

Tacoma-Pierce County

Board of Health



Regular Meeting Agenda

June 3, 2026

3 - 5 p.m.

Tacoma-Pierce County Health Department - Auditorium
Hybrid Format with in-person and remote attendance

Dial in: 253 215 8782 Meeting ID: 852 6383 2261

Passcode: 038473

Webinar Link:

<https://us06web.zoom.us/j/85263832261?pwd=a1crSUJscWFkTFhJcGI0N0VksjZDZz09>

3629 South D Street, Tacoma, WA 98418
Board of Health Clerk, (253) 649-1502

Board Members

Joe Bushnell
Paul Herrera
Jani Hitchen
Ryan Mello
Dave Olson
Nicholas Rajacich, MD
Sandesh Sadalge
Bryan Yambe

I. CALL TO ORDER

II. ROLL CALL

III. COMMENTS BY THE PUBLIC

The Board will consider written and oral public comments. Submit written comments any time prior to when a Board of Health meeting adjourns at director@tpchd.org. Written comments we receive prior to noon on the date of a Board of Health meeting will go to Board members before the meeting.

Oral comments can be in person or remote. To make oral comments remotely call 253-215-8782 and use Meeting ID: 852 6383 2261 Passcode: 038473 when you join the meeting by phone with the number, meeting ID, and passcode at the top of the agenda. Press *9 to raise your hand and signal you wish to make a comment. You will be announced by your name or the last four digits of your phone number.

Comments unrelated to specific agenda items have a two-minute limit per person. The Chair has the authority to change the time limits as deemed necessary.

All written and oral comments will become part of the meeting record.

IV. CONSENT AGENDA

1. Approval of the meeting minutes for **May 6, 2026, and May 20, 2026.**
2. **Resolution No. 2026-4928** – Authorization to expend up to \$110,000 with Right Systems Inc. for enterprise sever storage for the period of June 4, 2026, through December 31, 2026.

Tacoma-Pierce County

Board of Health



V. REGULAR AGENDA

1. **Resolution No. 2026-4929** – Authorization to approve a template agreement to provide online food safety training and issue food worker cards in all 35 Washington State local health jurisdictions and to delegate signatory authority of the final agreements to the Director of Public Health for the period of January 1, 2027, to December 31, 2031.
[Jessica Gehle, Environmental Health Division Director]
Board Chair calls for public comment
2. **Resolution No. 2026-4930** – Authorization to enter into an interlocal agreement with Thurston County to allow the respective Health Officers to provide coverage for each other during vacations or other absences.
[Dr. James (Jay) Miller, Public Health Officer]
Board Chair calls for public comment
3. **Resolution No. 2026-4931** – Authorization to spend up to \$60,000 with Northsound Dwayne Lane to purchase one cargo van for the Street Medicine program for the period of June 3, 2026, to December 31, 2026.
[Andy Rohr, Strengthening Families Assistant Division Director]
Board Chair calls for public comment
4. **Resolution No. 2026-4932** – Authorization to contract with Shive Hattery Architecture and Engineering in the amount of \$164,300.00 for predesign services for the period of July 1, 2026, to June 30, 2028.
[Jodi Dyer, Chief of Staff]
Board Chair calls for public comment
5. **Resolution No. 2026-4933** – Authorization to amend by \$130,700 the contract with Nash Consulting, Inc. from not to exceed \$29,210 to not to exceed \$159,910 to provide supervisor training, coaching, and an employee engagement survey for the period of June 4, 2026, to December 31, 2026.
[Cindan Gizzi, Deputy Director]
Board Chair calls for public comment

VI. COMMENTS BY DIRECTOR OF PUBLIC HEALTH

[Chantell Harmon Reed, Director of Public Health]

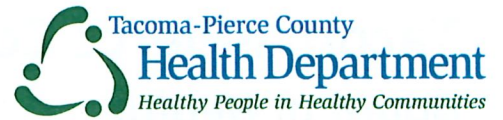
VII. COMMENTS BY BOARD OF HEALTH MEMBERS

VIII. EXECUTIVE SESSION

IX. ADJOURNMENT

Tacoma-Pierce County

Board of Health



Regular Meeting Minutes

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Call to Order

Chair Hitchen called the May 6, 2026, Tacoma-Pierce County Board of Health Regular meeting to order at 3:01 p.m.

Roll Call

Board of Health Members Present: Joe Bushnell, Paul Herrera, Jani Hitchen, Ryan Mello, Dave Olson, Sandesh Sadalge, Bryan Yambe. **Alternate Board members:** Steve Cook.

Board of Health Members Excused: Nicholas Rajacich

Comments by the Public (not related to a specific agenda item)

Dewey Gibson: I'm here to talk about the meeting that happened on April 29th where the Department of Health came in to discuss DIY septic inspection programs and the pilot program.

First, the first 20 minutes, they mostly repeated information they've already told everyone multiple times. A lot of it was already common knowledge.

Second, they completed a successful pilot program with no major problems, and from what was presented, the participants were very happy with it. So now I'm confused why they are suddenly talking about using Kitsap County's program instead. From my understanding, hardly anyone uses this program because it actually costs more to do the inspection yourself than it is to hire a professional. If the pilot program here was successful, then switching directions really don't make much sense.

I also believe this program should be free. There are a lot of people already struggling to make ends meet, and extra costs like \$500 every 1-3 years creates unnecessary financial pressure. Nine other counties already have this free program in place, and I've been bringing this up for a couple of years now, yet nothing changes.

What's frustrating is that it seems like the Department of Health keeps coming in with misleading information and changing explanations instead of giving straightforward answers. All they're doing is telling a bunch of lies, and all that is doing is manipulating people into believing what they say is true. I don't understand why more questions

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aren't being asked about why this process keeps getting delayed when other counties have already implemented successful free programs.

I did like the question Amy asked on how they determine whether pollution is coming from septic systems versus other sources like wildlife or fertilizer. That's an important issue. And the one question about if you had a septic pumped and it had be to pumped again when you buy a house. That don't make no sense when it's already been pumped. And Dave had a good question as well about how do we even trust these septic companies about being honest whether it needs to be pumped or not?

I also think there needs to be more accountability and oversight within the Department of Health regarding how these discussions are being handled and communicated to the public. When residents try to ask questions or raise concerns, they should be treated respectfully and given clear answers instead of feeling ignored or dismissed.

Consent Agenda

Approval of meeting minutes for **March 18, April 1, and April 15, 2026.**

Chair Hitchen read the title into the record. Vice Chair Bushnell moved to approve the Consent Agenda as presented. Seconded by Board Member Sadalge.

The motion passed unanimously on a voice vote.

Regular Agenda

Resolution No. 2026-4926 – Authorization to amend Interlocal Agreement No. C2500192 with Department of Ecology from \$551,415.10 to \$513,445.11 for the period of July 1, 2025, to June 30, 2027, to conduct Pollution Prevention Assistance work with businesses throughout Pierce County.

Jessica Gehle, Environmental Health Division Director, presented the resolution.

There were no comments by Board members.

There was no public comment.

The resolution passed unanimously on a voice vote.

Resolution No. 2026-4927 – Authorization to pay McGavick Graves, P.S. in the amount not to exceed \$135,725 pursuant to the contract and attached scopes of work between CFO Selections LLC and McGavick Graves, P.S. for financial consulting services and travel expenses between April 8, 2025, and December 31, 2025.

Chantell Harmon Reed, Director of Public Health, and Greg Jacoby, General Counsel, presented the resolution.

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Board member Mello asked Director Reed what the plan is for financial service extra hires or consultants in the interim while a new financial director is recruited. Vice Chair Bushnell asked the presenters to explain some of the gaps and recommendations in the report by CFO Selections and to talk about what tasks the consultant worked on after providing the report that identified these issues. Vice Chair Bushnell also asked Director Reed why it's important to conduct monthly and year-end financial closes, what processes and procedures have been improved since the report was produced, and what financial procedures might open the Health Department up to increased risk.

There was no public comment.

The resolution passed unanimously on a voice vote.

COMMENTS BY DIRECTOR OF PUBLIC HEALTH

[Chantell Harmon Reed, Director of Public Health]

Passing of Deb Chinn

We are very sad to learn that Deb Chinn, an employee in our Environmental Health Division, unexpectedly died last week.

Deb started working here in 2022 as an administrative assistant. She also held positions in Business Support Services and what is now our General Communicable Disease Investigation program.

Deb provided support to many folks in the Health Department and was committed to making sure community members got the information they needed.

I heard this week from many in the Department about Deb's profound impact during the COVID-19 pandemic working in logistics. She went out of her way to ensure we had everything we needed to respond to community.

Deb was an avid reader. She loved books. And she adored her cat. We grieve the loss of Deb and keep her family and loved ones in our heart.

I have been especially thinking of everyone who worked closely with Deb throughout her time here.

Please join me in a moment of silence and reflection on the loss of Deb Chinn, a public health professional dedicated to protecting the health of everyone in Pierce County.

Mental Health Awareness Month

May is Mental Health Awareness Month. You'll hear more about that in one of our presentations today.

I just want to take a minute to say, mental health is part of everyday life. It shapes how we think, feel, connect with others, and move through the world.

It is important to keep an eye on your own mental health, and on the mental health of those around you. Caring for yourself matters. Seeking support when you need it helps you show up with steadiness and compassion.

Missing and Murdered Indigenous Women

This week is the National Week of Action for Missing and Murdered Indigenous Women.

Yesterday many people wore red to help bring awareness to the fact that indigenous women face a murder rate 10 times the national average. Sadly, Washington state is second highest in the nation for missing and murdered indigenous women.

You can learn more about this week and how to help raise awareness at niwrc.org/mmiwr.

DIY septic program

Last week, our Environmental Health Director, Jessica Gehle, and her team presented to the Pierce County Council Economic Development and Infrastructure Committee about our Do-It-Yourself Septic Inspection Pilot program.

We're excited to have a path forward for residents who are interested in inspecting their own septic system. We plan to adapt a similar program from our neighbors at Kitsap County.

Board of Health retreat

Because of conflicts for some Board members, we need to move the date of the Board of Health retreat from May 20 to another date. We'll be reaching out to Board members to confirm a future date.

MENTAL HEALTH FIRST AID – MENTAL HEALTH AWARENESS MONTH

Elizabeth Allen, Program Manager of the Behavioral & Emotional Health program, and Courney Chandler, Mental Health First Aid program coordinator, presented recent history, challenges and approaches the Health Department and community partners have taken to resolve those challenges, and results of actions taken.

This work is a mix of harm reduction and an upstream approach to prevention. Overall, we want healthy, thriving, and resilient communities.

We cannot do any of the work today without the funding opportunities from the Pierce County Behavioral Health tax and City of Tacoma. This work has made a deep and meaningful impact in our communities and for years to come.

Mental Health America's theme for this year is More Good Days together. It's a call to action for everyone-families, organizations, schools, etc. to come together and support one another. Reminder, mental health is just as

important as physical health. This May we want everyone to remember that you can't have health without mental health. During the month of May and all year, we encourage people to reflect on what a good day looks like to them; connect people to tools and resources that support them on their unique path with mental health; and empower individuals, organizations, and communities to have more good days together.

National Council for Mental Wellbeing and Born this Way Foundation brought Mental Health First Aid (MHFA) to the U.S. in 2019. It's an evidence-based initiative and provides a foundation for behavioral health peer supports. The classes teach:

- Common signs and symptoms of mental health challenges, substance use and mental health crises, particularly suicide.
- How to start a conversation about mental illnesses and addiction with friends.
- The effect of school violence and bullying on mental health.
- How and when to seek help for a friend.

Adult and youth MHFA have been around a lot longer; they originated in 2008 and were adopted in the US in 2012 by the National Council for Mental Wellbeing.

Learn to recognize the signs of and how to respond to mental health or substance use challenges.

ALGEE is an action plan developed by Mental Health First Aid to guide anyone as they assist someone experiencing a mental health or substance use challenge in crisis and non-crisis situations.

We learn how to help ourselves and each other if an injury or illness happens, e.g., apply pressure to stop bleeding, ibuprofen for a fever, and go to the doctor for medication. But if someone you know is experiencing a mental health or substance use challenge, it can be difficult to know the right thing to do or say.

Mental Health First Aid (MHFA) gives you the skills — and an action plan — so you know just what to do in that situation. The MHFA Action Plan (ALGEE) is a five-step action plan anyone can learn and use to help someone in need, just as you would if you were administering first aid for a fall.

Just as a driver is always assessing to ensure safety, a Mental Health First Aider is always assessing situations to ensure the safety of everyone involved. If a Mental Health First Aider has determined that there is no crisis currently, they can move to the next steps of the Action Plan.

The MHFA Action Plan has five steps, which can be used in any order for a non-crisis situation.

- **A – Approach, assess for risk of suicide or harm.** Try to find a suitable time or place to start the conversation with the person, keeping their privacy and confidentiality in mind. If the person does not want to confide in you, encourage them to talk to someone they trust.
- **L – Listen nonjudgmentally.** Many people experiencing a challenge or distress want to be heard first, so let the person share without interrupting them. Try to have empathy for their situation. You can get the

conversation started by saying something like, “I noticed that ...” Try to be accepting, even if you don’t agree with what they are saying.

- **G – Give reassurance and information.** After someone has shared their experiences and emotions with you, be ready to provide hope and useful facts.
- **E – Encourage appropriate professional help.** The earlier someone gets help, the better their chances of recovery. So, it’s important to offer to help this person learn more about the options available to them.
- **E – Encourage self-help and other support strategies.** This includes helping them identify their support network, programs within the community, and creating a personalized emotional and physical self-care plan.

It is important to remember that there is no one-size-fits-all approach to executing the MHFA Action Plan — you don’t have to use every single step to provide support — and every situation will be different.

Regardless of the nature of the situation, staying calm is crucial as you offer support. Remember that your role is not to diagnose someone or solve the problem, but instead to provide support and information.

