Skagit County Public Hospital Dist. #304  2031C Hospital Drive Sedro Woolley, WA 98284	

**COVERAGES**

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED MEMBER NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MOC DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH MOC. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF COVERAGE	MOC NUMBER	MOC EFF DATE	MOC EXP DATE	DESCRIPTION	LIMITS
<b>GENERAL LIABILITY</b>					
COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM	CIAW242567083	12/1/2024	12/1/2025	GENERAL AGGREGATE	\$10,000,000
				PRODUCT-CO MP/OP AGG	\$10,000,000
				PERSONAL & ADV. INJURY	\$5,000,000
				EACH OCCURRENCE	\$5,000,000
				ANNUAL PROGRAM AGGREGATE	\$50,000,000
INCLUDES STOP GAP (LIABILITY IS SUBJECT TO A \$750,000 SIR PAYABLE FROM PROGRAM FUNDS)					
<b>AUTOMOBILE LIABILITY</b>					
ANY AUTO	CIAW242567083	12/1/2024	12/1/2025	COMBINED SINGLE LIMIT	Excluded
(LIABILITY IS SUBJECT TO A \$750,000 SIR PAYABLE FROM PROGRAM FUNDS)					
<b>PROPERTY</b>					
	CIAW242567083	12/1/2024	12/1/2025	ALL RISK PER OCC EXCL EQ & FL	\$100,000,000
				EARTHQUAKE PER OCC	\$15,000,000
				FLOOD PER OCC (except FZ A&V, which is \$1MM)	\$15,000,000
(PROPERTY IS SUBJECT TO A \$750,000 SIR PAYABLE FROM PROGRAM FUNDS)					
<b>CRIME/PUBLIC EMPLOYEE DISHONESTY</b>					
	CIAW242567083	12/1/2024	12/1/2025	PER LOSS	\$1,000,000
(CRIME IS SUBJECT TO A \$25,000 SIR PAYABLE FROM PROGRAM FUNDS)					
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS</b>					
Evidence of coverage only.					

**CANCELLATION**

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

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
Town of Concrete PO Box 39 Concrete, WA 98237	<i>Stacy Lyon</i>

7

**TOWN OF CONCRETE  
EVENTS APPLICATION**  
(proof of insurance required)  
**APPLICATION FEES (PLEASE CHECK ONE)**

		#		#
SPECIAL EVENT	\$43.50 AN EVENT		* *TOWN STAFF PRESENCE REQUESTED	\$50.00 PER EMPL, PER DAY
SPECIAL EVENT WITH WATER	\$49.50 AN EVENT		**SANI-CAN REQUEST	\$90.00 PER SANI-CAN, PER DAY
SPECIAL EVENT WITH ELECTRICITY	\$55.50 AN EVENT		** PICNIC TABLES	\$12.50.00 PER TABLE, PER EVENT
SPECIAL EVENT WITH WATER & ELECTRICITY	\$62.00 AN EVENT		MARDI GRAS, 4 <sup>TH</sup> OF JULY, FLY-IN AND CASCADE DAYS - PICNIC TABLE RENTAL FEES WAIVED - REPLACEMENT COST REMAIN FOR ANY DAMAGE	
SPECIAL EVENT NON-PROFIT ORGANIZATION	\$31.00 AN EVENT	X	STREET CARNIVAL AND/OR CIRCUS	\$37.00 PER DAY
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ENTER TOTAL FEES HERE \$ 31.00

\*\* THESE FEES ARE IN ADDITION TO THE SPECIAL EVENT OR STREET CARNIVAL/CIRCUS FEE - DAMAGE BEYOND NORMAL REPAIR TO ITEMS WILL REQUIRE EVENT HOLDER TO PAY FULL REPLACEMENT COSTS AS STATED IN THE MOST RECENT FEE SCHEDULE

NAME: Stephanie Margareidge  
 ADDRESS: 2136 SR 20, Sedro Woolley, WA 98284  
 PHONE: 360-854-7159

**OFFICIAL NAME OF ORGANIZATION:**

NAME OF ORGANIZATION: Concrete Prevention Posse under United General District 304  
 ADDRESS: 2136 SR 20 SW 98284  
 PHONE: 360-854-7159

**PERSON DIRECTLY IN CHARGE OF AND RESPONSIBLE FOR EVENT:**

NAME: Stephanie Margareidge  
 ADDRESS: 2136 SR 20 SW  
 PHONE: Cell 360-770-2836

**EVENT DETAILS:**

EVENT NAME: Flashlight Egg Hunt for 12+  
 PURPOSE OF EVENT: fun for preteen & teens  
 DATE OF EVENT: Friday April 4 TIME OF EVENT: 6:30-8:30 pm  
 LOCATION OF EVENT: Silo park  
 ROUTE OF EVENT (if applicable): \_\_\_\_\_

APPROXIMATE NUMBER OF SPECTATORS & PERSONS PARTICIPATING: \_\_\_\_\_

SETUP/TAKEDOWN TIMES: Set up 5pm - Clean up 8:45pm

Will this Event include a fireworks display? Yes or No

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Event sponsors or organizations will be required to provide a certificate of insurance to the town before the permit is issued. Commercial General Liability insurance of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate written on an occurrence form by an insurance carrier

## SPECIAL NEEDS

Number Needed	Item Needed
0 bathroom sign?	Sani-Cans
1	Extra Garbage Cans
2	Road Closure Cones/Candlesticks
2	Access to Power
2	Access to Water
<b>Department</b>	<b>ADDITIONAL ASSISTANCE OR EQUIPMENT NEEDED</b>
Public Works	
Police	
Fire	

### PROCEDURES FOR EVENT ACTIVITIES

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- All entry forms to special events activity shall require each individual participant to release the Town from any liability that might be occasioned on account of any injury to the participant or damage to participant's property. If the special events activity will involve minors, said entry form shall provide for a release of such liability on behalf of the minor, by the minor and the minor's parents or guardian.
- **Event sponsors or organizations will be required to provide a certificate of insurance before the permit is issued. Commercial General Liability insurance of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate written on an occurrence form by an insurance carrier with an "A" rating and licensed to conduct business in the State of Washington must be in received by the Town of Concrete prior to the event; Auto Liability Insurance with at least \$1,000,000 Combined Single Limit written by an "A" rated carrier licensed to conduct business in the State of Washington, is required if motor vehicles (including parade floats, farm type equipment, or other motorized vehicles regardless if licensed or not) are used in the event. The Town of Concrete will be named as an additional insured by endorsement on the event sponsor's or organization's insurance policy. All participants shall also be required to meet the insurance requirements including naming the Town of Concrete as an additional insured. Proof of insurance shall be provided to the Town prior to the permit being issued.**
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- The written permit shall be carried by the person heading or leading the special event activity for which the permit was issued.

I, Stephanie Margaridge, representing Concrete Preservation Assoc agree to the above Procedures.

SK M  
(Signature)

2/10/25  
(Date)

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**SPECIAL ACKNOWLEDGEMENT, RELEASE AND AGREEMENT OF INDEMITY**

It is fully understood and acknowledged by the undersigned that the (name of event or organization/ individual) \_\_\_\_\_ sponsored by \_\_\_\_\_ may be conducted along Town streets, across Town intersections and/or on Town property.

With full knowledge of these matters, the undersigned, as sponsor, hereby releases and absolves and agrees to indemnify the Town of Concrete, Washington, its officers, employees and agents, from and against any and all claims of whatever nature arising by reason of participation in the aforementioned event, including injury or death to such participant.

Date: \_\_\_\_\_  
Name of Sponsor: \_\_\_\_\_  
Address of Sponsor: \_\_\_\_\_  
Signature of Authorized Agent: \_\_\_\_\_

Note: Sponsors are required to obtain waivers that include holding the Town harmless from all participants in running, walking, etc., events. Anyone under 18 years of age must obtain a parent's or guardian's signature.

**Sign/Banner Placement Request**

The Town of Concrete has a structure available for placing event banners or signs. Maximum length of such sign is 10 feet and maximum height is 2.5 feet. Event organizers are responsible for the creation and cost of such banner or sign. The Town will be responsible for the approval and installation of any banner or sign. Signs are only allowed to be placed on the town provided structure.

Signs or banners displayed must be for civic events or non-profit activities and cannot contain commercial advertising or sponsorships.

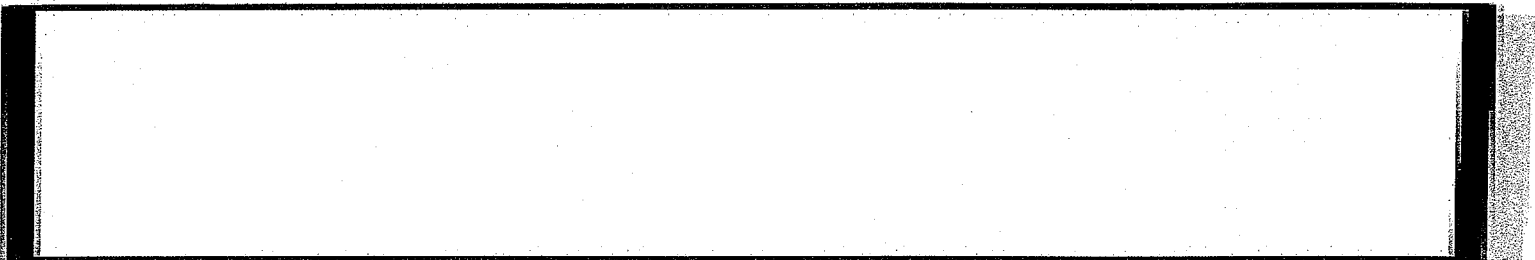
Signs or banners are limited to a maximum size of ten (10) feet in length and two and one half (2.5) feet in height and be legibility at the distance and pace (speed) at which it is to be seen and is limited to the following:

- Name of Event
- Date/s of Event
- Time of Event
- Event logo or other event related image/s

Do you have a sign/banner to be placed for this event? NO

Does it meet the above requirements? \_\_\_\_\_

Please provide a detailed sketch below or attach sample.