Training in Mental Health First Aid teaches you the skills to identify and respond, using ALGEE, to the signs and symptoms of a mental health or substance use challenge.

Teen MHFA teaches teens an action plan similar to ALGEE, but it is tailored to teens. Their action plan is: “Look, ask, Listen, help your friend”

Ms. Chandler led Board of Health members through an activity taught in all three versions of MHFA. She distributed sticky notes to each Board member and asked them to write down words or phrases people use to describe mental health challenges. Then each Board member placed those words in one of three columns on a large piece of paper on the wall: Stigmatizing, Possibly Stigmatizing, and Not Stigmatizing. Ms. Chandler and Board members discussed some of their responses and why they were stigmatizing. For example, non-person first language like “crazy” or “psycho.” Other points discussed included:

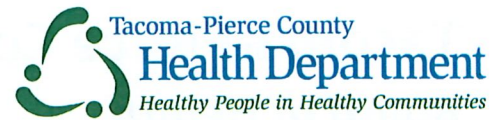
- Incorrectly using diagnoses (e.g., “I’m so OCD about that.”)
- Conflating feelings with disorders.
- Non-stigmatizing words said in a judgmental tone.

Many common mental health terms are stigmatizing or potentially stigmatizing. Awareness is the first step—people can’t change language they don’t recognize as harmful. This course introduces respectful, person-centered language. The goal is to reduce stigma around mental health. Reducing stigma increases the likelihood people will seek and receive support. Stigma is a major barrier to care—this work helps break that barrier.

Ways to reduce stigma include:

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Board of Health



Using Person-first language: Language used to acknowledge that the mental health disorder or challenge is not as important as the person's individuality and humanity (i.e. *"A person living with schizophrenia."* *"A person diagnosed with bipolar disorder."* *"A person who uses drugs."*).

Strengths-based language: Language that promotes the positive aspects of a person's health and wellbeing.

- Instead of "They're struggling with anxiety," say "They're actively using coping strategies to manage anxiety."
- Instead of "He has depression and can't function," say "He's working through depression and showing resilience in daily life."

More than 10,000 youth have been trained in teen Mental Health First Aid (tMHFA) over the past 3 years. Primarily delivered during the school day in 9th–10th grade classes (health, civics, independent living, etc.). Clover Park School District was the first to integrate tMHFA into their Independent Living Skills course, beginning semester-based implementation in 2023. Additional school districts began integrating tMHFA into health, civics, and other courses in 2024–2025. The goal is every Pierce County student receives tMHFA at least once before graduating.

Seven school districts adopted an MOU model to support long-term sustainability. District-employed staff (teachers, counselors, social workers) are trained as instructors and deliver tMHFA within existing curriculum. Schools submit required data. TPCHD provides materials, technical assistance, and manages post-training requirements. The sustainability model is designed to expand reach while minimizing long-term program costs.

The National Council recognizes Pierce County as one of the largest, most consistent, and comprehensive MHFA programs in the country.

Six focus groups were conducted with 45 students across Pierce County. Key findings included:

- Reduced stigma and increased openness around mental health conversations
- Improved confidence in supporting peers during a mental health crisis
- Increased comfort talking with trusted adults (parents, staff)
- Skills seen as applicable beyond peer support

Findings are used for continuous quality program improvement. Additional program data is available in the supplemental information packet.

As part of our program, we also participated in 36 community events throughout Pierce County. We distributed mental health books and resources to youth and families and focused on healthy coping skills, increasing mental health literacy, talking with youth about challenges, reducing stigma, and improving equitable access to mental health resources.

We supported Puyallup School District's successful effort to have tMHFA approved by OSPI to meet CTE Social Emotional Learning requirement (starting 2026–27 school year).

- tMHFA certification approved as a state-recognized Industry Recognized Credential (IRC)
- Supports career readiness and workforce pathways
- Model creates opportunity for replication across other districts statewide

Feedback from youth and parents highlights a gap:

- Adults often did not receive this education growing up.
- Stigma remains higher in older generations.
- Need to expand reach beyond youth → focus on adults.

Ms. Chandler talked about strategies to meet adults where they are, expand MHFA trainings to community and workplace settings, and partner with employers to institutionalize MHFA training. Ms. Chandler also discussed expansion to secondary education settings like Tacoma Community College and University of Washington—Tacoma. Many partner organizations regularly interact with the public, including individuals in distress, and there has been a strong demand for MHFA training.

STRATEGIC PLAN MEASURES

Benjii Bittle, Strategic Planning Director, presented information about how the Health Department has developed clear and measurable goals in the current strategic plan and improved measuring implementation of strategies and outcomes we hope to influence in our current strategic plan.

You'll hear us talk about actions. These are immediate efforts to implement strategies, program or team driven, in progress or not started yet, and may include multiple sub-actions.

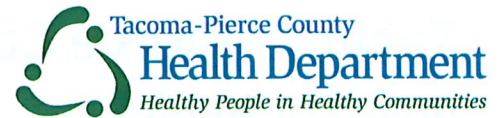
We've been defining measures, working with staff from around the Department to establish data protocols for each measure—what the data sources are, when they are reported, and by whom. We've been collecting baseline data and determining the appropriate target. Some data are annual. We just got Healthy Youth Survey data, for example.

Here are two examples of strategic plan measures and their data:

- Priority 1, Measure A: Reduce deaths from opioid use disorder. Baseline is the 2023 estimate of 358 deaths because this is what was available as we were making the plan. Updates will be reported annually with an anticipated 10-month delay between the end of the measurement year and availability of finalized data. The target is 179.
- Priority III, Measure D: Increase FEMA training completion rates for identified public health response leaders. Increase FEMA training completion rates for identified public health response leaders. This measure tracks the FEMA 400 course completion rate for staff assigned to critical positions (approximately 36 staff as of 1/26). Baseline is 44%, and the target is 80%, representing a 36% increase. Data is available monthly using NeoGov based on certificates uploaded, noting values may fluctuate with staffing changes and shifts in critical position assignments.

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We have clarified, refined, and improved measures and data. We narrowed the focus and made measures SMART. We also eliminated redundancies. Here are two examples of how we've done this:

- Priority I, Measure G: Decrease health inequities among BIPOC communities by 2029. The updated measure is now two measures that are more specific and focus on low birth weight and chronic disease.
- Priority III, Measure H: Reduce or eliminate backlogs in permitting, procurement, and contracting. We focused instead on three EH processes: food plan review, property transfer inspections (septics), and septic repair applications. The new measure is: Eliminate backlogs in permitting from median of 11 business days in 2024 to 10 days in 2029. EH has committed to a ten-business day turnaround to our industry partners, so this measure reinforces that promise to community. While we expect some changes from year to year because of fluctuations in volume of permit applications and in staffing levels, we have good news to report on this measure: For 2025, our first year implementing changes in EH permitting processes, our median turnaround time fell from 11 days to 7 days. This will improve customer service for about 5,000 applications per year: 4,000 septs upon the sale of homes, and 500 each of septic repairs and food plan reviews.

Mr. Bittle shared an example of a summary of measures that will be shared with the Board at the end of the year.

We are launching performance measure training for all Health Department programs using Results Based Accountability. We will start with the four programs in the Strengthening Families division. The goal is that all programs will have clear performance levels.

For our study session in July, we will dive into process improvements. We'll share some of the process improvements happening throughout the Department to meet our goal of 100 process improvements by 2029.

COMMENTS BY BOARD OF HEALTH

Board Member Ryan Mello congratulated MultiCare Health System on the new Mary Bridge Children's Hospital, the only level 2 trauma center in western Washington.

EXECUTIVE SESSION

There was no executive session.

ADJOURNMENT

The meeting adjourned at 5:06 p.m.

Tacoma-Pierce County

Board of Health



ATTEST:

Jani Hitchen
Chair, Board of Health
June 3, 2026
Date of Adoption

ATTEST:

Sherry Smith
Interim Clerk, Board of Health

Tacoma-Pierce County

Board of Health



Study Session Minutes
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3-5 p.m.

3629 South D Street, Tacoma, WA 98418
Board of Health Clerk, (253) 649-1502

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Board Members

Joe Bushnell
Paul Herrera
Jani Hitchen
Ryan Mello
Dave Olson
Nicholas Rajacich, MD
Sandesh Sadalge
Bryan Yambe

CALL TO ORDER

Board Chair Hitchen called the May 20, 2026, Tacoma-Pierce County Board of Health Study Session to order at 3:03 p.m.

ROLL CALL

Members Present: Jani Hitchen, Ryan Mello, Dave Olson, Nicholas Rajacich, Bryan Yambe. Sandesh Sadalge.
Alternate Board Members: LeighBeth Merrick.

Members Excused: Joe Bushnell, Paul Herrera.

Also, present: Chantell Harmon Reed, Director of Public Health; Cindan Gizzi, Deputy Director; James Miller, Health Officer; Jessica Gehle, Environmental Health Division Director; Laurell Jellison, Onsite Septic and Drinking Water Program Manager; Melanie Lopez, Strengthening Families Division Director; Amy Pearl, Environmental Health Specialist I; Andy Rohr, Strengthening Families Assistant Division Director; Gina Shackelford, Facilities Manager; Gregory Jacoby, General Counsel.

Septic System Operation & Maintenance – Reduced Inspection Frequency

Laurel Jellison, Onsite Septic and Drinking Water Program Manager, presented an overview of how the new reduced frequency septic inspection program works. She showed a map of all 92,300 septic systems enrolled in routine operations and maintenance with the Health Department. Of those, 57,300 are on gravity septic systems, which are eligible for the reduced frequency septic inspection program.

The Health Department is the first and only local health department in Washington state to offer this reduced frequency inspection program. We heard from homeowners that there is a financial burden to inspections, so we successfully petitioned the Washington State Department of Health for a waiver to decrease the inspection frequency from 5 to 3 years for those systems that qualify. Qualified property owners can take the Health Department's new class on good septic system practices to be eligible for reduced inspection frequency. Educated homeowners will take better care of their septic systems and should need less maintenance.

Reduced frequency inspections still need to be conducted by a professional inspector, but the cost over five years is almost half.

Qualifications to be eligible for this program include:

- Have a residential gravity or pump-to-gravity septic system.
- Owner occupied residential property (no rentals).
- Have a current good operations and maintenance inspection from a professional inspector.
- No notice of non-compliance recorded on the title.
- Not on a shoreline (within 200 feet).

Once they take the class, they can apply for the waiver for an inspection every 5 years.

We started the pilot program in Sept. 2025 and have held 8 hybrid classes (one just last week). 162 people have applied for the waiver, and 129 were approved. Thirty-three people did not qualify, usually because they did not have a gravity or pump-to-gravity system or were too close to a shoreline.

A situation happened today with a duplex where the owner lives on one side and rents out the other side. The program focuses on people who live in their homes with septic, so they can consistently put into practice what they learned in the class. The program is only for residential, not commercial properties.

Amy Pearl, Environmental Health Specialist I, provided an abbreviated version of the class so Board members could see what residents experience. Ms. Pearl started by asking Board members if they live on a property with a septic system or are already familiar with septic systems. Many Board members raised their hands. Ms. Pearl covered an overview of what septic systems are, best maintenance and management practices, how to read record drawings (as-builts), things to look out for, what to do before an inspection, what an inspector does, and typical maintenance costs. She shared septic system designs, shared 2 short videos, and asked quiz-like questions to see what Board members learned from the shortened class.

Public Health Clinic – Tour of Integration

Melanie Lopez, Strengthening Families Division Director, provided an overview of the Health Department's integration of clinical services in the new Public Health Clinic. She shared the recent changes to the clinic and plans for future services. Currently, the clinic provides STI/HIV testing, STI treatment, opioid use disorder treatment (medication and counseling), and mobile Street Medicine urgent and primary care services to people living unsheltered and unhoused. The Health Department integrated its clinical services to improve continuity of care and access to different services to our clients. Programs also share resources, staff, and systems to improve efficiency of clinical services.

We expanded the lobby and check-in area, including space for administrative and billing staff. We have a new nursing station that co-locates staff to improve teamwork. We also have new signage and created a designated clinical space for our clients. Future directions include expansion into immunizations, HIV prep, family planning, and hepatitis C treatment.

Board members left the Auditorium with Ms. Lopez, Director Chantell Harmon Reed, and Strengthening Families Assistant Division Director Andy Rohr to tour the new Public Health Clinic. Chair Hitchen moved into recess with no anticipated business to occur after the tour.

Executive Session

There was no executive session.

Adjournment

The meeting adjourned at 4:35 p.m.

ATTEST:

Jani Hitchen

Chair, Board of Health

June 3, 2026

Date of Adoption

ATTEST:

Yuliana Ambriz

Interim Board Clerk

Board of Health Action Request



REGULAR AGENDA

Resolution No. 2026-4928

Requesting Division	Presenter	Phone Number
Administrative Services	Brian Moore, IT Director	253-649-1680

Preparation of an Agenda Request/Resolution for the Board of Health meeting. Date: June 3, 2026

Request Summary Authorization (click [here](#) to view summary examples)

Click here to enter text. Authorization to expend up to \$110,000 with Right Systems Inc. for enterprise server storage for the period of June 4, 2026, to December 31, 2026.

Background Information / Comments

Right Systems Inc provides storage capabilities for the Department's technology environment, primarily for our backup data center site.

This is the last component of a major infrastructure upgrade that started in late 2025. The effort included new servers, storage, and licensing for our primary and backup sites. Typically, we refresh or upgrade the technology infrastructure every 5 to 6 years, which includes everything from laptops and desktops to servers and storage.

Last investment for storage was in 2021, and while we are continuing to archive and destroy records according to retention requirement, storage needs to increase as we migrate more data online, store more images and videos, and work to build our Informatics platform for data warehousing, processing, analysis, and decisions making. In addition, the amount of storage at our primary site increased, thus the need to replicate a similar amount at our backup location to accommodate any replication.