This institution is an equal opportunity provider, and employer and does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Event sponsors or organizations will be required to provide a certificate of insurance to the town before the permit is issued. Commercial General Liability insurance of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate written on an occurrence form by an insurance carrier

**FOR TOWN USE ONLY**  
**Review and Recommendations**

Department	Initials	Date	Comments
Public Works			
Police			
Fire			

**Application Fees:**

**Date Paid:** \_\_\_\_\_ **Receipt No.** \_\_\_\_\_

Approved Event permits, will only be issued upon receipt of Certificate of Insurance and any other information required by the Town Council.

**Insurance received:** \_\_\_\_\_  
Date

Presented to Town Council on: \_\_\_\_\_

**APPROVED**       **DISAPPROVED**

**SIGNATOR:** \_\_\_\_\_  
Mayor

**ATTEST:** \_\_\_\_\_  
Clerk-Treasurer

**OTHER FEES REQUIRED:**  **YES**    **NO**

**Amount:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Receipt No.** \_\_\_\_\_

This institution is an equal opportunity provider, and employer and does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Event sponsors or organizations will be required to provide a certificate of insurance to the town before the permit is issued. Commercial General Liability insurance of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate written on an occurrence form by an insurance carrier

**CITIES INSURANCE ASSOCIATION OF WASHINGTON  
CERTIFICATE OF COVERAGE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE MEMORANDUM OF COVERAGE (MOC) BELOW. THIS CERTIFICATE OF COVERAGE 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 COVERED PARTY, THE MOC MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE MOC, CERTAIN COVERAGE MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

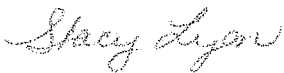
PRODUCER	COMPANIES AFFORDING COVERAGE
Clear Risk Solutions 159 Basin Street SW PMB #206 Ephrata, WA 98823 Phone: (509) 754-2027 Fax: (509) 754-3406	<b>GENERAL LIABILITY</b> CIAW / Old Republic Specialty Insurance Underwriters  <b>AUTOMOBILE LIABILITY</b> CIAW / Old Republic Specialty Insurance Underwriters
COVERED MEMBER	<b>PROPERTY</b> CIAW / Old Republic Specialty Insurance Underwriters et al.  <b>CRIME / PUBLIC EMPLOYEE DISHONESTY</b> CIAW / Old Republic Specialty Insurance Underwriters
Skagit County Public Hospital Dist. #304  2031C Hospital Drive Sedro Woolley, WA 98284	

**COVERAGES**  
THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED MEMBER NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MOC DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH MOC. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF COVERAGE	MOC NUMBER	MOC EFF DATE	MOC EXP DATE	DESCRIPTION	LIMITS
<b>GENERAL LIABILITY</b>					
COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM	CIAW242567083	12/1/2024	12/1/2025	GENERAL AGGREGATE	\$10,000,000
				PRODUCT-COMP/OP AGG	\$10,000,000
				PERSONAL & ADV. INJURY	\$5,000,000
				EACH OCCURRENCE	\$5,000,000
				ANNUAL PROGRAM AGGREGATE	\$50,000,000
INCLUDES STOP GAP (LIABILITY IS SUBJECT TO A \$750,000 SIR PAYABLE FROM PROGRAM FUNDS)					
<b>AUTOMOBILE LIABILITY</b>					
ANY AUTO	CIAW242567083	12/1/2024	12/1/2025	COMBINED SINGLE LIMIT	Excluded
(LIABILITY IS SUBJECT TO A \$750,000 SIR PAYABLE FROM PROGRAM FUNDS)					
<b>PROPERTY</b>					
	CIAW242567083	12/1/2024	12/1/2025	ALL RISK PER OCC EXCL EQ & FL	\$100,000,000
				EARTHQUAKE PER OCC	\$15,000,000
				FLOOD PER OCC (except FZ A&V, which is \$1MM)	\$15,000,000
(PROPERTY IS SUBJECT TO A \$750,000 SIR PAYABLE FROM PROGRAM FUNDS)					
				ANNUAL PROGRAM AGGREGATE	NONE
<b>CRIME/PUBLIC EMPLOYEE DISHONESTY</b>					
	CIAW242567083	12/1/2024	12/1/2025	PER LOSS	\$1,000,000
(CRIME IS SUBJECT TO A \$25,000 SIR PAYABLE FROM PROGRAM FUNDS)					
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS</b>					
Evidence of coverage only.					

**CANCELLATION**

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

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
Town of Concrete PO Box 39 Concrete, WA 98237	



**Town of Concrete**

Honorable Mayor and Town Council

Monthly Report on Wastewater Treatment Plant Operations & Maintenance

**Month:** January 2025

During the month of January, the plant was running well. The effluent is clean, and the fecal coliform counts are below permit.

**Locates**

- There were no locates during the month of January.

**Call Outs-Emergencies**

- None

**Communications**

- Scheduled Mann+Hummel to fix small leaks in warranty membrane.

**System Maintenance**

- Chemical cleaned both MBR's and MBT
- Flows have increased due to rain, but the plant is handled increased flow well.
- Average daily flow nearly doubled in November, but the plant performed well through it.

**Process Changes:**

- Plant running normal

**Metered Flow:**

Average:	<u>95,000 gallons</u>
Max:	<u>126,000 gallons</u>
Total:	<u>2,945,000 gallons</u>
Total Wasting:	<u>24,250 gallons</u>

**Town of Concrete  
Town Council Meeting  
February 10, 2025**

**6:00 pm.** Mayor Pro-tem Thomas called the meeting to order. Mayor Pro-tem Thomas led the gallery in the Pledge of Allegiance.

**Roll Call: Council Members:** Councilmembers Cassie Manke, Drew Jenkins (via Zoom) Stephanie Semro, and Jon Gunnarsson.

Mayor Pro-tem Thomas announced that Mayor Reed was out sick this evening.

Councilmember Manke made a motion to excuse Mayor Reed. Councilmember Semro seconded the motion. The motion carried unanimously.

**Staff Present:** Clerk Treasurer Andrea Fichter, Public Works Director Terry Coggins, and Town Attorney Emily Romanenko.

**Staff Present Online:** Town Planner Kevin Cricchio.

**Audience Members Signed In:** Gabe Asarian, and Mawg Ellithorpe.

**Audience Members Signed in Online:** Guest and Val Stafford.

**Public Participation:** Chris Clark – 7490 Mill Avenue, RV Extended Stay Request: Chris stated that Code Enforcement, Karla Massingale contacted him last week to let him know that staying in an RV within town limits was not allowed. He stated he came to town a few months ago to help his niece whose husband passed away recently. He stated that he is a union worker and only uses the RV to sleep. He stated he also gets called away a lot for work. He stated he is requesting an extended stay in the RV until June. He also stated that it is off the road, connected to power but is not connected to water or sewer.

Councilmember Manke stated that she does not have an issue with an extended stay until June. Councilmember Semro stated that she is aware of the situation and as long as it is not connected to utilities, she does not have a problem with it. Councilmember Gunnarsson also stated that he did not have any concerns if it is not blocking the road.

Councilmember Semro made a motion to allow for an extended stay until June at 7490 Mill Avenue. Councilmember Manke seconded the motion. The motion carried unanimously.

Andrea requested that he come in and complete the RV permit application to have on file.

**Events Application:** Concrete Chamber – Mardi Gras in Concrete: Andrea stated that she does not believe there are any changes from previous years.

Councilmember Manke made a motion to approve. Councilmember Gunnarsson seconded the motion. The motion carried unanimously.

**Special Presentations:** Public Safety: Sergeant Dills reviewed the calls and hours for January.

He also reported the deadline for applications for the sergeant position were due today. He stated they received two applications and one interview was held today. He stated they should know by tomorrow who the chosen applicant will be.



Water and Wastewater – None.

**Consent Agenda:**

Town Council Meeting Minutes – January 27, 2025

Approval of Claims Checks: #10429-#10462 \$86,943.61

Approval of Payroll: #10344-#10346 and EFT's: \$43,589.54

Councilmember Manke made a motion to approve. Councilmember Semro seconded the motion. The motion carried unanimously.

Public Hearings: None.

Old Business: Code Amendments LU24-004 – Ordinance #882: Andrea noted a change in the ordinance number, which should be #887.

Kevin provided an update on the different code sections that are being recommended for amendments or additions. He stated the airport items have been removed for now pending further review and edits.

He stated the amendments were sent to Commerce for their 60-day review. He stated there were a few comments from Commerce and those have been incorporated into the final ordinance. Kevin provided an update on the new laws for ADU's (Accessory Dwelling Units) which he stated have also been included in this amendment. He stated the SEPA process was completed, and a public hearing was held at the Planning Commission last month. He stated three public comments have been received so far and those have all been in relation to the airport items which are being put on hold at this time.

Kevin reviewed the proposed amendments and noted the comments that had been received from Commerce which are in red in the staff report along with the Planning Commissions recommended changes which are noted in blue. He discussed the code changes regarding ADU's and that two would now be allowed but would still have to meet setbacks and lot coverage percentages. He stated these can be either detached or attached. He stated the State minimum square footage for these is 1,000 square feet but he is recommending 1,200 square feet which would be consistent with Skagit County.

Councilmember Semro stated that it was discussed at Planning Commission to also not allow ADU's to be short term rentals under 90-days. Kevin stated that change was made and is included in their packet.

Kevin stated that Council can approve as is, approve with changes or refer back to the Planner or Planning Commission for further work.

Councilmember Jenkins stated that he believes the 1,000 square foot minimum is sufficient and would encourage the creation of more housing and affordable housing.

Councilmember Gunnarsson asked if there are any restrictions on the number of stories. Kevin stated there are no height requirements.

Kevin stated a section that probably needs to be added would be language regarding how they still need to meet building code and fire code as well.

Discussion ensued regarding shared service lines for ADU's and that these should be separate unless the ADU is inside an existing structure. Emily stated that she can work with Kevin on this and determine the appropriate language.

He also noted a couple typos in the Sidewalk Use portion under section 12.03.080(3).

It was the consensus of the Council for the edits and additions discussed this evening to be incorporated into the ordinance and brought back to Council for further review.

Emily stated that she can work with Kevin and Andrea on the changes and added language discussed this evening and bring this back to Council at their first meeting in March.

Mayor Pro-tem Thomas requested that any further questions or comments get sent to Kevin and Emily within the next week if the Council has anything further.

Airport Lease Modifications – Received as of 02/06/2025: Andrea stated there are two more that need approval this evening. She stated there are few she has not received yet.

Councilmember Jenkins made a motion to approve. Councilmember Manke seconded the motion. The motion carried unanimously.

Parking and Business License Code Updates/Research: Andrea reported that she, Emily, and Kevin had met last week and discussed a number of Code Enforcement and municipal code sections that need to be reviewed and updated. She stated in the meantime 2-hour parking signs have been installed at Veterans Memorial Park. She stated they will work on possible code amendments and bring those back to Council in March or April.

New Business: Resolution #2025-002 – Authorization to Seek Funding Water System Improvements: Councilmember Manke made a motion to approve. Councilmember Gunnarsson seconded the motion. The motion carried unanimously.

Resolution #2025-003 – Authorization to Purchase Equipment: Andrea reported this purchase was noted in the budget ordinance for 2025. She also reported that an advertisement had been completed and the quotes received were noted in the packet.

Terry provided an update on the sweeper that he is looking at and that it is a pull behind. He stated they offer a demo, and he needs to make an appointment to go down and do that but wanted to get Council approval first.

Councilmember Semro asked about the mechanics and if it is self-propelled. Terry explained there are way less hoses and hydraulics and other things that could cause issues. He stated doing an actual test drive will better determine if it will meet their needs. He stated if they decide to go this route, the equipment will still have to be ordered.

Councilmember Thomas asked that he provide the Council with an update after he completes the test drive.

Councilmember Manke made a motion to approve. Councilmember Semro seconded the motion. The motion carried unanimously.

Discussion Items: Income Survey Public Notice: Andrea stated the second round of surveys have gone out and she believes the town is still around 140 responses away from the survey being valid. She reminded anyone that lives in town limits to please complete and return the survey if they have not done so already.

Councilmember Gunnarsson asked how many responses were needed. Andrea stated that she cannot remember the exact number, but she will have that at the next meeting. She stated the third round of mailings will probably go out in the next week or two.

**Council Reports: Parks: Cassie Manke:** Councilmember Manke stated they will start these meetings again in March. She stated they are at 5pm before the first council meeting of each month. She stated that she has five people who are interested in joining.

It was requested that information regarding the Adopt-a-spot program be put in the next town newsletter.

**Airport: Jon Gunnarsson:** Councilmember Gunnarsson reported they will have their first fly-in meeting this month. He also reported they are expecting a fuel delivery next week.

**Health and Emergency Care: Drew Jenkins:** No report.

**Historic Preservation and Landmarks Commission: Stephanie Semro:** Councilmember Semro stated HPLC has not met since the last Council meeting.

**Economic Development Commission Stephanie Semro:** Councilmember Semro stated they have a meeting this Wednesday at Town Hall at 6pm.

**Department Reports: Planning Commission/Historical Preservation: Kevin Cricchio:** Kevin reported he will work on the edits to the code amendments discussed this evening and once that is complete, he will start on the airport zoning items.

**Administration/Finance Report: Andrea Fichter:** Andrea stated that she has been working with Kevin and Emily on a number of items as well as the items in their packets.

She stated she has also started on the Annual Report which will take a few months to complete, and they will get a copy when its finalized.

**Public Works: Terry Coggins:** Terry reported they have been working on snow and ice removal and keeping storm drains unclogged. He stated they are also continuing to work on the town hangar.

Mayor Pro-tem Thomas asked how much overtime they have accrued with the weather. Terry reported that he and Floyd had gotten about 12-13 hours, Gibson around 6 hours and Robert around 4 or 5 hours that first day of snow and a few hours during the second round.

**Fire Department:** Mayor Pro-tem Thomas stated the call report was in their packets.

**Mayor's Report:** Mayor Pro-tem that Mayor Reed had reported she is working to schedule an onsite survey of the trees with the contractor once the snow melts.

**Announcements:** Emily stated that she will be on vacation during the next Council meeting, but she has a colleague that will be filling in during her absence.

**Executive Session:** None.

**Adjournment:** Councilmember Manke made a motion for adjournment at 6:54 p.m. Councilmember Gunnarsson seconded the motion. The motion carried unanimously.

*DISCLAIMER: This is not a verbatim transcript of the meeting and is based upon the written notes, audio recording and memory of a participant, attendee, or video observer.*

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Marla Reed, Mayor

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Attest: Andrea Fichter, Clerk Treasurer

8



# Skagit County EMERGENCY MEDICAL SERVICES

Josh Pelonio, Director

Matthew Russell, M.D. Medical Program Director

February 6, 2025

Board of Commissioners  
Town of Concrete

**Re:** Replacement EMS Interlocal Agreement for 2025-2030 Levy Cycle

Dear Commissioners,

As you know, Skagit County voters approved a renewal of the county-wide EMS levy in the April 2024 Special Election for 2025-2030. We have been working diligently since September 2024 to update the EMS interlocal agreement between Skagit County and the first responder fire districts/towns and collect and address comments and feedback. I recognize and apologize for the gap between the previous agreements ending and the new agreement beginning. Rather than individual agreements, for consistency, we decided to construct one joint agreement between all the first responder fire districts/towns and the county. Legal review on both sides took longer than I had anticipated but it is my intent to back-date the execution date of the new agreement to January 1, 2025.

The revised agreement has been reviewed and approved by county legal as well as by Brian Snure/Snure Law and Richard Davis/CSD Law. Attached you will find a copy of the revised interlocal agreement for your review and a signature page for your agency. If you have any questions about the agreement, please feel free to reach out to me. Otherwise, please return to me your agencies signed signature page and a copy of your proof of insurance as soon as possible. We will compile these and route them for the Board of County Commissioners to sign and return a fully executed copy of the agreement to you.

Please note that part of the new agreement is a budgeted replacement of AEDs that were purchased by the County in 2013 and transferred to the districts/towns in 2019. Once the new agreement is executed by your agency, we will provide you with a quote from Zoll and ordering and reimbursement instructions for the number of AEDs you are allocated. Once your new devices arrive, we would be happy to assist with configuration of settings and will provide any familiarization training needed for your personnel. Exhibit C of the revised ILA specifies how many devices your agency received in the 2019 transition and how many replacements will be reimbursed in 2025. Please note that the pricing provided by Zoll under state contract will likely go up in April so the sooner you can order your replacement devices, the better.

Thank you for your partnership, I look forward to continuing to work with you.

Sincerely,

Josh Pelonio, Director  
Skagit County EMS  
[joshp@co.skagit.wa.us](mailto:joshp@co.skagit.wa.us)  
360-416-1834



# Skagit County EMERGENCY MEDICAL SERVICES

Josh Pelonio, Director

Matthew Russell, M.D. Medical Program Director

February 18, 2025

**Re:** Clarification – Interlocal Agreement Funding For EMT Training

Dear East Skagit County Fire Agencies,

I wanted to provide some clarification related to the funding for EMT training in the Interlocal Cooperative Agreement for First Response Emergency Medical Services. The language in section 2.2 c. vi. EMS Course Tuition states that the “County will pay directly or reimburse upon receipt of invoice and supporting documentation of actual expenses paid by AGENCY the tuition fees for AGENCY personnel to enroll and complete a County- approved EMT training course. AGENCY will follow the County’s preferred registration process.” The current “County-approved EMT training course” refers to initial EMT courses conducted at Skagit Valley College with which the County also has a separate agreement to reimburse the cost of this training.

In late 2024, we met with Tony Smith regarding the potential of offering an “East County EMT Class” in the Spring of 2025 to assist our rural departments with providing access for initial EMT training without having to commute to Mount Vernon. This is a pilot project and at this time we don’t have a contract in place that would allow us to reimburse the cost of the course tuition however, we will be able to cover the cost of course textbooks and background checks. If at the completion of this pilot course, there is consensus that this type of course offering in East County is valuable and well-attended, we will look into establishing a contract and allocating additional funding to continue provide this course in the future.