Health Lens Analysis Tool (click [here](#) to view the Health Lens Analysis Tool Guidance Document)

Note: Health Lens Analysis Tool must be completed and uploaded to the BOH Resolution documents library.

Recommended Board of Health Action Approve Resolution No. 2026-XXXX

List all materials attached as backup information for the request.

Right Systems Inc. health lens analysis tool
Right Systems Inc. Washington State contract
RSI quote for TPCHD #086181-01

Note: All documents listed above must be uploaded to the BOH Resolution documents library.

Finance Information/Additional Revenue Grantor / Contractor: Washington State Department of Health

Source of Revenue

Federal:
State: \$110,000.00

Pierce County:

City of Tacoma:

Other:

Health in All Policies

Health Lens Analysis Tool



Title

2026 IT Right System Storage

Health Lens Analysis Questions

1. What is this proposal trying to accomplish?

Authorization to expend up to \$110,000 with Right Systems Inc for enterprise server storage for the period of June 4, 2026 through December 31, 2026.

2. Which groups of people will be most affected by this proposal?

Positively affected: Department Staff that use these services in support of the residents of Pierce County.

Negatively affected: None identified.

3. Which groups of people who may be affected have you consulted when developing the proposal?

Who have you not consulted that might be affected?

Consulted with: Department Staff and subject matter experts that use these services.

Have not consulted with: Non-system users

4. How would this proposal improve or impair the social conditions of the community?

This provides backup storage capability in the event of an incident that affects our primary data center, which allows us to continue supporting staff in providing Department services to the community.

5. How would this proposal improve or impair the economic conditions of the community?

This provides backup storage capability in the event of an incident that affects our primary data center, which allows us to continue supporting staff in providing Department services to the community.

Health in All Policies

Health Lens Analysis Tool



6. What are some possible unintended negative health effects of this proposal?

N/A

7. What actions do we need to take to ensure this proposal supports health in Pierce County? Whom might you need to work with to accomplish these actions?

Ensure that use of these services fully support Department programs and goals.

8. What actions will be taken to strengthen this proposal's support of health in Pierce County?

No change (please explain:)	
<u>Remove</u> the following from the proposal:	
<u>Amend</u> the following in the proposal:	
<u>Add</u> the following to the proposal:	



WASHINGTON STATE CONTRACT VEHICLES

State and Local

As a trusted provider of cutting-edge technology services, Right! Systems offers a comprehensive suite of contract vehicles designed to simplify the procurement process and accelerate your path to success.

MANUFACTURERS	CONTRACT	MASTER AGREEMENT	STATE PARTICIPATING ADDENDUM
Cisco	<u>NASPO Datacom</u>	AR3227	#05819
Dell	<u>NASPO PC Server Storage</u>	23026	Direct Purchases Contract Code: C000001225531 TD Synnex Code: C000001225533
HPE	<u>NASPO Datacom Contract</u>	AR3228	#05819
HPE	<u>NASPO CLOUD Solutions</u>	05116	#05116
HPE	<u>NASPO Computer Equipment</u>	23008	#05820
Juniper Networks	<u>NASPO Datacom Contract</u>	AR3232	#05819
Palo Alto Networks	<u>NASPO Datacom Contract</u>	AR3229	#05819
Information Technology Professional Services (ITPS)	<u>ITPS Agreement</u>	08215	
Transource	<u>NASPO</u>	23022	#08520
Pure Storage	<u>NASPO</u>	23020	#05820
VMWare, Splunk, Nutanix, Netskope, Rubrik, Verkada, Infoblox, Okta, Arctic Wolf, Fortinet, Sentinel One, Vyopta, Arista, Zoom, UIPath, Automox, Gigamon, Proofpoint, Adlumin, Veeam, Cohesity, F5 Networks, Abnormal, Wasabi, Commvault, Everbridge, NetSpi, Poly, Quantum, Samsara, SpectreOps, Varonis, Mimecast, Tenable, ID.me, CyberArk, Trellix, Armis, Nerdio, Halcyon.ai, Lucid Software, Vertiv, Keepr Security	<u>NASPO</u>	AR2472	#05116
Ericsson (Cradlepoint)	<u>NASPO DataCom</u>	AR3189	#05819
Ericsson (Cradlepoint)	<u>NASPO</u>	AR3189	#04718
Nokia	<u>NASPO - Public Safety Communications Products, Services & Solutions</u>		#00318
Ceragon Networks	<u>NASPO - Public Safety Communications Products, Services & Solutions</u>		#00318



WWW.RIGHTSYS.COM/CONTRACT-VEHICLES/

Eastridge Corporate Center Bldg B
11911 NE 1st Street Ste 212
Bellevue, WA 98005
<https://www.rightsys.com>



ExaGrid EX84-SEC Appliance

Sales Rep:	Sold To:	Bill To:	Ship To:	Quote Information:
Right! Systems, Inc.	Tacoma Pierce County Health Department	Tacoma Pierce County Health Department	Tacoma Pierce County Health Department	Quote #: RSIQ086181
Carrie Sovde 800-571-1717 carrie.sovde@rightsys.com	3629 South D Street Tacoma, WA 98418-6813 Ryan Reardon (253) 798-6483 rreardon@tpchd.org	3629 South D Street Tacoma, WA 98418-6813 Ryan Reardon (253) 798-6483 rreardon@tpchd.org	3629 South D Street Tacoma, WA 98418-6813 Ryan Reardon (253) 798-6483 rreardon@tpchd.org	Version: 1 Quote Date: 04/13/2026 Expiration Date: 05/12/2026 Terms: Net 30 days Ship Via: Ground
Prepared by: Chris Vandegrift 800-571-1717 chris.vandegrift@rightsys.com				

NCPA Contract # 01-169

*** DUE TO ONGOING SUPPLY CHAIN CHALLENGES IN THE SEMICONDUCTOR MARKETS WORLDWIDE, RSI AND OUR VENDOR PARTNERS
CANNOT GUARANTEE LEAD TIMES OR PRICING UNTIL AN ORDER HAS SHIPPED ***

Products

Line #	Part #	Product Details	Qty	Unit Price	Extended Price
1	EX84-SEC	ExaGrid NAS Storage System - 1 Hexadeca-core (16 Core) - 192 TB Supported HDD Capacity - 24 x HDD Installed - 192 TB Installed HDD Capacity - 128 GB RAM - RAID Supported - 6+Hot Spare RAID Levels - 24 x Total Bays - Gigabit Ethernet, Ethernet, Fa	1	\$82,450.00	\$82,450.00
2	EX-84-SEC-1YRMS-S	ExaGrid Standard Customer Support and Maintenance - Extended Service Agreement - 1 Year - Shipment	1	\$12,700.00	\$12,700.00
3	EX-10GBE-TWINAX	ExaGrid 10 Gigabit Ethernet Dual Port SFP+ TWINAX Option for all ExaGrid models. Does not include twin axial cable.	1	\$0.00	\$0.00

Products

Line #	Part #	Product Details	Qty	Unit Price	Extended Price
4	EX-10GBE-TWINAX-1YRMS-S	ExaGrid Standard Customer Support and Maintenance - Extended Service Agreement - 1 Year - Shipment	1	\$0.00	\$0.00

Subtotal: \$95,150.00

Quote Summary

Products	Description	Amount
		\$95,150.00

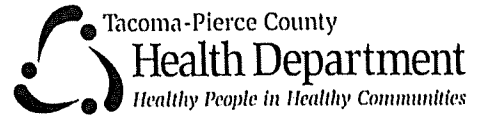
Subtotal: \$95,150.00
Shipping: \$475.00
Total: \$95,625.00

Right Systems Inc. (RSI) Standard Terms and Conditions apply • Terms are Net30 OAC • Applicable sales tax and freight charges are calculated at the time of shipping unless specifically requested • Pricing may be subject to change per market conditions • Returns are considered on a case-by-case basis with vendor approval required, and subject to a minimum 15% restocking fee, otherwise all sales are final • RSI Terms and Conditions may be requested by contacting 1-800-571-1717.

Tacoma Pierce County Health Department

Signature: _____
Name: _____
Date: _____

Board of Health Action Request



REGULAR AGENDA

Resolution No. 2026-4929

Requesting Division	Presenter	Phone Number
Environmental Health	Jessica Gehle, Environmental Health Division Director	253-649-1845

Preparation of an Agenda Request/Resolution for the Board of Health meeting. Date: June 3, 2026

Request Summary

Authorization to approve a template agreement to provide online food safety training and issue food worker cards in all 35 Washington State local health jurisdictions and to delegate signatory authority of the final agreements to the Director of Public Health for the period of January 1, 2027 to December 31, 2031.

Background Information / Comments

Tacoma-Pierce County Health Department has provided online food safety training and issued food worker cards in all 35 Washington State local health jurisdictions (LHJ) since 2011. Our current agreements expire at the end of 2026. This request is to enter into a new 5-year agreement with each LHJ to continue to provide these services on their behalf. State Board of Health sets the fee for a new food worker card which is currently \$10. We will receive \$3.50 from each new food worker card purchased. In 2025, we issued just under 400,000 new food worker cards. We estimate we will issue approximately 2,250,000 cards over the next 5 years.

To expedient the administrative process for approving these agreements, we recommend the Board of Health approve a base template agreement and delegate signatory authority on the final versions to the Director of Public Health. Should an LHJ propose substantitive changes to their individual agreement, we will return to the Board of Health for consideration.

Health Lens Analysis Tool

Note: Health Lens Analysis Tool must be completed and uploaded to the BOH Resolution documents library.

Recommended Board of Health Action

Approve Resolution No.

List all materials attached as backup information for the request.

WA_FoodWorkerCard_Agreements_2027-2031_Template
Health_Lens_Analysis_Tool_-_WA_Agreements_2027

Note: All documents listed above must be uploaded to the BOH Resolution documents library.

Finance Information/Additional Revenue

Grantor / Contractor:

Source of Revenue

Federal:	
State:	
Pierce County:	
City of Tacoma:	
Other:	
Total:	\$0.00

Additional Expenditure

Account Number(s)		
Total:		\$0.00
Program Name		

<i>Kim Thompson</i> Program / Division Director Approval	<i>Su Ji</i> Business Support Services Approval	<i>Chantell Harmon Reed</i> Director of Public Health Approval
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Health in All Policies

Health Lens Analysis Tool



Name of Proposed Policy or Decision

Authorization to approve a template agreement to provide online food safety training and issue food worker cards in all 35 Washington State local health jurisdictions and to delegate signatory authority of the final agreements to the Director of Public Health for the period of January 1, 2027 to December 31, 2031.

Health Lens Analysis Questions

1. What is this proposal trying to accomplish?

Renew agreements with all 35 Washington State local health jurisdictions to provide online food safety training and issue certificates on their behalf. Increase efficiency of administrative process by approving a base template agreement and delegating signatory authority to the Director of Public Health on the final documents.

2. Which groups of people will be most affected by this proposal?

Positively affected:

Washington State local health jurisdictions, food workers, residents, and visitors who dine at any food service establishment in the state benefit from trained food workers. As the administrator of the online food worker card platform, we are responsible for keeping the content up-to-date with current food safety guidelines, quickly problem-solve any technical glitches to prevent system downtime, continually improving the user experience, and ensuring broad user accessibility through 13 languages.

Negatively affected:

The proposal is not expected to negatively affect any groups.

3. Which groups of people who may be affected have you consulted when developing the proposal?

Who have you not consulted that might be affected?

Consulted with:

Washington State local health jurisdictions, Department of Health, Washington State Board of Health.

Have not consulted with:

Food workers and general public.

4. How would this proposal improve or impair the social conditions of the community?

We maintain a state-of-the-art online food safety training system with course work available in 13 different languages, which supports access to basic food safety training. We continually implement process improvements that benefit all users of the system.

5. How would this proposal improve or impair the economic conditions of the community?

Health in All Policies

Health Lens Analysis Tool



This proposal will improve the economic conditions of the community by providing convenient access to food safety education. Community members who need a food worker card for employment at a food service establishment can take this class 24-hours a day, all days of the year, from their mobile device or computer. A well-functioning online option saves food workers trips to the health department or other testing location, which ultimately saves them time and money.

6. How would this proposal improve or impair the environmental conditions of the community?

This proposal improves the environmental conditions of the community by reducing CO2 emissions from trips to the health department.

7. What are some possible unintended negative health effects of this proposal?

We believe there are no unintended negative health effects associated with this proposal.

8. What actions do we need to take to ensure this proposal supports health in Pierce County? Whom might you need to work with to accomplish these actions?

Continue to engage our customers—food workers, local health jurisdiction leadership, WA State Board of Health, and others—so we’re offering an online product that meets the needs of many communities. We have established relationships with these groups and provide regular updates.

9. What actions will be taken to strengthen this proposal’s support of health in Pierce County?

No change (please explain:)	No specific change is taken for this proposal. The proposal continues online food safety training services for Washington State local health jurisdictions. The revenue from this service helps provide greater access to food safety training for those not only in Pierce County but throughout Washington State.
<u>Remove</u> the following from the proposal:	
<u>Amend</u> the following in the proposal:	
<u>Add</u> the following to the proposal:	

AGREEMENT
BETWEEN
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
And
XXX HEALTH DEPARTMENT

This Agreement is made and entered into by and between the Tacoma-Pierce County Health Department, hereinafter referred to as DEPARTMENT, and XXX HEALTH DEPARTMENT hereinafter referred to as the Local Health Jurisdiction. The DEPARTMENT and the Local Health Jurisdiction are collectively referred to as the "parties."

I. RECITALS

WHEREAS, the DEPARTMENT and the Local Health Jurisdiction are local health departments as provided for under Chapters 70.05, 70.08, or 70.46 RCW, with authority under Chapter 246-217 WAC to issue food worker cards; and

WHEREAS, it is the purpose of this Agreement to provide for the funding and execution of services as described in Addenda A and B, attached hereto and incorporated herein; and

WHEREAS, the parties have the authority to enter into this Agreement pursuant to RCW 39.34.080.

II. DEFINITIONS

As used herein, the following terms shall have the meanings set forth below:

- A. **Agreement** means this Agreement together with the attached Addenda, and any other documents incorporated therein. Any oral representations or understandings not incorporated herein are excluded. Attached hereto and made a part hereof for all purposes are the following:

Addendum	Number of Pages	Description
A	2	Scope of Work
B	1	Allocation of Fees

- B. **Department Representative** means the individual or individuals designated and authorized by the DEPARTMENT to receive notices and to act for it in all matters relating to this Agreement, or the designee of such individual.
- C. **Local Health Jurisdiction's Representative** means the individual designated and authorized by the Local Health Jurisdiction to receive notices and to act for it in all matters relating to this Agreement, or the designee of such individual.
- D. **Services** means all work performed by the DEPARTMENT or the Local Health Jurisdiction pursuant to and governed by this Agreement, including Addenda A and B.

III. TERM

The term of this Agreement shall be: January 1, 2027 through December 31, 2031, unless amended or terminated earlier pursuant to the terms and conditions herein. Should this Agreement be signed after the term beginning date stated herein, then it shall be retroactive and binding to that date.

IV. PAYMENT

Payment for the services described in Addendum A shall be provided as set forth in Addendum B, attached hereto and incorporated by reference.

V. HOLD HARMLESS

Except as otherwise provided herein, each party shall defend, protect, and hold harmless the other party, and its appointed and elected officials, employees, and agents from and against all liability, loss, cost, damage and expense, including but not limited to costs and attorney's fees, because of claims, suits and/or actions arising from any negligent or intentional act or omission asserted or arising or alleged to have arisen directly or indirectly out of or in consequence of the performance of this Agreement by that party's appointed or elected officials, employees, and agents.

VI. RECORDS MAINTENANCE

The **DEPARTMENT** and the **Local Health Jurisdiction** shall each maintain books, records, documents, and other materials, including but not limited to online data, that sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to copying, inspection, review, or audit by personnel of either party, and other personnel duly authorized by law. The **DEPARTMENT** shall retain all books, records, documents, online data, and other material relevant to the services described in Addendum A, which materials shall be made available to the **Local Health Jurisdiction** upon request.

VII. TERMINATION

Except as otherwise provided for herein, either party may terminate this Agreement by giving the other party at least one hundred eighty (180) days' written notice. If this Agreement is so terminated, each party shall be liable only for performance in accordance with the terms stated herein for services rendered prior to the effective date of termination.

VIII. CHANGE IN FUNDING

If the funding authorities of the **DEPARTMENT** (*Federal, State, and local agencies*) fail to appropriate funds to enable the **DEPARTMENT** to continue payment as specified in this Agreement or if the Board of Health reduces the budget of the **DEPARTMENT** or any program(s) and, as a result of the Board of Health's action, the **DEPARTMENT's** Director of Health determines there are insufficient funds to continue payment as specified in this Agreement, then the **DEPARTMENT** may modify or cancel this Agreement without penalty provided that the **Local Health Jurisdiction** receives at least ninety (90) days' prior written notice of lack of appropriated funds as the reason for the modification or termination. Any modification of this Agreement shall be effective only upon incorporation into a written amendment as set forth in Section XI.

IX. INTERPRETATION

In the event of an inconsistency found in the terms and conditions contained within this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Federal and State Statutes and Regulations;
- Addenda A and B; and
- The provisions of this Agreement.

X. PERFORMANCE; OWNERSHIP OF WORK

The **DEPARTMENT** shall perform all services in accordance with all applicable professional standards and agrees that it will use only qualified, competent personnel in the execution of these services.

The **DEPARTMENT** owns all right, title, and interest in any materials or data, including but not limited to food worker card software, produced or created by the **DEPARTMENT** in the performance of its responsibilities under this Agreement.

XI. AMENDMENTS

Either party may request changes to this Agreement. Proposed changes, which are mutually agreed upon, shall be incorporated by written amendments to this Agreement. No changes to this Agreement are valid or binding on either party unless first reduced to writing and signed by the Representatives of both parties.

XII. NON-DISCRIMINATION

Each party covenants that in providing the **Services** and otherwise performing under this Agreement, no person shall be excluded from participation therein, denied the benefits thereof, or otherwise be subjected to discrimination with respect thereto on the grounds of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.

XIII. DISPUTES

This Agreement shall be administered and interpreted under the laws of the State of Washington. In the event that a dispute arises in the interpretation or application of this Agreement, both parties are to proceed to good faith negotiation to resolve said disputes. The parties may also agree in writing to mediation if negotiation is not successful in resolving the dispute. However, in the event such disputes cannot be resolved, the dispute may be appealed to the parties' Local Health Officer or his /her designee for resolution. In the event the Local Health Officers are unable to resolve the dispute, either party may pursue relief in Superior Court. Jurisdiction of litigation arising from this Agreement shall be in the State of Washington. Venue for all actions arising pursuant to this Agreement shall lie within Pierce County, Washington.

XIV. SERVICES MANAGEMENT

The work described in Addendum A shall be performed under the coordination and cooperation of both party representatives. Each party shall provide assistance and guidance to the other party as necessary for the successful performance and goals of this Agreement.

XV. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions acknowledged by both parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind the parties hereto. This Agreement supersedes any prior written agreements between the parties relating to the work described in Addendum A.

IN WITNESS THEREOF the parties hereto have executed this Agreement as of the date(s) set forth below.

Local Health Jurisdiction Authorized Signature

DEPARTMENT Authorized Signature

XXX
Position

Date

Chantell Harmon Reed
Director of Public Health

Date

XXX Health Department
123 Main Street, Suite XXX
XXX, WA, 98XXX
(253) XXX-XXXX

Tacoma-Pierce County Health Department
3629 South D Street, MS 001
Tacoma, WA 98418
(253) 649-1500

ADDENDUM A: SCOPE OF WORK AND SPECIFIC CONDITIONS

This Addendum A applies to Agreement #1061-XX-2026 between TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (DEPARTMENT) and XXX HEALTH DEPARTMENT (Local Health Jurisdiction). In addition to the terms and conditions set forth in the Agreement, the parties agree as follows.

1. Local Health Jurisdiction's Responsibilities:

- 1.1. Authorize the DEPARTMENT by means of this Agreement to act as the Local Health Jurisdiction's "Designated Agent" and provide online food worker training, testing and card issuance to residents of XXXX County and any out-of-state residents who state they work in XXXX County, as permitted under Chapter 246-217 WAC.
- 1.2. Hold the DEPARTMENT harmless from any actual or purported loss of online food worker training, testing and card issuance income during times of unavoidable lack of access to the DEPARTMENT's training, testing and card issuance web site.
- 1.3. Maintain the security of the data originating from and contained in the online food worker card database. This includes but is not limited to adhering to the standard practices for strong password generation and user account management. The Local Health Jurisdiction shall not grant unauthorized parties access to the confidential data originating from or contained in the online food worker card database.

2. The DEPARTMENT's Responsibilities:

- 2.1. Provide online food worker training, testing and card issuance services as a designated agent of the Local Health Jurisdiction in accordance with the State of Washington's requirements under Chapter 246-217 WAC.
- 2.2. Ensure a good-faith effort to maintain a training, testing and card issuance web site that functions and is accessible to residents of XXXX County and any out-of-state residents who state they work in XXXX County.
- 2.3. Provide Local Health Jurisdiction with the location of a website to which residents of XXXX County and any out-of-state residents who state they work in XXXX County may be directed for online training, testing and card issuance. The DEPARTMENT may change the location of the website, but must provide re-direction to a new site with a minimum of thirty (30) days' advance notice to Local Health Jurisdiction.
- 2.4. Provide access to the software to print a food worker card with the Local Health Jurisdiction logo which shall be valid throughout the State of Washington for a minimum period of two years from the date of issuance.
- 2.5. Establish a secure online payment gateway and service that will permit online payment services via, credit cards, including but not limited to Visa and MasterCard, as well as debit cards.
- 2.6. Provide and pay for an online maintenance agreement with an outside contractor to provide technical support of the website and online programming of the online food worker card software.
- 2.7. Provide Local Health Jurisdiction with a written statement of income on a quarterly basis, or as frequently as the parties may otherwise agree, or a link to an online report providing the same information.
- 2.8. Provide support and service to Local Health Jurisdiction during regular DEPARTMENT hours of operation to ensure Local Health Jurisdiction has the ability to respond to queries from residents of XXXX County and any out-of-state residents who state they work in XXXX County.

3. Public Records Requests.

3.1 The DEPARTMENT holds the records and data generated by the Food Workers Card software as the Local Health Jurisdiction's designee. The DEPARTMENT will provide all such materials to the Local Health Jurisdiction in response to any public record request the Local Health Jurisdiction may receive relating to the Food Workers Card database. The Local Health Jurisdiction will be responsible for releasing the records to the requester in accordance with Chapter 42.56 RCW and Chapter 44-14 WAC. When the Local Health Jurisdiction requests records, the Local Health Jurisdiction must clearly describe the records that are being requested. The DEPARTMENT will notify the Local Health Jurisdiction as to the number of days it will take to gather the responsive records. Any public records requests received by the DEPARTMENT will be fulfilled by the DEPARTMENT. In the event the DEPARTMENT receives a request for public records regarding the Local Health Jurisdiction's records, the DEPARTMENT will notify the Local Health Jurisdiction of the request prior to releasing the records.

4. Liaisons for the Agreement:

On behalf of the DEPARTMENT:

Donald Foreman
Project Manager
Tacoma-Pierce County Health Department
3629 S D Street
Tacoma, WA 98418
Phone: (253) 649-1707
Fax: (253) 649-1360
Email: dforeman@tpchd.org

On behalf of the Local Health Jurisdiction:

XXXX,
Position
XXX Health Department
123 Main Street, Suite XXX
XXX, WA 98XXX
Phone: (XXX) XXX-XXXX Ext. XXXX
Fax XXX) XXX-XXXX
Email: XXX@XXX

ADDENDUM B: ALLOCATION OF FOOD WORKER CARD FEES

This Addendum B applies to Agreement #1061-XX-2031 between TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (DEPARTMENT) and XXX HEALTH DEPARTMENT (Local Health Jurisdiction). In addition to the terms and conditions set forth in the Agreement and Addendum A, the parties agree as follows:

1. Fee Allocation and Method of Payment:

- 1.1. During the period January 1, 2027 through December 31, 2031, the DEPARTMENT will collect on behalf of the Local Health Jurisdiction the maximum fee established under Chapter 246-217 WAC, as now or hereafter amended.
- 1.2. The DEPARTMENT will retain a \$3.50 per card fee as payment for the services described in this Agreement from each online food worker card issued online to a resident of XXXX County and any out-of-state resident who states he or she works in XXXX County and who enters the www.foodworkercard.wa.gov testing website (or a successor site) by means of the Local Health Jurisdiction's web link, the DEPARTMENT's web link, or any other approved link. The balance of the monies collected under Chapter 246-217 WAC shall be remitted to the Local Health Jurisdiction in accordance with the terms set forth below.
- 1.3. The DEPARTMENT may impose and retain a surcharge or equivalent assessment intended to recoup any credit card processing fees. Such a surcharge or equivalent assessment will be paid directly by the food worker (not by the Local Health Jurisdiction), and shall not be included in the fee allocations and methods of payment described elsewhere in this section.
- 1.4. If the actual and indirect costs incurred by the DEPARTMENT to provide the services described in this Agreement exceed \$3.50 per card, the DEPARTMENT may, in its sole discretion, increase the amount it retains as payment for services to offset the difference and the amount remitted to the Local Health Jurisdiction will be reduced. Written notice of rate increases, if any, will be provided in writing ninety (90) days in advance to the Local Health Jurisdiction. The Local Health Jurisdiction may terminate this Agreement by giving (90) days written notice in the event of a rate increase.
- 1.5. The DEPARTMENT will retain a \$1.00 per card fee for the services described in this Agreement from each replacement food worker card issued online to a resident of XXXX County and any XXXX out-of-state resident who has lost his or her original food worker card; provided, he or she works in XXXX County, purchases a replacement— food worker card without taking the online test, and enters the www.foodworkercard.wa.gov testing website (or a successor site) by means of the Local Health Jurisdiction's web link, the DEPARTMENT's web link, or any other approved link. The balance of the monies collected under Chapter 246-217 WAC shall be remitted to the Local Health Jurisdiction in accordance with the terms set forth below.
- 1.6. If a food worker from a Local Health Jurisdiction challenges the validity of a payment for an online food worker card and the credit card company charges back or reverses the payment, the Local Health Jurisdiction agrees to pay any fees and costs associated with the cost of the reversal. Currently these fees are \$25.00 per transaction in addition to the actual amount reversed.
- 1.7. The DEPARTMENT shall remit monies owed to the Local Health Jurisdiction on a quarterly basis, together with a written statement of income received, or as frequently as the parties may otherwise agree, or a link to an online report providing the same information. Said funds will be deposited by ACH payment within 20 business days of the end of the quarter.
- 1.8. At the written request of the Local Health Jurisdiction Representative the DEPARTMENT may enter into agreements with institutions such as Department of Corrections to provide food worker cards for residents of XXXX County that are not permitted internet access. The DEPARTMENT will retain \$10.00 per card fee for this service.

2. Accounting Information:

3.1. Source of Funding: N/A

3.2. DEPARTMENT Program Number: 1061-Food Safety

**AGREEMENT
 BETWEEN
 TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
 And
 XXX HEALTH DEPARTMENT**

This Agreement is made and entered into by and between the **Tacoma-Pierce County Health Department**, hereinafter referred to as **DEPARTMENT**, and **XXX HEALTH DEPARTMENT** hereinafter referred to as the **Local Health Jurisdiction**. The **DEPARTMENT** and the **Local Health Jurisdiction** are collectively referred to as the "parties."