Sorry for any confusion, please reach out to me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "J.P.", written over a horizontal line.

Josh Pelonio, Director  
Skagit County EMS  
[joshp@co.skagit.wa.us](mailto:joshp@co.skagit.wa.us)  
360-416-1834

**INTERLOCAL COOPERATIVE AGREEMENT FOR  
FIRST RESPONSE EMERGENCY MEDICAL SERVICES**

This Interlocal Agreement ("Agreement") is made and entered into by and between Skagit County, Washington ("County"); and

Skagit County Fire Protection District # 2, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 3, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 4, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 5, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 6, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 7, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 8, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 9, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 11, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 12, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 14, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 15, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 16, a Washington municipal corporation ("Agency") and  
Skagit County Fire Protection District # 17, a Washington municipal corporation ("Agency") and  
Skagit County Regional Fire Authority, ("Agency") and

Town of Concrete ("Agency") and

Town of Hamilton ("Agency") and

Town of La Conner ("Agency") is for the provision of first response emergency medical services. Together, the County and the Agencies ("Agencies") are the only parties to this Agreement and may be referred to collectively as "Parties."

**RECITALS**

**WHEREAS**, the County, with approval from the voters of Skagit County and as authorized by RCW 84.52.069, collects a countywide Emergency Medical Services (EMS) levy, which is independently accounted for in the "EMS Fund"; and

**WHEREAS**, the Board of Skagit County Commissioners (BOCC) is responsible for disbursing EMS levy funds, ensuring a unified and integrated EMS system on a county-wide basis, and fulfilling administrative and oversight functions of the EMS system; and

**WHEREAS**, the existing EMS levy expires on December 31, 2024, and the voters of Skagit County have approved a new EMS levy that begins on January 1, 2025 and expires on December 31, 2030; and

**WHEREAS**, County finds that it is in the best interest of the citizens and visitors of Skagit County to maintain a coordinated county-wide emergency medical services system that includes timely and efficient first response emergency medical services; and

**WHEREAS**, within areas served by Skagit County fire agencies, it is often most efficient for the first response of such services to be provided by the local fire agency; and

**WHEREAS**, the Parties are signatories to separate Interlocal Agreements for similar services which are set to expire on December 31, 2024; and

**WHEREAS**, the Parties wish to replace the existing agreements with an updated new agreement; and

**WHEREAS**, the Parties to this Agreement are willing to work cooperatively to continue to deliver seamless, countywide EMS services with supplemental funding from the EMS levy as outlined in this Agreement.

**THEREFORE**, in consideration of the terms, conditions, covenants, and obligations contained herein, the Parties mutually agree as follows:

### **AGREEMENT**

**1. PURPOSE:** The purpose of this Agreement is to allow Agencies and County to work in cooperation on the delivery of first response emergency medical services within Agencies boundaries, as well as outside its boundaries as allowed by applicable response plans, and/or recommended unit plans, and/or mutual aid agreements. Agencies agree service consists of providing trauma-verified aid services in accordance with WAC 246-976-260 hereafter referred to as "Aid Services" during the term of this Agreement as detailed in paragraph 2 below.

#### **2. RESPONSIBILITIES OF THE PARTIES**

2.1 AGENCY Responsibilities are as follows:

- a. AGENCY shall provide appropriate licensed Aid Services available for dispatch twenty-four (24) hours per day, seven (7) days per week.
- b. AGENCY shall operate, in accordance with WAC Chapter 246-976, and other applicable laws, ordinances and regulations governing the provision of emergency medical services.
  - i. AGENCY shall maintain at all times for the term of this Agreement a current Department of Health (DOH) EMS aid agency license.
  - ii. AGENCY shall provide County with copy of valid DOH EMS aid agency license upon execution of this Agreement and upon receipt of any renewal.
- c. AGENCY's Emergency Medical Responders and Emergency Medical Technicians performing Aid Services under this Agreement must be approved by the Skagit County Medical Program Director and shall hold a valid, active, unexpired EMS credential issued by the DOH.
- d. AGENCY shall, respond to EMS calls as dispatched and perform Aid Services within Agency's boundaries, as well as outside its boundaries in accordance with applicable response plans, and/or recommended unit plans, and/or mutual aid agreements on file with Skagit 9-1-1. AGENCY assumes no liability for failure to do so by reason of any circumstances beyond its control. In the event of simultaneous emergency calls (fire or EMS) occurring within AGENCY's jurisdiction whereby AGENCY's resources are limited, AGENCY shall have sole discretion to determine which calls shall be answered first.
- e. All AGENCY field personnel shall be under the direct medical control and supervision of the Skagit County Medical Program Director (or designee) and shall comply with the MPD-approved patient care protocols, policies, County Operating Procedures, online medical control, and other requirements as established by the MPD and the DOH.



- f. AGENCY shall utilize a County approved and Washington EMS Information System (WEMISIS) compliant electronic patient care reporting system and to follow documentation requirements in accordance with WAC 246-976-455 and applicable MPD-approved protocols related to patient care documentation.
- g. To the extent applicable, AGENCY shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) as currently enacted or as may be amended. Any violations of HIPAA rules and regulations, including a breach of Protected Health Information (PHI) shall be reported immediately to County EMS Director along with AGENCY's actions to mitigate the effect of such violations.
- h. AGENCY agrees to provide County EMS Director with access to AGENCY call volume and patient care reporting data from the electronic patient care reporting system for the purpose of quality assurance and EMS system oversight. COUNTY agrees to execute a mutually acceptable Business Associate/Data Sharing Agreement in the form attached as Exhibit D.
- i. AGENCY will require its affiliated EMS-credentialed field personnel to either (a) participate in the approved Skagit County EMS OTEP and required skills maintenance or (b) to complete the Continuing Medical Education (CME) method and required skills maintenance for each certification period.

2.2 County Responsibilities are as follows:

- a. County will develop and maintain an MPD and DOH approved Ongoing Training and Evaluation Program (OTEP) for EMS continuing education for the EMR, EMT, and Paramedic certification levels for AGENCIES participating in this agreement.
- b. County will provide access to a county-wide online learning management (LMS) system for the delivery of MPD-approved EMS continuing education and training material for all AGENCY affiliated EMS-credentialed field personnel.
- c. County agrees to provide AGENCY with funding/reimbursement for the following expenses either through direct billing utilizing a County approved vendor, if applicable, or with pre-approval of the County EMS Director and receipt of invoice and supporting documentation of actual expenses paid by AGENCY County shall issue payment within 30 days of receipt of an invoice:
  - i. Disposable Medical Supplies/Equipment - Up to \$7,500.00 per year in disposable EMS supplies appropriate to the level of care of the AGENCY and authorized for use by MPD-approved patient care guidelines. In the event of significant market changes, an AGENCY may request additional funding for disposable medical supplies/equipment on a case by case basis, subject to approval by County.
    - a. AGENCY agrees that it has the sole responsibility to inspect all goods to make sure that they are free of defect and acknowledges that the County does not warrant the quality of the goods purchased through any vendor. Upon termination of the Agreement, any and all unused supplies purchased under this Agreement shall remain with the AGENCY so long as all items are used for the provision of emergency medical services by AGENCY.

- ii. Small Capital Equipment – Up to \$6,000.00 of small capital equipment (portable powered suction units, pulse oximeters, etc.) over the term of the Agreement.
- iii. Medical Oxygen – Up to \$550.00 per year.
- iv. Electronic Patient Care Reporting (ePCR) System – Up to \$7,700.00 per year that may be used toward ePCR hardware (tablets, modems, etc), ePCR software (subscription, CAD integration), and related costs (wireless connectivity service, etc.) to meet local and state patient care documentation requirements.
- v. Skagit 911 EMS User Fees – County will pay directly to Skagit 911 the EMS portion of emergency communications expenses on behalf of AGENCY based on EXHIBIT A” FORMULA FOR ALLOCATION OF SKAGIT 911 FINANCIAL RESPONSIBILITY or as subsequently amended by the Skagit 911 Board of Directors through the Interlocal Agreement for Countywide Public Safety Communications Center (C20160538).
- vi. EMT Course Tuition – County will pay directly or reimburse upon receipt of invoice and supporting documentation of actual expenses paid by AGENCY the tuition fees for AGENCY personnel to enroll and complete a County-approved EMT training course. AGENCY will follow the County’s preferred registration process.
  - a. If personnel from AGENCY completes enrollment in course and does not complete the course, AGENCY will reimburse the County \$500 per student. This requirement may be waived by County if extenuating circumstances exist.
- vii. EMT Course Background Check – County will pay directly or reimburse with pre-approval of the County EMS Director and receipt of invoice and supporting documentation of actual expenses paid by AGENCY the background check(s) required for approved AGENCY to enroll in County-approved EMT training course and/or to complete clinical time/field rotations.
- viii. EMT Course Books – County will pay directly or reimburse with pre-approval of the County EMS Director and receipt of invoice and supporting documentation of actual expenses paid by Agency the cost of required textbooks to complete the County-approved EMT training course.
- ix. Automated External Defibrillators – County will reimburse with pre-approval of the County EMS Director and receipt of invoice and supporting documentation of actual expenses paid by AGENCY the replacement of the aging ZOLL AED Pro Automated External Defibrillators purchased by County in 2013 as outlined in Exhibit C not to exceed \$3,700.00 per device.