I. RECITALS

WHEREAS, the **DEPARTMENT** and the **Local Health Jurisdiction** are local health departments as provided for under Chapters 70.05, 70.08, or 70.46 RCW, with authority under Chapter 246-217 WAC to issue food worker cards; and

WHEREAS, it is the purpose of this Agreement to provide for the funding and execution of services as described in Addenda A and B, attached hereto and incorporated herein; and

WHEREAS, the parties have the authority to enter into this Agreement pursuant to RCW 39.34.080.

II. DEFINITIONS

As used herein, the following terms shall have the meanings set forth below:

- A. **Agreement** means this Agreement together with the attached Addenda, and any other documents incorporated therein. Any oral representations or understandings not incorporated herein are excluded. Attached hereto and made a part hereof for all purposes are the following:

Addendum	Number of Pages	Description
A	2	Scope of Work
B	1	Allocation of Fees

- B. **Department Representative** means the individual or individuals designated and authorized by the **DEPARTMENT** to receive notices and to act for it in all matters relating to this Agreement, or the designee of such individual.
- C. **Local Health Jurisdiction's Representative** means the individual designated and authorized by the **Local Health Jurisdiction** to receive notices and to act for it in all matters relating to this Agreement, or the designee of such individual.
- D. **Services** means all work performed by the **DEPARTMENT** or the **Local Health Jurisdiction** pursuant to and governed by this Agreement, including Addenda A and B.

III. TERM

The term of this Agreement shall be: January 1, 2027 through December 31, 2031, unless amended or terminated earlier pursuant to the terms and conditions herein. Should this Agreement be signed after the term beginning date stated herein, then it shall be retroactive and binding to that date.

IV. PAYMENT

Payment for the services described in Addendum A shall be provided as set forth in Addendum B, attached hereto and incorporated by reference.

V. HOLD HARMLESS

Except as otherwise provided herein, each party shall defend, protect, and hold harmless the other party, and its appointed and elected officials, employees, and agents from and against all liability, loss, cost, damage and expense, including but not limited to costs and attorney's fees, because of claims, suits and/or actions arising from any negligent or intentional act or omission asserted or arising or alleged to have arisen directly or indirectly out of or in consequence of the performance of this Agreement by that party's appointed or elected officials, employees, and agents.

VI. RECORDS MAINTENANCE

The **DEPARTMENT** and the **Local Health Jurisdiction** shall each maintain books, records, documents, and other materials, including but not limited to online data, that sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to copying, inspection, review, or audit by personnel of either party, and other personnel duly authorized by law. The **DEPARTMENT** shall retain all books, records, documents, online data, and other material relevant to the services described in Addendum A, which materials shall be made available to the **Local Health Jurisdiction** upon request.

VII. TERMINATION

Except as otherwise provided for herein, either party may terminate this Agreement by giving the other party at least one hundred eighty (180) days' written notice. If this Agreement is so terminated, each party shall be liable only for performance in accordance with the terms stated herein for services rendered prior to the effective date of termination.

VIII. CHANGE IN FUNDING

If the funding authorities of the **DEPARTMENT** (*Federal, State, and local agencies*) fail to appropriate funds to enable the **DEPARTMENT** to continue payment as specified in this Agreement or if the Board of Health reduces the budget of the **DEPARTMENT** or any program(s) and, as a result of the Board of Health's action, the **DEPARTMENT's** Director of Health determines there are insufficient funds to continue payment as specified in this Agreement, then the **DEPARTMENT** may modify or cancel this Agreement without penalty provided that the **Local Health Jurisdiction** receives at least ninety (90) days' prior written notice of lack of appropriated funds as the reason for the modification or termination. Any modification of this Agreement shall be effective only upon incorporation into a written amendment as set forth in Section XI.

IX. INTERPRETATION

In the event of an inconsistency found in the terms and conditions contained within this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Federal and State Statutes and Regulations;
- Addenda A and B; and
- The provisions of this Agreement.

X. PERFORMANCE; OWNERSHIP OF WORK

The **DEPARTMENT** shall perform all services in accordance with all applicable professional standards and agrees that it will use only qualified, competent personnel in the execution of these services.

The **DEPARTMENT** owns all right, title, and interest in any materials or data, including but not limited to food worker card software, produced or created by the **DEPARTMENT** in the performance of its responsibilities under this Agreement.

XI. AMENDMENTS

Either party may request changes to this Agreement. Proposed changes, which are mutually agreed upon, shall be incorporated by written amendments to this Agreement. No changes to this Agreement are valid or binding on either party unless first reduced to writing and signed by the Representatives of both parties.

XII. NON-DISCRIMINATION

Each party covenants that in providing the **Services** and otherwise performing under this Agreement, no person shall be excluded from participation therein, denied the benefits thereof, or otherwise be subjected to discrimination with respect thereto on the grounds of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.

XIII. DISPUTES

This Agreement shall be administered and interpreted under the laws of the State of Washington. In the event that a dispute arises in the interpretation or application of this Agreement, both parties are to proceed to good faith negotiation to resolve said disputes. The parties may also agree in writing to mediation if negotiation is not successful in resolving the dispute. However, in the event such disputes cannot be resolved, the dispute may be appealed to the parties' Local Health Officer or his /her designee for resolution. In the event the Local Health Officers are unable to resolve the dispute, either party may pursue relief in Superior Court. Jurisdiction of litigation arising from this Agreement shall be in the State of Washington. Venue for all actions arising pursuant to this Agreement shall lie within Pierce County, Washington.

XIV. SERVICES MANAGEMENT

The work described in Addendum A shall be performed under the coordination and cooperation of both party representatives. Each party shall provide assistance and guidance to the other party as necessary for the successful performance and goals of this Agreement.

XV. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions acknowledged by both parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind the parties hereto. This Agreement supersedes any prior written agreements between the parties relating to the work described in Addendum A.

IN WITNESS THEREOF the parties hereto have executed this Agreement as of the date(s) set forth below.

Local Health Jurisdiction Authorized Signature

DEPARTMENT Authorized Signature

 XXX
 Position

 Date

 Chantell Harmon Reed
 Director of Public Health

 Date

XXX Health Department
 123 Main Street, Suite XXX
 XXX, WA, 98XXX
 (253) XXX-XXXX

Tacoma-Pierce County Health Department
 3629 South D Street, MS 001
 Tacoma, WA 98418
 (253) 649-1500

ADDENDUM A: SCOPE OF WORK AND SPECIFIC CONDITIONS

This Addendum A applies to Agreement #1061-XX-2026 between TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (DEPARTMENT) and XXX HEALTH DEPARTMENT (Local Health Jurisdiction). In addition to the terms and conditions set forth in the Agreement, the parties agree as follows.

1. Local Health Jurisdiction's Responsibilities:

- 1.1. Authorize the DEPARTMENT by means of this Agreement to act as the Local Health Jurisdiction's "Designated Agent" and provide online food worker training, testing and card issuance to residents of XXXX County and any out-of-state residents who state they work in XXXX County, as permitted under Chapter 246-217 WAC.
- 1.2. Hold the DEPARTMENT harmless from any actual or purported loss of online food worker training, testing and card issuance income during times of unavoidable lack of access to the DEPARTMENT's training, testing and card issuance web site.
- 1.3. Maintain the security of the data originating from and contained in the online food worker card database. This includes but is not limited to adhering to the standard practices for strong password generation and user account management. The Local Health Jurisdiction shall not grant unauthorized parties access to the confidential data originating from or contained in the online food worker card database.

2. The DEPARTMENT's Responsibilities:

- 2.1. Provide online food worker training, testing and card issuance services as a designated agent of the Local Health Jurisdiction in accordance with the State of Washington's requirements under Chapter 246-217 WAC.
- 2.2. Ensure a good-faith effort to maintain a training, testing and card issuance web site that functions and is accessible to residents of XXXX County and any out-of-state residents who state they work in XXXX County.
- 2.3. Provide Local Health Jurisdiction with the location of a website to which residents of XXXX County and any out-of-state residents who state they work in XXXX County may be directed for online training, testing and card issuance. The DEPARTMENT may change the location of the website, but must provide re-direction to a new site with a minimum of thirty (30) days' advance notice to Local Health Jurisdiction.
- 2.4. Provide access to the software to print a food worker card with the Local Health Jurisdiction logo which shall be valid throughout the State of Washington for a minimum period of two years from the date of issuance.
- 2.5. Establish a secure online payment gateway and service that will permit online payment services via, credit cards, including but not limited to Visa and MasterCard, as well as debit cards.
- 2.6. Provide and pay for an online maintenance agreement with an outside contractor to provide technical support of the website and online programming of the online food worker card software.
- 2.7. Provide Local Health Jurisdiction with a written statement of income on a quarterly basis, or as frequently as the parties may otherwise agree, or a link to an online report providing the same information.
- 2.8. Provide support and service to Local Health Jurisdiction during regular DEPARTMENT hours of operation to ensure Local Health Jurisdiction has the ability to respond to queries from residents of XXXX County and any out-of-state residents who state they work in XXXX County.

3. Public Records Requests.

3.1 The **DEPARTMENT** holds the records and data generated by the Food Workers Card software as the **Local Health Jurisdiction's** designee. The **DEPARTMENT** will provide all such materials to the **Local Health Jurisdiction** in response to any public record request the **Local Health Jurisdiction** may receive relating to the Food Workers Card database. The **Local Health Jurisdiction** will be responsible for releasing the records to the requester in accordance with Chapter 42.56 RCW and Chapter 44-14 WAC. When the **Local Health Jurisdiction** requests records, the **Local Health Jurisdiction** must clearly describe the records that are being requested. The **DEPARTMENT** will notify the **Local Health Jurisdiction** as to the number of days it will take to gather the responsive records. Any public records requests received by the **DEPARTMENT** will be fulfilled by the **DEPARTMENT**. In the event the **DEPARTMENT** receives a request for public records regarding the **Local Health Jurisdiction's** records, the **DEPARTMENT** will notify the **Local Health Jurisdiction** of the request prior to releasing the records.

4. Liaisons for the Agreement:

On behalf of the **DEPARTMENT**:

Donald Foreman
Project Manager
Tacoma-Pierce County Health Department
3629 S D Street
Tacoma, WA 98418
Phone: (253) 649-1707
Fax: (253) 649-1360
Email: dforeman@tpchd.org

On behalf of the **Local Health Jurisdiction**:

XXXX,
Position
XXX Health Department
123 Main Street, Suite XXX
XXX, WA 98XXX
Phone: (XXX) XXX-XXXX Ext. XXXX
Fax XXX) XXX-XXXX
Email: XXX@XXX

ADDENDUM B: ALLOCATION OF FOOD WORKER CARD FEES

This Addendum B applies to Agreement #1061-XX-2031 between TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (DEPARTMENT) and XXX HEALTH DEPARTMENT (Local Health Jurisdiction). In addition to the terms and conditions set forth in the Agreement and Addendum A, the parties agree as follows:

1. Fee Allocation and Method of Payment:

- 1.1. During the period January 1, 2027 through December 31, 2031, the DEPARTMENT will collect on behalf of the Local Health Jurisdiction the maximum fee established under Chapter 246-217 WAC, as now or hereafter amended.
- 1.2. The DEPARTMENT will retain a \$3.50 per card fee as payment for the services described in this Agreement from each online food worker card issued online to a resident of XXXX County and any out-of-state resident who states he or she works in XXXX County and who enters the www.foodworkercard.wa.gov testing website (or a successor site) by means of the Local Health Jurisdiction's web link, the DEPARTMENT's web link, or any other approved link. The balance of the monies collected under Chapter 246-217 WAC shall be remitted to the Local Health Jurisdiction in accordance with the terms set forth below.
- 1.3. The DEPARTMENT may impose and retain a surcharge or equivalent assessment intended to recoup any credit card processing fees. Such a surcharge or equivalent assessment will be paid directly by the food worker (not by the Local Health Jurisdiction), and shall not be included in the fee allocations and methods of payment described elsewhere in this section.
- 1.4. If the actual and indirect costs incurred by the DEPARTMENT to provide the services described in this Agreement exceed \$3.50 per card, the DEPARTMENT may, in its sole discretion, increase the amount it retains as payment for services to offset the difference and the amount remitted to the Local Health Jurisdiction will be reduced. Written notice of rate increases, if any, will be provided in writing ninety (90) days in advance to the Local Health Jurisdiction. The Local Health Jurisdiction may terminate this Agreement by giving (90) days written notice in the event of a rate increase.
- 1.5. The DEPARTMENT will retain a \$1.00 per card fee for the services described in this Agreement from each replacement food worker card issued online to a resident of XXXX County and any XXXX out-of-state resident who has lost his or her original food worker card; provided, he or she works in XXXX County, purchases a replacement— food worker card without taking the online test, and enters the www.foodworkercard.wa.gov testing website (or a successor site) by means of the Local Health Jurisdiction's web link, the DEPARTMENT's web link, or any other approved link. The balance of the monies collected under Chapter 246-217 WAC shall be remitted to the Local Health Jurisdiction in accordance with the terms set forth below.
- 1.6. If a food worker from a Local Health Jurisdiction challenges the validity of a payment for an online food worker card and the credit card company charges back or reverses the payment, the Local Health Jurisdiction agrees to pay any fees and costs associated with the cost of the reversal. Currently these fees are \$25.00 per transaction in addition to the actual amount reversed.
- 1.7. The DEPARTMENT shall remit monies owed to the Local Health Jurisdiction on a quarterly basis, together with a written statement of income received, or as frequently as the parties may otherwise agree, or a link to an online report providing the same information. Said funds will be deposited by ACH payment within 20 business days of the end of the quarter.
- 1.8. At the written request of the Local Health Jurisdiction Representative the DEPARTMENT may enter into agreements with institutions such as Department of Corrections to provide food worker cards for residents of XXXX County that are not permitted internet access. The DEPARTMENT will retain \$10.00 per card fee for this service.

2. Accounting Information:

3.1. Source of Funding: N/A

3.2. **DEPARTMENT** Program Number: 1061-Food Safety

Board of Health Action Request



REGULAR AGENDA

Resolution No. 2026-4930

Requesting Division	Presenter	Phone Number
Administrative Services	Dr. James (Jay) Miller, Health Officer	253-649-1500

Preparation of an Agenda Request/Resolution for the Board of Health meeting. Date: June 3, 2026

Request Summary

Authorization to enter into an interlocal agreement with Thurston County to allow the respective Health Officers to provide coverage for each other during vacations or other absences.

Background Information / Comments

This resolution will ensure that essential duties required of the local health officer such as issuing health orders and controlling communicable disease are fulfilled in Tacoma and Pierce County (and in Thurston County) during Health Officer vacations or other absences. The Washington Department of Health no longer offers Health Officer coverage. We have an existing interlocal agreement with Snohomish County to provide reciprocal Health Officer coverage. We would like to enter into an additional interlocal agreement with Thurston to provide reciprocal Health Officer coverage to help ensure coverage availability.

Health Lens Analysis Tool

Note: Health Lens Analysis Tool must be completed and uploaded to the BOH Resolution documents library.

Recommended Board of Health Action

Approve Resolution No. 2026-4930

List all materials attached as backup information for the request.

Thurston County ILA health lens analysis tool
Proposed Interlocal Agreement with Thurston County

Note: All documents listed above must be uploaded to the BOH Resolution documents library.

Finance Information/Additional Revenue

Grantor / Contractor:

Source of Revenue

Federal:	
State:	
Pierce County:	
City of Tacoma:	
Other:	
Total:	\$0.00

Additional Expenditure

Account Number(s)		
	Total:	\$0.00
Program Name		

James S. Miller

Program / Division Director Approval

Su Yi

Business Support Services Approval

Chantell Harmon Reed

Chantell Harmon Reed (May 25, 2026 22:47:13 PDT)

Director of Health Approval

Health in All Policies

Health Lens Analysis Tool



Name of Proposed Policy or Decision

Interlocal agreement with Thurston County to provide reciprocal Health Officer coverage.

Health Lens Analysis Questions

1. What is this proposal trying to accomplish?

This resolution will ensure that essential duties required of the local health officer such as issuing health orders and controlling communicable disease are fulfilled in Tacoma and Pierce County (and in Thurston County) during Health Officer vacations or other absences. The Washington Department of Health no longer offers Health Officer coverage. We have an existing interlocal agreement with Snohomish County to provide reciprocal Health Officer coverage. We would like to enter into an additional interlocal agreement with Thurston to provide reciprocal Health Officer coverage to help ensure coverage availability.

2. Which groups of people will be most affected by this proposal?

Positively affected: All people living and working in Pierce and Thurston Counties who could be positively impacted by Health Officer actions. For example, people are protected from communicable diseases because a health order is issued. People infected with, exposed to, or with the potential to be exposed to, certain priority communicable diseases. People with tuberculosis who need ongoing care.

Negatively affected: None.

3. Which groups of people who may be affected have you consulted when developing the proposal? Who have you not consulted that might be affected?

Consulted with: The proposal was reviewed with the current TPCHD Health Officer and Director of Public Health.

Have not consulted with: No population groups were consulted.

4. How would this proposal improve or impair the social conditions of the community?

This proposal will ensure Health Officer availability for the people of Pierce County. It will be similarly beneficial for the Thurston County community.

Health in All Policies

Health Lens Analysis Tool



5. How would this proposal improve or impair the economic conditions of the community?

This proposal should have minimal impact on the economic conditions of the Pierce County community.

6. How would this proposal improve or impair the environmental conditions of the community?

This proposal could help protect the environmental conditions of Pierce County by ensuring that emergency orders can be issued in situations where there is an immediate risk to environmental health.

7. What are some possible unintended negative health effects of this proposal?

This coverage will require a limited amount of the Tacoma-Pierce County Health Department Health Officer's time during periods when the Thurston Health Officer is on vacation or otherwise absent.

8. What actions do we need to take to ensure this proposal supports health in Pierce County? Whom might you need to work with to accomplish these actions?

None

9. What actions will be taken to strengthen this proposal's support of health in Pierce County?

No change (please explain:)	No change is needed for the proposal
<u>Remove</u> the following from the proposal:	
<u>Amend</u> the following in the proposal:	
<u>Add</u> the following to the proposal:	

INTERLOCAL AGREEMENT FOR ACTING HEALTH OFFICER COVERAGE BETWEEN
THURSTON COUNTY
AND TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Agreement made by and between Thurston County, through its Public Health and Social Services Department ("TCPHSS") and Tacoma-Pierce County Health Department ("TPCHD") pursuant to Chapter 39.34 RCW. Collectively TCPHSS and TPCHD are referred to as parties and individually as a party.

WHEREAS, there may be periods when the position of Local Health Officer ("LHO") for TCPHSS or TPCHD is vacant or the incumbent LHO may be absent or incapacitated and unable to fulfill the responsibilities of the LHO, and it is imperative that the responsibilities of the LHO that require timely public health action be fulfilled during these periods; and

WHEREAS, in their sole discretion and per their guidelines and process, TCPHSS and TPCHD may agree to the appointment of the other party's LHO (referred to collectively as "Designee") to serve as acting health officer to fulfill the responsibilities of the LHO during a vacancy or period of absence or incapacity.

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

1. Designation of Authority.

- a. Pursuant to RCW 70.05.080, **Dr. James "Jay" Miller** will serve as acting health officer for TCPHSS as requested by an authorized official for TCPHSS, provided that:
 - i. This Agreement has been fully executed by TCPHSS and TPCHD and is in full force and effect;
 - ii. The local board of health or official responsible for appointing the LHO has appointed the Designee to serve as acting health officer for TCPHSS;
 - iii. TCPHSS has complied with TPCHD's guidelines and process for requesting LHO coverage, if any;
 - iv. TPCHD has approved the request for LHO coverage in writing; and
 - v. The Designee has consented to serving as acting health officer as requested.
- b. Pursuant to RCW 70.05.080, **Dr. Barbra Villona** will serve as acting health officer for TPCHD as requested by an authorized official for TPCHD, provided that:
 - i. This Agreement has been fully executed by TCPHSS and TPCHD and is in full force and effect;
 - ii. The local board of health or official responsible for appointing the LHO has appointed the Designee to serve as acting health officer for TPCHD;
 - iii. TPCHD has complied with TCPHSS' guidelines and process for requesting LHO coverage, if any;
 - iv. TCPHSS has approved the request for LHO coverage in writing; and
 - v. The Designee has consented to serving as acting health officer as requested.
- c. This Agreement covers any and all LHJ requests for acting health officer coverage during the term of this Agreement. For acting health officer coverage to be effective, the Designee's employer must separately approve each request in writing, including the duration of coverage, and the Designee must separately consent to each request. The

local board of health or official responsible for appointing the LHO must ensure that an appointment of the Designee to serve as acting health officer is in effect with respect to each request for coverage. One appointment may apply to multiple requests.

- d. The Designee's employer retains full authority and discretion to approve or deny any request for acting health officer coverage.
- e. The Designee shall have the same duties, powers, and authority as a regularly appointed LHO while serving as acting health officer and will exercise such duties, powers, and authority in accordance with applicable law and under the direction of the local board of health or the requesting party's administrative officer.
- f. Notwithstanding anything to the contrary herein, the Designee shall have the discretion to decline to take any action that the Designee is requested or directed to take, including, but not limited to, actions that, in the Designee's judgment, can be delayed until the appointment of a permanent LHO in the case of a vacancy or return of the incumbent LHO without jeopardizing the public health or do not protect or promote the public health.
- g. The Designee's authority to serve as acting health officer will terminate when this Agreement expires or is terminated, the Designee's appointment by the local board of health or official responsible for appointing the LHO expires or is terminated, a permanent LHO is appointed in the case of a vacancy, the incumbent LHO is no longer absent or incapacitated and is able to fulfill their responsibilities, when the Designee revokes their consent, the Designee's employer rescinds its approval, or when the specified duration of coverage expires.
- h. The requesting party shall not be required to compensate Designee's employer for the services described herein, unless the parties agree otherwise.

2. Indemnification/Hold Harmless/Insurance.

- a. Each party to this Agreement agrees to defend, indemnify, and hold harmless the other party, its officers, elected and appointed officials, employees, contractors and volunteers, from and against any and all liability, loss, cost, damage and expense, including but not limited to, costs and attorney's fees in defense thereof because of actions, claims, or lawsuits for damage because of personal or bodily injury, including death at any time resulting therefrom, sustained or alleged to have been sustained by any person or persons, and for any damage to property, including loss of use thereof, asserted or arising or alleged to have arisen directly or indirectly out of or in consequence of the first party's negligence or willful misconduct under this Agreement.
- b. In the event of liability for damages arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of both parties, each party's liability shall be only to the extent of its negligence.
- c. This duty to defend, indemnify and hold harmless shall apply regardless of whether a claim is brought pursuant to the Industrial Insurance Act, RCW Title 51, or otherwise, and each party waives any immunity whatsoever with respect to its duty to defend, indemnify and hold harmless.

- d. The requesting party shall provide liability insurance coverage for the Designee that is equivalent to the coverage provided by the Designee's employer at no cost to Designee or Designee's employer.
3. **Term.** The term of this Agreement shall commence on the date this Agreement is executed by all parties and shall remain in effect for one calendar year, unless terminated earlier per the terms of this Agreement. The parties may extend the term of this Agreement by written mutual agreement.
4. **Termination.** Either party may terminate this Agreement at its sole discretion. Termination shall be effective as provided in written notice provided by the terminating party, though no earlier than upon receipt of written notice by mail or email, or within three days of the mailing of the notice, whichever occurs first.
5. **Extent of Agreement/Modification.** This Agreement, together with any attachments or addenda, represents the entire and integrated Agreement between the parties and supersedes all prior negotiations, representations, or agreements, either written or oral. This Agreement may be amended, modified, or added to only by written instrument properly signed by both parties.
6. **Administrators and Notices.**

Each party to this Agreement shall designate an individual (an "Administrator"), who may be designated by title or position, to oversee and administer such party's participation in this Agreement. The parties' initial Administrators shall be the following individuals to whom all notices shall be sent to:

For TCPHSS:

Dr. Barbra Villona
3000 Pacific Avenue SE
Olympia, WA 98501

Or the following email addresses: barbra.villona@co.thurston.wa.us;
jennifer.freiheit@co.thurston.wa.us

For TPCHD:

Dr. Jay Miller
Tacoma-Pierce County Health Department
3629 South D Street
Tacoma, WA 98418

Or the following email addresses: jmiller@tpchd.org; creed@tpchd.org;
procurement@tpchd.org

Either party may change its Administrator at any time by delivering written notice of such party's new Administrator to the other party. Receipt of any notice shall be deemed effective upon actual receipt or three (3) days after deposit of written notice in the U.S. mail with proper postage and address, whichever occurs first.

7. **Property and Equipment.** Upon termination or non-renewal of this Agreement, all property purchased by either party in furtherance of this Agreement shall remain the property of said party. All property shall be returned to its owner upon termination or non-renewal of this Agreement.
8. **Filing.** Each party shall be responsible for complying with the posting requirements of RCW 39.34.040 with respect to this Agreement.
9. **Authority to Bind Parties and Enter Into Agreement.** The undersigned represent that they have full authority to enter into this Agreement and to bind the parties for and on behalf of the legal entities set forth below.

Thurston County

Signature

Name

Title

Date Signed

Tacoma-Pierce County Health Department

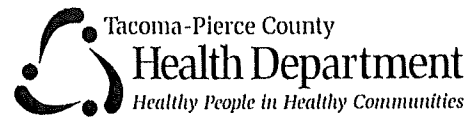
Signature

Name

Title

Date Signed

Board of Health Action Request



REGULAR AGENDA

Resolution No. 2026-4931

Requesting Division	Presenter	Phone Number
Strengthening Families	Andy Rohr, Assistant Division Director	253-377-4585

Preparation of an Agenda Request/Resolution for the Board of Health meeting. Date: June 3, 2026

Request Summary Authorization (click [here](#) to view summary examples)

Authorization to spend up to \$60,000 with Northsound Dwayne Lane to purchase one cargo van for the Street Medicine program for the period of June 3, 2026, to December 31, 2026.

Background Information / Comments

The Health Department received funding from Pierce County to expand its existing Street Medicine program beyond the city of Tacoma. The agreement includes the purchase of a cargo-style van to facilitate medical team outreach throughout Pierce County. The Department can procure the vehicle through a governmental partnership with the Washington State Department of Enterprise Services (DES). DES competitively bids, awards, and manages all state contracts and also provides centralized business services to state government agencies. Northsound Dwayne Lane is one of the auto sellers contracted with DES, and they have a suitable vehicle available for purchase.

Health Lens Analysis Tool (click [here](#) to view the Health Lens Analysis Tool Guidance Document)

Note: Health Lens Analysis Tool must be completed and uploaded to the BOH Resolution documents library.

Recommended Board of Health Action Approve Resolution No. 2026-XXXX

List all materials attached as backup information for the request.

Street Medicine cargo vans Health Lens Analysis Tool (HLAT)
Health Department agreement with Washington State DES

Note: All documents listed above must be uploaded to the BOH Resolution documents library.