**3. TERM OF AGREEMENT:** The term of this Agreement shall commence between the County and any executing AGENCY upon signing and continue until December 31, 2030. Failure of an identified AGENCY party to execute this Agreement shall not impact the validity and enforceability of this Agreement between the County and any AGENCY that has executed this Agreement. Termination of this Agreement with respect to an individual AGENCY shall not effect the validity of this Agreement with respect to other AGENCY signatories to this Agreement.

**4. MANNER OF FINANCING:** The County has established the following GL expenditure code(s) for this Agreement: 123 55800015100 which shall be included on all billings or correspondence in connection therewith.

**5. ADMINISTRATION:** The following individuals are designated as representatives of the respective parties. The representatives shall be responsible for administration of this Agreement and for coordinating and monitoring performance under this Agreement. In the event such representatives are changed, the party making the change shall notify the other party.

5.1 The County's representative shall be the Emergency Medical Services Director or his/her designee.

5.2 AGENCY's representative shall be the Fire Chief or his/her designee.

**6. TREATMENT OF ASSETS AND PROPERTY:** No fixed assets or personal or real property will be jointly or cooperatively, acquired, held, used, or disposed of pursuant to this Agreement. Any equipment for which AGENCY is fully or partially reimbursed by the County or which is purchased in whole or in part by the County for AGENCY 's provision of services under this Agreement shall be owned by AGENCY. At the time such equipment or supplies are no longer used for the provision of emergency medical services by AGENCY, AGENCY shall return the EMS levy purchased equipment and or supplies or in the alternative reimburse County for the value of the equipment or supplies purchased under this Agreement that are no longer being used as part of the county-wide EMS system.

**7. DEFENSE & INDEMNITY AGREEMENT:** To the extent permitted by law, AGENCY agrees to defend, indemnify and save harmless the County, its appointed and elective officers and employees, from and against all loss or expense, including but not limited to judgments, settlements, attorney' s fees and costs by reason of any and all claims and demands upon the County, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of use thereof, whether such injury to persons or damage to property is due to the negligence of AGENCY, its subcontractors, its elected officers, employees or their agents, except only such injury or damage as shall have been occasioned by the negligence of the County, its appointed or elected officials or employees. In the event of concurrent negligence, the defense and indemnity will apply only to the percentage of AGENCY's fault. It is further provided that no liability shall attach to either County or AGENCY by reason of entering into this contract, except as expressly provided herein. AGENCY 's insurance shall be primary as to any defense/indemnity obligation assumed by AGENCY herein. Any insurance or self insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of AGENCY ' s insurance and shall not contribute to it. AGENCY agrees that all indemnity obligations shall survive the completion, expiration or termination of this Agreement. AGENCY is fully responsible for any liability related to subcontracting the work in this Agreement. Any indemnification agreed to between AGENCY and its subcontractor(s) does not supersede nor negate the indemnification in this Agreement. The foregoing indemnification obligations of AGENCY are a material inducement to County to enter into this Agreement, and as such is reflected in the compensation to AGENCY, and have been mutually negotiated by the Parties.

AGENCYs initials acknowledging indemnity terms: \_\_\_\_\_

**8. INSURANCE:** AGENCY agrees to be bound by the insurance requirements set forth in the applicable **EXHIBIT B INSURANCE.**

**9. TERMINATION FOR PUBLIC CONVENIENCE/ AND TERMINATION FOR CAUSE :** Either party may terminate the contract in whole or in part after written notice of not less than 365 calendar days whenever either party determines, in its sole discretion, that such termination is in the best interests of either the County or Agency, respectively. Termination of one AGENCY shall not invalidate this Agreement in regard to the other non-terminating AGENCYs. Whenever the contract is terminated in accordance with this paragraph, AGENCY shall be entitled to payment for actual work performed

at unit contract prices for completed items of work. An equitable adjustment in the contract price for partially completed items of work will be made, but such adjustment shall not include provision for loss of anticipated profit on deleted or uncompleted work. Termination of this contract by any party at any time during the term for convenience, shall not constitute a breach of contract by that party.

County has the right to immediately terminate this Contract for cause with any specific Agency for the below listed reasons:

- (a) Agency is unable to perform the required services
- (b) Agency ceases to have a valid Advanced Basic Life Support level trauma-verified aid service license issued by the Washington State Department of Health,
- (c) Failure to comply with the obligations set forth in Paragraph 2.1

Any Agency has the right to immediately terminate this Contract for cause for the below listed reasons:

- (a) County fails to comply with the obligations set forth in Paragraph 2.2 or Exhibit D

If any party elects to invoke immediate termination the Agreement shall be deemed terminated upon notice of such to the other party(ies).

- 10. CHANGES, MODIFICATIONS, AMENDMENTS AND WAIVERS:** The Agreement may be changed, modified, amended or waived only by written agreement executed by the parties hereto. Waiver or breach of any term or condition of this Agreement shall not be considered a waiver of any prior or subsequent breach.
- 11. SEVERABILITY:** In the event any term or condition of this Agreement or application thereof to any person or circumstances is held invalid, such invalidity shall not affect other terms, conditions or applications of this Agreement which can be given effect without the invalid term, condition, or application. To this end the terms and conditions of this Agreement are declared severable.
- 12. ENTIRE AGREEMENT:** This Agreement contains all the terms and conditions agreed upon by the parties. All items incorporated herein by reference are attached. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.
- 13. NO PARTNERSHIP OR JOINT VENTURE:** No partnership and/ or joint venture exists between AGENCY and the County, and no partnership and/or joint venture is created by and between AGENCY and the County by virtue of this Agreement. No agent, employee, contractor, subcontractor AGENCY, consultant, volunteer, or other representative of the parties shall be deemed an agent, employee, contractor, subcontractor, consultant, volunteer, or other representative of the other party.
- 14. NO THIRD-PARTY BENEFICIARIES:** This Agreement is not intended to nor does it create any third party beneficiary or other rights in any third person or party, including, but not limited to, property owners and/ or residents, or any agent, contractor, subcontractor, consultant, volunteer, or other representative of either party.
- 15. ASSIGNMENT AND SUBCONTRACTING:** AGENCY shall require that their subcontractors be bound by same terms and conditions contained in this Agreement including insurance and

indemnification requirements. AGENCY shall be responsible for its subcontractors non-compliance with the terms and conditions in this Interlocal Agreement. AGENCY subcontractors must be part of the Skagit 9-1-1 County dispatch system have all required licenses and training required under Washington State law, be under the oversight of the Skagit County MPD or designee, and operate in accordance MPD-approved EMS patient care protocols. If AGENCY subcontracts all or a portion of the services pursuant to this Agreement to a non-public entity, AGENCY subcontractors must name the County as an additional insured on all required policies unless specifically waived in writing by Skagit County's Risk Manager) and must be bound by the applicable **EXHIBIT B1 Insurance** (Public Agencies that are full members of a governmental risk pool or **EXHIBIT B2 Insurance** (Nonpublic agencies or providers that are not full members of a governmental risk pool. The mutual aid agreements and automatic aid agreements between and among the Parties in effect prior to January 1, 2015, are not subject to this paragraph and shall not constitute default on this Agreement.

**16. VENUE AND CHOICE OF LAW:** In the event that any litigation should arise concerning the construction or interpretation of any of the terms of this Agreement, the venue of such action of litigation shall be in the Superior Court of the State of Washington in and for the County of Snohomish or Whatcom. This Agreement shall be governed by the law of the State of Washington

**17. NEUTRAL AUTHORSHIP:** Each of the terms of and provisions of this Agreement have been reviewed and negotiated and represents the combined work product of the Parties hereto. No presumption or other rules of construction which would interpret the provisions of the Agreement in favor of or against the Party preparing the same shall be applicable in connection with the construction or interpretation of any of the provisions of this agreement. The Parties represent that they have had a full and fair opportunity to seek legal advice with respect to the terms of this Agreement and have either done so or have voluntarily chosen not to do so. The Parties represent and warrant that they have fully read this Agreement, that they understand its meaning and effect, and that they enter into this Agreement with full knowledge of its terms. The Parties have entered into this Agreement without duress or undue influence.

**18. Multiple Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall constitute an original, and all of which will together constitute this one Agreement.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

**BOARD OF COUNTY COMMISSIONERS  
SKAGIT COUNTY, WASHINGTON**

\_\_\_\_\_  
Peter Browning, Chair

\_\_\_\_\_  
Lisa Janicki, Commissioner

\_\_\_\_\_  
Ron Wesen, Commissioner

Attest:

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
For contracts under \$5,000:  
Authorization per Resolution R20030146

\_\_\_\_\_  
County Administrator

Recommended:

\_\_\_\_\_  
Department Head

Approved as to form:

\_\_\_\_\_  
Civil Deputy Prosecuting Attorney

Approved as to indemnification:

\_\_\_\_\_  
Risk Manager

Approved as to budget:

\_\_\_\_\_  
Budget & Finance Director

**Town of Concrete**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Mayor

**Approved as to content:**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Fire Chief

**Mailing Address:**

Concrete Fire Department  
45396 Main Street  
Concrete, WA 98237

**EXHIBIT A**  
**FORMULA FOR ALLOCATION OF SKAGIT 911 FINANCIAL RESPONSIBILITY**

**FORMULA FOR ALLOCATION OF SKAGIT 911 FINANCIAL RESPONSIBILITY**

Financial allocation of the SKAGIT 911 Annual Operating Budget shall be determined as set forth below:

1. A draft/preliminary Annual Operating Budget shall be calculated no later than August each year for presentation and recommendation in September to the SKAGIT 911 Board.
2. External revenues will be estimated and will include sales tax, phone tax and State E911 funding.
3. The SKAGIT 911 Board will approve a pre-determined percentage of the External revenues to be set aside and reserved for investment in the Operational Reserve, Equipment Reserve & Replacement and Capital Outlay funds.
4. All costs will be allocated via costing modules for Administrative, Law and Fire/EMS costs.
  - a. The administrative costing module will consist of all overhead, facility maintenance costs, administrative and supervisory staff, technological needs and maintenance.
  - b. The Law costing module will consist of the wages and salaries of all Law Dispatchers and support services.
  - c. The Fire/EMS costing module will consist of the wages and salaries of all Fire Dispatchers and support services.
5. Once all costs have been allocated to the cost centers, the remaining External revenues will be applied to the budget. The remaining costs will be allocated to the Law and Fire/EMS Agencies using the below allocations:
  - a. Law Agency costs will be prorated at 50% previous full year call volume and 50% previous year commissioned officers, with each agency prorated the appropriate percentage of the costing module and the Administrative costs, based on a percentage of resources used
  - b. Fire/EMS Agency costs will be prorated at 50% previous full year call volume and 50% previous year assessed value, with each agency allocated the appropriate percentage of the costing module and the Administrative costs, based on a percentage of resources used.
  - c. A pre-determined percentage of the Fire Agency calls will be paid directly to Skagit 911 by the EMS office, with the balance being billed to each Fire agency.



**EXHIBIT "B"**  
**INSURANCE**

**1. Agreement to provide coverage per specifications:**

Prior to the beginning of and throughout the duration of the Work, Contractor agrees to provide and maintain insurance in accordance with requirements set forth here Contractor acknowledges that the insurance coverage and policy limits set forth in this section constitute the minimum amount of coverage required. Any insurance proceeds in excess of the limits and coverage required in this agreement and which is applicable to a given loss, will be available to the County.

**2. Additional insured requirements:**

Contractor agrees to obtain endorsements for third party general liability coverage required here to include as Certificate Holder and additional insureds "Skagit County, its officials, employees and agents." Contractor also agrees to require this same provision of all contractors, subcontractors, agents or other parties engaged by or on behalf of Contractor in relation to this agreement. This provision shall also apply to any excess liability policies. Public Agencies are not required to name the County as an additional insured on required policies. All non-public agency subcontractors must comply with the additional insured requirements.

**3. Evidence of insurance:**

Contractor agrees to provide evidence of the insurance required herein, satisfactory to County, consisting of:

- a) certificate(s) of insurance evidencing all of the coverages required **and**,
- b) an additional insured endorsement to Contractor's generally liability policy using Insurance Services Office (ISO) form CG 20 10 with an edition date prior to 2004.

If the Contractor's insurer provides additional insured coverage through either the ISO "Automatic Additional Insured" endorsement or through direct incorporation in policy language, Contractor must provide a copy of the automatic endorsement or a copy of the section of the policy granting such status.

Contractor agrees, upon request by County, to provide complete, certified copies of any policies and/or endorsements required within 10 days of such request. Any actual or alleged failure on the part of County or any other additional insured under these requirements to obtain proof of insurance required under this Agreement in no way waives any right or remedy of County or any additional insured, in this or in any other regard.

**4. Prohibition of undisclosed coverage limitations:**

None of the policies required herein shall be in compliance with these requirements if they include any limiting endorsement that has not been first submitted to County and approved of in writing.

**5. Priority of interpretation:**

The requirements in this Section supersede all other sections and provisions of this Agreement to the extent that any other section or provision conflicts with or impairs the provisions of this Section.

**6. Acceptable insurers.**

All insurance policies shall be issued by an insurance company currently authorized by the Insurance Commissioner to transact business of insurance in the State of Washington, with an assigned policyholders' Rating of A- (or higher) and Financial Size Category Class VII (or larger) in accordance with the latest edition of Best's Key Rating Guide, unless otherwise approved by the County's Risk Manager.

**7. Notice of cancellation/change:**

To the fullest extent permitted by law Contractor agrees to require insurers to provide notice to County 30 days prior to cancellation of any coverage required herein or of any material alteration or non-renewal of any such coverage, other than for non-payment of premium. Contractor shall assure that this provision also applies to any subcontractors, joint ventures or any other party engaged by or on behalf of contractor in relation to this agreement. Certificate(s) are to reflect that the issuer will provide 30 days' notice to County of any cancellation of coverage.

**8. Primary and non-contributing:**

Contractor's insurance coverage shall be primary. Any insurance or coverage available to the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute to it.

**9. Prohibition against self-insurance:**

Self-insurance will not be considered to comply with these insurance specifications, unless otherwise agreed to in writing by the County. Any "self-insured retention" must also be declared and approved by the County. County reserves the right to require the self-insured retention to be eliminated or replaced by a deductible. Self-funding, policy fronting or other mechanisms to avoid risk transfer are not acceptable. If contractor has such a program, Contractor must fully disclose such program to the County.

**10. No change in scope or limits:**

All coverage types and limits required are subject to approval, modification and additional requirements by the County, as the need arises. Contractor shall not make any reductions in scope of coverage (e.g. elimination of contractual liability or reduction of discovery period) that may affect County's protection without County's prior written consent.

**11. Contractor's waiver of subrogation:**

All insurance coverage maintained or procured pursuant to this agreement shall be endorsed to waive subrogation against the County, its elected or appointed officers, agents, officials, employees and volunteers or shall specifically allow Contractor or others providing insurance evidence in compliance with these specifications to waive their right of recovery prior to a loss. Contractor hereby waives its own right of recovery against the County and shall require similar written express waivers and insurance clauses from each of its subcontractors.

**12. Insurance "flowdown":**

Contractor agrees to require all subcontractors or other parties hired for this project to provide the same insurance as required of Contractor unless otherwise agreed to in writing by the County. The subcontractor's general liability insurance shall add as additional insureds all parties to this Agreement using Insurance Services Office form CG 20 10 with an edition date prior to 2004. Contractor agrees to obtain certificates evidencing such coverage as required here.

**13. Industrial Insurance Waiver:**

With respect to the performance of this Agreement and as to claims against the County, its officers, agents and employees, the Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington, the Industrial Insurance Act, for injuries to its employees and agrees that the obligations to indemnify, defend and hold harmless provided in this agreement extend to any claim brought by or on behalf of any employee of the Contractor. This waiver is mutually negotiated by the parties to this Agreement.

**14. County's right to revise requirements:**

The County reserves the right at any time during the term of the contract to change the amounts and types of insurance required by giving the Contractor ninety (90) days advance written notice of such change. If such change results in substantial financial impact to Provider, the Parties agree to meet and discuss appropriate increased compensation to offset increased Provider cost.

**15. County's rights of enforcement:**

In the event any policy of insurance required under this Agreement does not comply with the specifications in this Exhibit or is canceled and not replaced, the County has the right but not the duty to exercise one of the following options: 1) obtain the insurance it deems necessary on behalf of District and any premium paid by the County will be promptly reimbursed by Contractor or the County will withhold amounts sufficient to pay premium from Contractor payments, 2) the County may cancel this Agreement. If the County exercises option 1 above, upon receipt of evidence of full compliance, payments not otherwise subject to withholding or set-off will be released to the Contractor.

**16. Enforcement of contract provisions (non-estoppel):** Contractor acknowledges and agrees that any actual or alleged failure on the part of the County to inform Contractor of non-compliance with any requirement imposes no additional obligations on the County nor does it waive any rights hereunder.

**17. Insurance is a Condition of Payment:**

Payments due to the Contractor under this Agreement are expressly conditioned upon the Contractor's strict compliance with all insurance requirements under this Agreement. Payment to the Contractor shall be suspended in the event of non-compliance, unless other resolution is agreed to by the County. Upon receipt of evidence of full compliance, payments not otherwise subject to withholding or set-off will be released to the Contractor.

**18. Non-limitation of contract language:**

Requirements of specific coverage features are not intended as limitation on other requirements or as waiver of any coverage normally provided by any given policy. Specific reference to a coverage feature is for purposes of clarification only as it pertains to a given issue and is not intended by any party or insured to be all-inclusive.

**19. Annual renewal requirement:**

Contractor will renew the coverage required here annually as long as Contractor continues to provide any services under this or any other contract or agreement with the County. Contractor shall provide proof that policies of insurance required herein expiring during the term of this Agreement have been renewed or replaced with other policies providing at least the same coverage. Proof that such coverage has been ordered shall be submitted prior to expiration. A coverage binder or letter from Contractor's insurance agent to this effect is acceptable. A certificate of insurance and/or additional insured endorsement as required in these specifications applicable to the renewing or new coverage must be provided to County no less than five days prior to the expiration of the coverages. Failure to provide such evidence may result in a stop of payment to Contractor, or other resolution agreed to by the County.

**20. Claim notice requirement:**

Contractor agrees to provide immediate notice to County of any claim or loss against Contractor in excess of \$5,000 arising out of the work performed under this agreement. County assumes no obligation or liability by such notice but has the right (but not the duty) to monitor the handling of any such claim or claims if they are likely to involve County.

**21. Additional insurance:**

Contractor shall also procure and maintain, at its own cost and expense, any additional kinds of insurance, which in its own judgment may be necessary for its proper protection and prosecution of the Work.

**22. Membership in a governmental risk pool**

Full membership in a governmental Risk Pool in Washington State is sufficient coverage to meet the insurance requirements of this agreement. Provided that the insurance coverage of the Pool does not exclude the providing of medical services unless such exclusion provides an exemption for emergency medical services.