Finance Information/Additional Revenue Grantor / Contractor: Pierce County

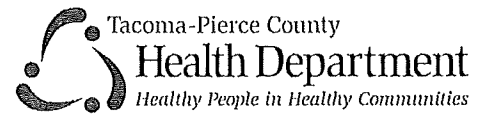
Source of Revenue	
Federal:	
State:	
Pierce County:	\$60,000.00
City of Tacoma:	
Other:	
Total:	\$60,000.00

Additional Expenditure		
Account Number(s)	103-555-1119-21	\$60,000.00
Program Name	Total:	\$60,000.00
	Public Health Clinic	

<i>Melania Lopez</i> Program / Division Director Approval	<i>Sue Yi</i> Business Support Services Approval	<i>Chantell Harmon Reed</i> Chantell Harmon Reed (Jun 3, 2026 10:11:30 PDT) Director of Public Health Approval
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Health in All Policies

Health Lens Analysis Tool



Name of Proposed Policy or Decision

Street Medicine Cargo Van for Pierce County

Health Lens Analysis Questions

1. What is this proposal trying to accomplish?

Street Medicine is a health delivery model designed to provide direct patient care to people living unhoused and unsheltered where they are physically located, such as on the street or in encampments. The model provides patient-centered care and reduces barriers that people living unhoused encounter when accessing care through traditional points of access like primary care clinics.

The Tacoma-Pierce County Health Department received \$1.6 million from Pierce County to deliver medical care to unhoused and unsheltered individuals and families in Pierce County. This is an expansion of our current Street Medicine program's work within the city limits of Tacoma.

To search for, and ultimately deliver medical care to, people experiencing homelessness, the team requires a high-roof cargo van used for supply distribution. The van needs a high roof for staff to be able to stand up straight while conducting program activities in all weather conditions.

2. Which groups of people will be most affected by this proposal?

Positively affected: Unhoused and unsheltered residents of Pierce County, community partners who refer people to Street Medicine services, and Street Medicine program staff.

Negatively affected: N/A

3. Which groups of people who may be affected have you consulted when developing the proposal? Who have you not consulted that might be affected?

Consulted with: Strengthening Families division leadership, Department facilities staff, Street Medicine program staff, community partners who serve people experiencing homelessness.

Have not consulted with: Other Health Department staff.

4. How would this proposal improve or impair the social conditions of the community?

Health in All Policies

Health Lens Analysis Tool



This proposal would improve the social conditions of the community of people living unhoused and unsheltered. Housing is a key social determinant of health. Delivering medical care to those without housing helps solve one of many barriers this population faces in attempting to gain stable housing again. This vehicle is needed for us to deliver care where and when this population is found.

5. How would this proposal improve or impair the economic conditions of the community?

This proposal would improve the economic conditions of the community of people living unhoused and unsheltered. Often, medical assessments are needed for disability authorizations, which directly result in unhoused individuals becoming housed, which improves a person's economic stability. In addition, when health improves for a person, they are more likely to be capable of finding employment.

6. How would this proposal improve or impair the environmental conditions of the community?

This proposal is most likely neutral regarding the environmental conditions of the community. In general, motor vehicles contribute to carbon emissions. However, having a larger, appropriately sized vehicle allows the Health Department to reduce the number of trips and vehicles necessary to carry out the Street Medicine program, reducing some amount of carbon reduction. In addition, Street Medicine services may help to reduce the environmental impacts of homelessness.

7. What are some possible unintended negative health effects of this proposal?

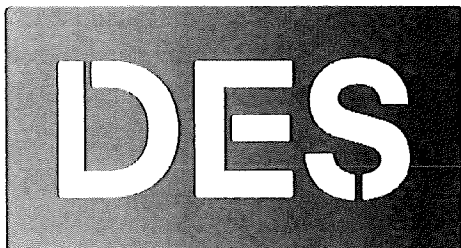
None.

8. What actions do we need to take to ensure this proposal supports health in Pierce County? Whom might you need to work with to accomplish these actions?

Approve the Health Department's request to provide payment for a high-roof cargo van for the Street Medicine program's expansion out into the County.

9. What actions will be taken to strengthen this proposal's support of health in Pierce County?

No change (please explain:)	Approving this resolution will allow us to complete payment for the purchases of one vehicle.
<u>Remove</u> the following from the proposal:	
<u>Amend</u> the following in the proposal:	
<u>Add</u> the following to the proposal:	



Washington State
**DEPARTMENT OF
ENTERPRISE SERVICES**

Contract Summary

Motor Vehicles

See vendors on this contract and their certifications

Contract #: 28423

Replaces: 05916

Contract Type: STATEWIDE CONTRACT

The Department of Enterprise Services has developed the contract for purchase of motor vehicles. This contract features a variety of vehicle categories for your agency needs. Please see below. The contract is for purchase of new vehicles only; leased, used or trade-ins are not allowed on this contract. All purchased vehicles must be for official use only.

Categories:

1. Police Vehicles
2. Automobiles (Sub-Compact, Compact, Mid-Sized, Large)
3. Automobiles (Hybrid, Electric, Plug-In Hybrid)
4. Vans (Passenger, Cargo, Cutaway/Chassis)
5. Sport Utility Vehicles (Small, Mid-Size, Large)
6. Light Duty Pickup Trucks (Class 1/2/3)
7. Medium Duty Trucks (Class 4/5/6)
8. Chassis Cab and Cutaway Trucks (3/4/5/6)
9. Heavy Duty Trucks (Class 7)
10. Low Speed Vehicle (LSV)

*** Catalytic Converter Marking RCW 46.70.350 is effective as of April 1, 2025. Dealers with vehicles with CC's are obligated to offer to mark CC upon purchase, unless exempt. Customers will be asked if they want their CCs marked when making a quote in CARS system. Answer be recorded in the quote as the dealers must record and save the answers. ***

Note: Customers may utilize Sourcewell Cooperative contract 13022 if your needs cannot be met by this contract.

***The operating budget that Governor Bob Ferguson signed on May 21, 2025, includes a proviso that orders the director of the Department of Enterprise Services (DES) to give written approval before any **state agency** as defined in RCW 43.19.560 can make a passenger vehicle purchase. See RCW 43.19.600 for more information including agency exemptions. Every state agency, unless exempt, needs to complete Passenger Vehicle Request Form, obtain their agency's director's signature and email the completed and signed form to DES Fleet Operations at vehicleapproval@des.wa.gov (See Step 2). ***

How to use this contract: State Agencies Only, as defined by RCW 43.19.560

Step 1. Review Motor Vehicle Statewide Contract Frequently Asked Questions and the Vehicle Purchasing Frequently Asked Questions

Step 2. Fill out this form and submit to Vehicleapproval@des.wa.gov

Step 3. Review awarded contractors here

Step 4. Once approved by DES Vehicle Approvals, generate quotes through the Contract Automobile Request Systems (CARS)

How to use this contract: All Other Qualified Purchasers Only

Step 1. Make sure you have a valid Contract Use Agreement

Step 2. Review Frequently Asked Questions

Step 3. Review awarded contractors here

Step 4. Generate quotes and submit purchase request through the Contract Automobile Request Systems (CARS)

DES has ensured this procurement meets RCW 39.26, follows State of Washington Current Procurement Policies, follows DES procurement process, and DES has determined that entering into this master contract will be in the best interest of the State of Washington.

Effective Date: 01-05-2025

Est. Annual Worth: \$268,446,932

Current Term Ends On: 01-05-2027

Final Term Ends On: 01-05-2031

Commodity Code(s): 071-04, 071-05, 071-17, 071-56, 071-77, 071-90, 071-91, 071-92, 072-01, 072-02, 072-03, 072-04, 072-05, 072-06, 072-07

Diversity: 0% WBE 0% MBE

of Bids Received: 20

Contact Info:

Ricky Vang

(360) 407-9405

ricky.vang@des.wa.gov

Secondary Contact Info:

Team C

(360) 407-2212

DESContractsTeamMaple@des.wa.gov

Vendor and Contract Performance Feedback Form

Please send an email request to the Contract Administrator for copies of any submitted feedback

See the list of customers and vendors for the contract

Who Can Use This Contract?

- Organizations with Statewide Contract Usage Agreements

- Pricing & Ordering - RWC
- Pricing & Ordering - Alan Webb
- Pricing & Ordering - BC Ford Hyundai
- Pricing & Ordering - BC Yakima
- Pricing & Ordering - Bud Clary Chevy
- Pricing & Ordering - Bud Clary Moses Lake
- Pricing & Ordering - Bud Clary VW
- Pricing & Ordering - Corwin of Pasco
- Pricing & Ordering - Jerry Smith
- Pricing & Ordering - JRH
- Pricing & Ordering - Mercedes
- Pricing & Ordering - Mulinox
- Pricing & Ordering - Northsound DL
- Pricing & Ordering - NW Harley
- Pricing & Ordering - Pape
- Pricing & Ordering - Raymond West
- Pricing & Ordering - Tacoma Nissan
- Alan Webb - All Amendments
- BC Chevy - All Amendments

- BC Ford - All Amendments
 - BC Stellantis - All Amendments
 - BC Toyota - All Amendments
 - BC VW - All Amendmends
 - Contract - Alan Webb
 - Contract - BC Ford Hyundai
 - Contract - BC Yakima
 - Contract - Bud Clary Chevy
 - Contract - Bud Clary Moses Lake
 - Contract - Bud Clary VW
 - Contract - Corwin of Pasco
 - Contract - Jerry Smith
 - Contract - JRH Powersports
 - Contract - Mercedes of Spokane
 - Contract - Mulinax
 - Contract - Pape
 - Contract - Raymond West
 - Contract - RWC Int.
 - Contract Northsound Dwayne Lane
 - Contract NW Harley
 - Contract Tacoma Nissan
 - Corwin Ford - All Amendments
 - Jerry Smith Chevy - All Amendments
 - JRH - All Amendments
 - Mercedes - All Amendments
 - Mullinax - All Amendments
 - Northsound - All Amendments
 - NW Harley - Amendments
 - Pape - All Amendments
 - Raymond West - All Amendments
 - RWC - All Amendments
 - Tacom Nissan - All Amendments
-
- Original Solicitation Documents
 - Original Solicitation Documents - BC Ford Hyundai
 - Original Solicitation Documents - BC Moses L
 - Original Solicitation Documents - BC Yakima
 - Original Solicitation Documents - Bud Clary Chevy
 - Original Solicitation Documents - Bud Clary VW
 - Original Solicitation Documents - Corwin of Pasco
 - Original Solicitation Documents - Jerry Smith
 - Original Solicitation Documents - JRH
 - Original Solicitation Documents - Mercedes
 - Original Solicitation Documents - Mulinax
 - Original Solicitation Documents - Northsound DL
 - Original Solicitation Documents - NW Harley

- Original Solicitation Documents - Pape
- Original Solicitation Documents - Raymond West
- Original Solicitation Documents - RWC Int
- Original Solicitation Documents - Tacoma Nissan
- Original Solicitation Amendments - Alan Webb
- Solicitation Amendment 1
- Solicitation Amendment 2
- Solicitation Amendment 3
- Bid Tab

- FAQ

Current Documents:	--Select Document From Dropdown--	Pricing
& Ordering - RWC	Pricing & Ordering - Alan Webb	Pricing &
Ordering - BC Ford Hyundai	Pricing & Ordering - BC Yakima	Pricing
& Ordering - Bud Clary Chevy	Pricing & Ordering - Bud Clary Moses	
Lake	Pricing & Ordering - Bud Clary VW	Pricing & Ordering - Corwin
of Pasco	Pricing & Ordering - Jerry Smith	Pricing & Ordering -
JRH	Pricing & Ordering - Mercedes	Pricing & Ordering -
Mulinax	Pricing & Ordering - Northsound DL	Pricing & Ordering -
NW Harley	Pricing & Ordering - Pape	Pricing & Ordering - Raymond
West	Pricing & Ordering - Tacoma Nissan	Alan Webb - All
Amendments	BC Chevy - All Amendments	BC Ford -
All Amendments	BC Stellantis - All Amendments	BC Toyota - All
Amendments	BC VW - All Amendmends	Contract - Alan
Webb	Contract - BC Ford Hyundai	Contract - BC
Yakima	Contract - Bud Clary Chevy	Contract - Bud Clary Moses
Lake	Contract - Bud Clary VW	Contract - Corwin of
Pasco	Contract - Jerry Smith	Contract - JRH
Powersports	Contract - Mercedes of Spokane	Contract -
Mulinax	Contract - Pape	Contract - Raymond
West	Contract - RWC Int.	Contract Northsound Dwayne
Lane	Contract NW Harley	Contract Tacoma Nissan
Ford - All Amendments	Jerry Smith Chevy - All Amendments	Corwin
All Amendments	Mercedes - All Amendments	JRH -
Amendments	Northsound - All Amendments	Mullinax - All
Amendments	Pape - All Amendments	NW Harley -
Amendments	RWC - All Amendments	Raymond West - All
Amendments		Tacom Nissan - All
Historical Documents:	--Select Document From Dropdown--	Original
Solicitation Documents	Original Solicitation Documents - BC Ford	
Hyundai	Original Solicitation Documents - BC Moses L	Original
Solicitation Documents - BC Yakima	Original Solicitation Documents - Bud Clary	
Chevy	Original Solicitation Documents - Bud Clary VW	Original
Solicitation Documents - Corwin of Pasco	Original Solicitation Documents - Jerry	
Smith	Original Solicitation Documents - JRH	Original Solicitation

Documents - Mercedes Original Solicitation Documents -
 Mulinax Original Solicitation Documents - Northsound DL Original
 Solicitation Documents - NW Harley Original Solicitation Documents -
 Pape Original Solicitation Documents - Raymond West Original
 Solicitation Documents - RWC Int Original Solicitation Documents - Tacoma
 Nissan Original Solicitation Amendments - Alan Webb Solicitation
 Amendment 1 Solicitation Amendment 2 Solicitation Amendment
 3 Bid Tab
 Resources: --Select Document From Dropdown-- Contract
 Comments Vendor and Contract Performance Feedback Rebid
 Schedule FAQ
 Open Selected Documents
 Copy Doc Links to Clipboard