**Contractor shall provide the following types and amounts of insurance:**

Commercial General Liability Insurance using ISO "Commercial General Liability" policy form CG 00 01, with an edition date prior to 2004, or the exact equivalent. Coverage for additional insured may not be limited to is vicarious liability. Defense costs must be paid in addition to limits. Limits shall be no less than \$5,000,000 per occurrence and \$10,000,000 annual aggregate for all covered losses.

Worker's Compensation Insurance on a state-approved policy form providing statutory benefits as require by law with employer's liability limits no less than \$1,000,000 per accident for all covered losses. *Enrollment in the state worker's comp program provides this coverage. Coverage by BVFF (Board for Volunteer Fire Fighters and Reserve Officers) would qualify as a state worker's comp program.*

Business Auto Coverage on ISO Business Auto Coverage form CA 00 01 including owned, non-owned, and hired autos, or the exact equivalent. Limits shall be no less than \$1,000,000 per accident and combined single limit. If Contractor or Contractor's employees will use personal autos in any way on this project, Contractor shall obtain evidence of personal auto liability coverage for each person.

If Excess or Umbrella Liability Insurance is used to meet limit requirements over the primary insurance as per this contract, such insurance shall provide coverage at least as broad as specified for the underlying coverages. Such

policy or policies shall include as insured those covered by the underlying policies, including additional insureds. Coverage shall be "pay on behalf", with defense costs payable in addition to policy limits. There shall be no cross-liability exclusion precluding coverage for claims or suits by one insured against another. Coverage shall be applicable to County for injury to employees of Contractor, subcontractors or others involved in the Work. The scope of coverage provided is subject to approval of County following receipt of proof of insurance as required herein.

**PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS:**

In addition to the insurance requirements outlined in EXHIBIT B, Contractor shall maintain professional liability insurance that covers the Emergency Medical Services performed in connection with this agreement, in the minimum amount of \$5,000,000 per claim and \$10,000,000 in the aggregate.

Any policy inception date, continuity date, or retroactive date for professional liability coverage must be before the effective date of this agreement and Contractor agrees to maintain continuous coverage through a period no less than three years after completion of the services required by this agreement.

If Excess or Umbrella Liability Insurance is used to meet limit requirements over the primary insurance, such insurance shall provide coverage at least as broad as specified for the underlying coverages. Such policy or policies shall include as insured those covered by the underlying policies, including additional insureds. Coverage shall be "pay on behalf", with defense costs payable in addition to policy limits. There shall be no cross-liability exclusion precluding coverage for claims or suits by one insured against another. The scope of coverage provided is subject to approval of County following receipt of proof of insurance as required herein.

If the Contractor's General Liability policy includes coverage for professional liability, then the General Liability policy shall meet the above professional liability requirements. In such a case, the per occurrence and per claims limits must meet the minimum set forth above for each coverage type and the annual program aggregate limit must be at a minimum of \$20,000,000. The County's Risk Management department will need to review the full policy document prior to final approval.

**EXHIBIT C**  
**Automated External Defibrillator Replacement Allowance**

County will reimburse upon receipt of invoice and supporting documentation of actual expenses paid by AGENCY the replacement of the aging ZOLL AED Pro Automated External Defibrillators purchased by County in 2013 with MPD-approved alternative devices not to exceed the allowances listed below:

**A. Skagit County Fire District #2**

Number of Devices: 3

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028927	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H028967	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028735	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$11,100.00</b>

**B. Skagit County Fire District #3**

Number of Devices: 5

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13H028917	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H028960	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H028964	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028928	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H029089	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$18,500.00</b>

**C. Skagit County Fire District #4**

Number of Devices: 2

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13H028941	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028932	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$7,400.00</b>

**D. Skagit County Fire District #5**

Number of Devices: 6

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLL AED Pro	AA13G028759	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13G028933	9/30/2013	\$3,700.00

ZOLL AED Pro	AA13H028945	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028963	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H029075	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13G028742	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$22,200.00</b>

**E. Skagit County Fire District #6**

Number of Devices: 4

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLL AED Pro	AA13H028936	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028946	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13B027606	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028940	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$14,800.00</b>

**F. Skagit County Fire District #7**

Number of Devices: 3

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLL AED Pro	AA13G028756	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028943	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13G028922	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$11,100.00</b>

**G. Skagit County Fire District #8**

Number of Devices: 7

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLL AED Pro	AA13H028938	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028924	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028919	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028763	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028085	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H028921	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13H027607	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$25,900.00</b>

**H. Skagit County Fire District #9**

Number of Devices: 4

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLL AED Pro	AA13G028772	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13G028775	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13B027609	9/30/2013	\$3,700.00
ZOLL AED Pro	AA13G028934	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$14,800.00</b>

**I. Skagit County Fire District #10**

Number of Devices: 2

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028751	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028746	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$7,400.00</b>

**J. Skagit County Fire District #11**

Number of Devices: 4

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13H029078	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H029076	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H029090	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028918	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$14,800.00</b>

**K. Skagit County Fire District #12**

Number of Devices: 2

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028726	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13B027605	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$7,400.00</b>

**L. Skagit County Fire District #14**

Number of Devices: 5

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028930	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H029086	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H029078	9/30/2013	\$3,700.00
ZOLLAED Pro	AA12H029091	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028738	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$18,500.00</b>

**M. Skagit County Fire District #15**

Number of Devices: 3

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028926	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H028961	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H028966	9/30/2013	\$3,700.00
<b>TOTAL</b>			\$11,100.00

**N. Skagit County Fire District #16**

Number of Devices: 2

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13H029074	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028920	9/30/2013	\$3,700.00
<b>TOTAL</b>			\$7,400.00

**O. Skagit County Fire District #17**

Number of Devices: 2

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028760	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028931	9/30/2013	\$3,700.00
<b>TOTAL</b>			\$7,400.00

**P. Skagit County Fire District #19**

Number of Devices: 2

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13H028947	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13H028935	9/30/2013	\$3,700.00
<b>TOTAL</b>			\$7,400.00

**Q. Concrete Fire Department**

Number of Devices: 1

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028923	9/30/2013	\$3,700.00
<b>TOTAL</b>			\$3,700.00

**R. Hamilton Fire Department**

Number of Devices: 2

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13G028737	9/30/2013	\$3,700.00
ZOLLAED Pro	AA13G028739	9/30/2013	\$3,700.00
<b>TOTAL</b>			\$7,400.00

**S. La Conner Fire Department**



Number of Devices: 1

Description	Serial Number	Acquisition Date	Replacement Allowance
ZOLLAED Pro	AA13H028968	9/30/2013	\$3,700.00
<b>TOTAL</b>			<b>\$3,700.00</b>

## EXHIBIT D \_ Business Associate/Data Sharing Agreement

### RECITALS

1. AGENCY is a provider of emergency medical services and maintains certain confidential protected Health Information and records concerning its patients; and
2. COUNTY Business Associate” may require access to AGENCY patient care records under the INTERLOCAL COOPERATIVE AGREEMENT FOR FIRST RESPONSE EMERGENCY MEDICAL SERVICES “Services.”
3. AGENCY and Business Associate have agreed to conduct all of their business in compliance with all applicable federal, state and local statutes, regulations, rules and policies, including but not limited to, chapter 70.02 RCW and further, in the event Agency provides County with acceptable documentation that Agency is conducting itself as a covered entity, then upon written amendment to this Agreement, County shall comply with the Health Insurance Portability and Accountability Act of 1996 and associated rules as set forth in 45 CFR parts 160 and 164 ("HIPAA"); and
4. For purposes of this Agreement, Health Information includes information created or received by the AGENCY that relates to health care services provided to a AGENCY patient, including demographic information collected from patients and other individuals, that identifies the individual patient or with respect to which there is a reasonable basis upon which to believe that the information can be used to identify an individual patient; and
5. AGENCY is willing to provide Business Associate with access to the Health Information to enable Business Associate to perform its obligations consistent with chapter 70.02 RCW and, if applicable pursuant to the terms of this Agreement, HIPAA.

### AGREEMENT

In consideration for granting Business Associate access to the Health Information and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Business Associate agrees as follows:

1. **Confidentiality.** Business Associate and its Agents agree to keep the Health Information strictly confidential and will use and/or disclose the Health Information solely for the purpose of satisfying their obligations overseeing EMS services pursuant to WAC 246-976-920. Business Associate will disclose the contents of the Health Information to its Agents only as minimally necessary and only to the extent required for the Business Associate to provide the Services.
2. **Confidentiality and Subcontractors.** Contractor agrees to ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information.
3. **General Privacy Compliance.** Business Associate shall maintain and safeguard the privacy, security, and confidentiality of all Health Information transmitted or received from the AGENCY in accordance with the provisions of chapter 70.02 RCW and, if applicable pursuant to the terms of this Agreement, HIPAA, as amended, and in accordance with all other applicable federal, state and local statutes, regulations and AGENCY policies regarding the confidentiality of patient Health Information.

**4. Minimum Necessary.** Business Associate agrees to limit all uses and disclosures of Health Information to the minimum amount necessary to accomplish the intended purpose of the use or disclosure. Business Associate agrees that in all uses and disclosures that it will include only the minimum amount of Health Information necessary to accomplish the purpose of the use or disclosure as necessary for Business Associate to perform the Services.

**5. Privacy and Security Obligations.** On receipt of Health Information, Business Associate will:

**5.1.** Not use or further disclose the Health Information other than as permitted or required by this Agreement, or as required by law;

**5.2.** Use appropriate safeguards to prevent the use or disclosure of such Health Information other than as provided for by this Agreement;

**5.3.** Report to AGENCY any use or disclosure of such Health Information not provided for by this Agreement of which Business Associate becomes aware; whether such use, disclosure, breach or security incident is caused by Business Associate or Business Associate's subcontractors;

**5.4.** Ensure that any agents, including subcontractors, to whom Business Associate provides Health Information agree in writing to the same restrictions and conditions that apply to Business Associate with respect to such Health Information;

**5.5.** Make Health Information available for inspection and copying in a manner consistent with AGENCY Policy and all applicable laws;

**5.6.** Make Health Information available for amendment and incorporate any amendments to Health Information in a manner consistent with AGENCY Policy and all applicable laws;

**5.7.** Make Health Information available as required to provide an accounting of disclosures in a manner consistent with AGENCY Policy and all applicable laws;

**5.8.** Incorporate any amendments or corrections to the Health Information when notified in a manner consistent with AGENCY Policy and all applicable laws;

**5.9.** Maintain all records of Health Information received from, or created or received on behalf of, the AGENCY and document subsequent uses and disclosures in a manner consistent with AGENCY Policy and all applicable laws. Business Associate shall maintain such records and accountings for a minimum of six years;

**5.10.** If applicable pursuant to the terms of this Agreement, make Business Associate's internal practices, books and records relating to the use and disclosure of Health Information received from, or created or received by the Business Associate on behalf of, the AGENCY available to the Secretary of Health and Human Services ("HHS") for purposes of determining the AGENCY's compliance with HIPAA;

**5.11.** Except as provided for in this Agreement, in the event Business Associate receives an access, amendment, accounting of disclosure, or other similar request directly from an Individual, Business Associate will notify the Agency.

**5.12.** At termination of the Agreement, if feasible, and to the extent permissible under state retention requirements and other laws, return or destroy all Health Information that the Business Associate still maintains in any form and retain no copies of such Health Information or, if such return or destruction is not feasible, extend the protection of this Agreement to the Health Information and limit further uses and disclosures to those purposes that make the return or destruction of the Health Information not feasible.

**6. De-Identification.** Business Associate may store, analyze, access and use components of Health Information that have been “de-identified” and that do not contain individually identifiable Health Information, provided that any such use is then consistent with applicable law.

**7. Indemnification.** Business Associate agrees to defend, indemnify, and hold harmless AGENCY and its commissioners, employees, officers and agents against any and all claims, demands, causes of action, losses, damages, liabilities, judgment, costs and expenses (including reasonable attorneys' fees) asserted against or incurred by the AGENCY or its commissioners, employees, officers and agents as a result of any violation of, or failure to comply with, the provisions of this Agreement by Business Associate and/or its Agents.

**8. Limitation of Liability.** Business Associate acknowledges and understands that AGENCY makes no representations or warranties, express or implied, regarding the content or completeness of the Health Information provided to Business Associate. Business Associate agrees to release AGENCY and its commissioners, employees, officers and agents, from all claims, demands, causes of action, losses, damages, liabilities, costs or expenses (including reasonable attorneys' fees) asserted against or incurred by Business Associate or its Agents by reason of the use or disclosure of the Health Information.

**9. Breach of Agreement - Termination.**

**9.1.** In the event that the AGENCY becomes aware of a pattern or practice of the Business Associate that constitutes a material breach or violation of the Business Associate’s obligations under this Agreement, which breach is not cured within five business (5) days after notice is provided to the Business Associate, this Agreement shall terminate.

**9.2.** In the event of a default or breach by the Business Associate as set forth in Section 9.1 of this Agreement, the AGENCY shall have available to it any legal or equitable right or remedy to which AGENCY is entitled, including but not limited to, injunctive relief. AGENCY shall not be deemed to have waived any of its rights or remedies because of its failure or delay in exercising any such right or remedy in a particular instance.

**10. Re-Negotiation.** The parties agree to negotiate in good faith any modification to this Agreement that may be necessary or required to ensure consistency with amendments to and changes in applicable federal and state laws and regulations, including but not limited to, regulations promulgated pursuant to HIPAA if applicable pursuant to the terms of this Agreement.

**11. Miscellaneous Provisions.**

**11.1.** This Agreement shall not be assignable by either party without the other’s prior written consent. Notwithstanding the foregoing, this Agreement shall be binding upon and shall inure to the benefit of the parties, and any successor to the parties whether by operation of law or otherwise.

**11.2.** All notices given pursuant to this Agreement shall be in writing and shall be delivered by hand or sent by registered or certified mail, return receipt requested, postage pre-paid, addressed to the party for whom it is intended at its address as set forth below. Any address for the giving of notice may be changed by giving notice to that effect to the other party. Each such notice shall be deemed to have been given on the date of its receipt by the party for whom it was intended.

**11.3.** If any provision of this Agreement is or becomes unenforceable, the remainder of this Agreement shall nevertheless remain binding to the fullest extent possible, taking into consideration the purposes and spirit of this Agreement.

**11.4.** This Agreement contains the entire understanding of the parties with regard to the subject matter hereof, and supersedes all other agreements and understandings, written and oral, relating to the subject matter hereof. This Agreement may not be amended or modified, nor may any of its provisions be waived, except by a writing executed by both of the parties or, in the case of a waiver, by the party waiving compliance. The

waiver of any one breach shall not be construed as a waiver of any rights or remedies with respect to any other breach or subsequent breach.

**11.5.** This Agreement shall be governed by and construed in accordance with the laws of the State of Washington applicable to agreements made and to be performed entirely within such State, with regard to principles of conflicts of law. The venue of any action arising under this Agreement shall in the county of the AGENCY's location.

**11.6.** This Agreement may be executed in one or more counterpart copies, each of which shall be deemed an original and together shall constitute one and the same Agreement.

**12. Term.** The term of this Agreement shall be identical to the term specified in the Professional Services Agreement, the terms of which are incorporated herein by this reference. Any provision of this Agreement which by its terms is intended to survive the termination or expiration of this Agreement shall so survive.

TOWN OF CONCRETE  
45672 MAIN STREET/PO BOX 39  
ONCRETE, WA 98237  
360.853.8401  
[info@concretewa.gov](mailto:info@concretewa.gov)

**IMPORTANT REMINDER!!**

**Town of Concrete is conducting an Income Survey!**

The Town of Concrete would like to determine the accurate median household income of the service area. The median household income (MHI) from the American Community Survey 2020 Census appears to be unreliable for the proposed service area based on the MHI between 2019 and 2021 and our personal knowledge of the area.

The reason we have asked for this survey to be conducted is to determine the accurate median household income of our community to optimize our funding opportunities. If we do not receive enough responses the funding agency's will use the American Community Survey Census data which may limit our community's ability to optimize our funding resources.

**The United States Department of Agriculture – Rural Development (USDA - RD) requires an impartial third party to perform the focused household income survey of the residents in our service area.**

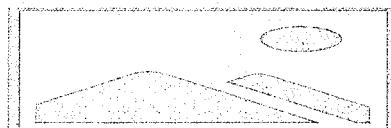
**Your personal information is strictly confidential, no personal identifying information will be disclosed in the survey report.**

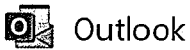
Rural Community Assistance Corporation (RCAC) has been authorized to perform the income survey on behalf of the Town of Concrete. We strongly urge those who receive a survey to complete the short survey form and return it to RCAC in the self-addressed postage-paid envelope that will be provided.

It is important that the information provided is an accurate representation of the questions asked.

**The Town of Concrete must meet a high response rate for the survey to be considered valid. Currently only 71 responses have been received and an additional 115 are required for the survey to be valid.**

**If you have not completed your survey yet, please do so as soon as possible.**





Outlook

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**Re: MHI Introduction and 1st Survey | Concrete | RCAC**

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**From** Jean Thompson <jean.thompson@rcac.org>

**Date** Tue 2/11/2025 8:13 AM

**To** Andrea Fichter <Andreaf@concretewa.gov>

**Cc** Joshua Gross <joshua.gross@rcac.org>

Good morning Andrea,

Currently we have received 71 responses and need an additional 115 responses, and the third notice is scheduled to be mailed on 2/19. Any outreach would be greatly appreciated at this time. Please reach out if you have any questions.

Thanks,

**JEAN THOMPSON**

**RCAC | COMMUNITY & ENVIRONMENTAL SERVICES**

Assistant Field Manager | California

(916) 207-8814



RCAC is an equal opportunity provider.

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**From:** Andrea Fichter <Andreaf@concretewa.gov>

**Sent:** Tuesday, February 11, 2025 7:53 AM

**To:** Joshua Gross <joshua.gross@rcac.org>

**Cc:** Jean Thompson <jean.thompson@rcac.org>; Karen Olson <Karen.Olson@RCAC.ORG>

**Subject:** Re: MHI Introduction and 1st Survey | Concrete | RCAC

Just checking in to see if we had an increase in responses. The Council was asking for an update last night on the number that are still needed and the percentage of responses so far. Also, when will the third round of mailings go out?

Thank you

Andrea Fichter

Clerk Treasurer

Town of Concrete

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**From:** Joshua Gross <joshua.gross@rcac.org>

**Sent:** Monday, January 27, 2025 3:53 PM

**To:** Andrea Fichter <Andreaf@concretewa.gov>

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