Showing 1 to 17 of 17 Vendors
 Reset Sorting
 102550100All Vendors Per Page.
 Search Vendors:

- 1

Vendor	Vendor#	OMWBE	Small Business	Veteran	Considerations / Preferences	Award Type
JERRY L SMITH INC	W69827					Main
JRH LLC DBA POWERSPORTS NORTHWEST	W30668					Main
NORTHWEST HARLEY-DAVIDSON	W11525					Main
ALAN WEBB NISSAN	W59283					Main
BUD CLARY CHEVROLET INC	W262					Main
CLARY AUBURN VW LLC	W99634					Main
CLARY LONGVIEW LLC	W403					Main
CORWIN OF PASCO LLC	W53992					Main
MOSES LAKE CHRYSLER DODGE JEEP RAM, LLC	W100191					Main

Vendor	Vendor#	OMWBE	Small Business	Veteran	Considerations / Preferences	Award Type
MULINAX FORD OF OLYMPIA	W86					Main
NORTHSOUND AUTO GROUP LLC	W1675					Main
PAPE MATERIAL HANDLING, INC.	W17609					Main
RAYMOND HANDLING CONCEPTS CORP	W6181					Main
RWC INTERNATIONAL LLC	W49789					Main
SPOKANE MERCEDES- BENZ OF SPOKANE	W42721					Main
TACOMA NISSAN	W101764					Main
TOYOTA OF YAKIMA	W6870					Main

- M = OMWBE Certified Minority Owned |
- W = OMWBE Certified Women Owned |
- MW = OMWBE Certified Minority Women Owned

BOH Resolution for Street Medicine Van

Final Audit Report

2026-06-03

Created:	2026-06-02
By:	Yuliana Ambriz (yambriz@tpchd.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAsWISKnrmfH5HI-OgivVC83RodDxW37J4

"BOH Resolution for Street Medicine Van" History

-  Document created by Yuliana Ambriz (yambriz@tpchd.org)
2026-06-02 - 7:56:22 PM GMT
-  Document emailed to Melanie Lopez (mlopez@tpchd.org) for signature
2026-06-02 - 7:56:30 PM GMT
-  Email viewed by Melanie Lopez (mlopez@tpchd.org)
2026-06-02 - 7:58:27 PM GMT
-  Document e-signed by Melanie Lopez (mlopez@tpchd.org)
Signature Date: 2026-06-02 - 7:59:00 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE
-  Document emailed to Su Yi (syi@tpchd.org) for signature
2026-06-02 - 7:59:04 PM GMT
-  Email viewed by Su Yi (syi@tpchd.org)
2026-06-02 - 11:28:40 PM GMT
-  Document e-signed by Su Yi (syi@tpchd.org)
Signature Date: 2026-06-02 - 11:28:57 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE
-  Document emailed to Chantell Reed (creed@tpchd.org) for signature
2026-06-02 - 11:29:00 PM GMT
-  Email viewed by Chantell Reed (creed@tpchd.org)
2026-06-02 - 11:34:08 PM GMT
-  Signer Chantell Reed (creed@tpchd.org) entered name at signing as Chantell Harmon Reed
2026-06-03 - 5:11:28 PM GMT
-  Document e-signed by Chantell Harmon Reed (creed@tpchd.org)
Signature Date: 2026-06-03 - 5:11:30 PM GMT - Time Source: server - Signature Appearance Selected: TYPE



Adobe Acrobat Sign

✔ Agreement completed.

2026-06-03 - 5:11:30 PM GMT



Adobe Acrobat Sign

Board of Health Action Request



REGULAR AGENDA

Resolution No. 2026-4932

Requesting Division	Presenter	Phone Number
Administrative Services	Jodi Dyer, Chief of Staff	(253) 649-1428

Preparation of an Agenda Request/Resolution for the Board of Health meeting. | Date: | June 3, 2026

Request Summary	Authorization	(click here to view summary examples)
Authorization to contract with Shive Hattery Architecture and Engineering in the amount of \$164,300.00 for pre-design services for the period of July 1, 2026, to June 30, 2028.		

Background Information / Comments

Tacoma-Pierce County Health Department is advancing pre-design work for a proposed Community Health Hub to address long-standing facility needs and expand access to preventive health services, community resources, and public health supports in South Tacoma. The concept would co-locate Health Department operations with community services such as a public health clinic, pharmacy, vital records, permitting, family resource supports, community partner services, meeting and community spaces, a teaching kitchen, resilience space, food access, and outdoor amenities.

Potential locations will be transit-accessible and serves communities that experience higher barriers to health care, transportation, healthy food, and other social determinants of health compared with Pierce County overall. Approval will allow the Health Department to proceed with pre-design and conceptual planning to confirm program needs, assess site feasibility, develop design options, identify risks and phasing considerations, and support future capital planning decisions.

Procurement completed a Request for Qualifications (RFQ) process for architectural and engineering services. Shive-Hattery Architecture and Engineering was selected as the successful vendor. The Health Department would like to initiate a contract for these services for the period of July 1, 2026, through June 30, 2028.

Health Lens Analysis Tool	(click here to view the Health Lens Analysis Tool Guidance Document)
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Note: Health Lens Analysis Tool must be completed and uploaded to the BOH Resolution documents library.

Recommended Board of Health Action	Approve Resolution No. 2026-XXXX
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List all materials attached as backup information for the request.

Health Lens Analysis Tool – Community Health Hub
Contract
Shive-Hattery Statement of Work
Request for Qualification for Pre-Design Services
Shive-Hattery Statement of Qualifications

Note: All documents listed above must be uploaded to the BOH Resolution documents library.

Finance Information/Additional Revenue	Grantor / Contractor:	Click here to enter text.
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Source of Revenue		City of Tacoma:	
Federal:		Other:	
State:	\$164,300	Total:	\$164,300.00
Pierce County:			

Additional Expenditure				
Account Number(s)	110-1133-41 41.99	\$164,300.00	Total:	\$164,300.00
			Program Name	Office of the Director

 Jodi Over (May 21, 2026 13:58:58 PDT) Program / Division Director Approval	 Sue Yi Business Support Services Approval	 Chantell Harmon Reed Director of Public Health Approval
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Health in All Policies

Health Lens Analysis Tool



Name of Proposed Policy or Decision

Community Health Hub Predesign Contract

Health Lens Analysis Questions

1. What is this proposal trying to accomplish?

Authorization to contract with Shive Hattery Architecture and Engineering in the amount of \$164,300.00 for predesign services for the period of July 1, 2026, to June 30, 2028.

2. Which groups of people will be most affected by this proposal?

Positively affected:

South Tacoma residents and all Pierce County resident; people of color; low-income households; people receiving SNAP benefits; people with disabilities; households without vehicles; people with limited English proficiency; families with children; older adults; people needing public health clinic, pharmacy, behavioral health, maternal and child health, chronic disease prevention, substance use, food access, vital records, and permitting services; TPCHD staff; community-based partners.

Negatively affected:

No significant direct negative effects are expected from the pre-design phase. Potentially affected groups of later phases could include nearby residents and businesses if later phases create traffic, construction disruption, parking impacts, or displacement pressures.

**3. Which groups of people who may be affected have you consulted when developing the proposal?
Who have you not consulted that might be affected?**

Consulted with:

Department leadership and staff; elected and civic leaders; Pierce County and City of Tacoma representatives; community planning sources including the Picture Pac Ave Subarea Plan, Pacific Avenue Health Impact Assessment, Parkland-Spanaway-Midland Community Plan, Community Health Needs Assessment, and Community Health Assessment; South End Neighborhood Council (SENC) priorities; and potential public, nonprofit, and service partners.

Have not consulted with:

Broader Pierce County residents, current and future service users, nearby businesses and residents, transit-dependent residents, people with disabilities, people with limited English proficiency, unhoused residents, youth and families, older adults, Tribal partners, and additional community-based organizations.

4. How would this proposal improve or impair the social conditions of the community?

Health in All Policies

Health Lens Analysis Tool



The proposal supports planning for a community health hub that would improve access to public health services, clinic care, pharmacy services, food resources, family resource centers, meeting space, children's play space, resilience space, and community gathering areas. It could strengthen social connection, trust, and community resilience.

5. How would this proposal improve or impair the economic conditions of the community?

The proposal supports responsible planning before major capital investment by identifying costs, risks, phasing, and review. The future community health hub could preserve and expand Department operations, support staff, attract partner services, improve permitting access, support small businesses and food entrepreneurs, and activate a vacant commercial site. The main economic risk is future capital and operating cost if funding is not secured.

6. How would this proposal improve or impair the environmental conditions of the community?

The proposal includes site and feasibility review of zoning, utilities, access, and known environmental constraints. The future community health hub could support transit access, EV charging, bike amenities, community gardens, tree canopies, and food access. Environmental risks will be evaluated and may include future remediation needs.

7. What are some possible unintended negative health effects of this proposal?

Possible unintended effects include construction noise, dust, traffic, and parking impacts in later phases; disruption during relocation of services; inadequate access if transit, language, disability, or safety needs are not fully addressed; environmental exposure if site contamination is not identified early; and displacement pressure if redevelopment contributes to rising costs in the area.

8. What actions do we need to take to ensure this proposal supports health in Pierce County? Whom might you need to work with to accomplish these actions?

Complete robust community engagement, including residents most affected by health disparities. Conduct site, access, environmental, transportation, and equity analyses. Develop design options that support accessibility, cultural responsiveness, safety, resilience, and service integration. Work with Shive-Hattery, Department programs and facilities staff, South Tacoma residents, SENCO, City of Tacoma, Pierce County, Pierce Transit, healthcare and pharmacy partners, food access partners, housing and legal aid organizations, disability advocates, language access partners, and environmental consultants.

9. What actions will be taken to strengthen this proposal's support of health in Pierce County?

No change (please explain:)	Proceed with authorizing pre-design services because they are needed to test feasibility, reduce risk, and guide informed decisions.
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Health in All Policies

Health Lens Analysis Tool



Remove the following from the proposal:	
Amend the following in the proposal:	
Add the following to the proposal:	

DESIGN SERVICES CONTRACT

This Contract for Services, #2026-146, is hereby made by and between the Tacoma-Pierce County Health Department ("Department"), and Shive-Hattery, Inc. ("Architect").

RECITALS

WHEREAS, Department desires to retain the Architect to provide professional architectural services for pre-design and conceptual effort for a potential major capital project, as described in this Contract and subsequent amendments thereto, if any; and

WHEREAS, Architect represents that it has available and offers to provide personnel with knowledge and experience necessary to satisfactorily accomplish the Services within the required time and that it has no conflicts of interest prohibited by law from entering into this Contract

NOW, THEREFORE, Department and Architect agree as follows:

I. DEFINITIONS

As used herein, the following terms shall have the meanings set forth below:

- A. **Contract** means this Contract for Services together with the below-identified attachments, each of which is incorporated in this Contract for Services by this reference.

Addendum	Page	Description
A	12-14	Architect Services (Scope of Work)
B	15	Reimbursement
C	16-18	Architect Schedule & Fee
D	19-22	Non-Disclosure Agreement

- B. **Services** means all work performed by Architect for Department pursuant to and governed by this Contract
- C. **Records** means all documents arising out of or related in any way to the Services, including, without limitation, any paper, correspondence, note, report, tape, plan, book, photo, film, video, sound recording, machine-readable material and data file in the possession or under the control of Architect, its employees, agents, successors, or assigns.
- D. **Confidential Information** means all non-public information that Department designates as being confidential, or that which under the circumstances ought to, in good faith, be treated as confidential.
- E. **Architect** means Shive-Hattery, Inc., who is providing architectural and pre-design services only and is not providing any construction, labor, or materials.

II. SCOPE OF SERVICES

- A. Architect agrees to perform those tasks described in Addendum A and the "Work Statement" dated May 19, 2026 (Services), both which are attached hereto and made a part of this Contract as if fully set forth herein.
- B. Department and Architect agree that not all Services to be performed by Architect can be defined in detail at the time this Contract is executed, and that additional Services related to the project and not covered in Addendum A may be needed during performance of this Contract. Department may, at any time, by written order, direct the Architect to revise portions of the Services previously completed in a satisfactory manner, delete portions of the Services, or request that the Architect perform additional Services beyond the scope of the Services described in Addendum A. Such

changes hereinafter shall be referred to as "Additional Services."

- 1) If such Additional Services cause an increase or decrease in the Architect's cost of, or time required for, performance of any services under this Contract, a contract price and/or completion time adjustment pursuant to this Contract shall be made and this Contract shall be modified in writing and accepted by the parties hereto. The Architect shall not perform any Additional Services until so authorized by Department and agreed to by the Architect in writing. The Architect must assert any claim for adjustment in writing within thirty (30) days from the date of the Architect's receipt of the written notification of change.

III. DEPARTMENT'S RESPONSIBILITIES

Department will provide to Architect in a timely manner all technical data in Architect's possession relating to the Services. Provided, however, any documents, services, and reports provided by the Department to the Architect are available solely as additional information to the Architect and will not relieve the Architect of its professional duties and obligations under this Contract or at law. The Architect shall be entitled to reasonably rely upon the accuracy and the completeness of such documents, services and reports, but shall be responsible for exercising customary professional care in using and reviewing such documents, services, and reports and drawing conclusions from them. Department will review Architect's studies, reports, drawings and other documents in a timely manner.

IV. ARCHITECT'S RESPONSIBILITIES

- A. Architect shall be responsible for the professional quality, technical adequacy and accuracy, timely completion, and the coordination of all plans, designs, drawings, specifications, reports, and other services furnished by Architect under this Contract. The Architect shall, without additional compensation, correct or review any errors, omissions, or other deficiencies in its plans, designs, drawings, specifications, reports, and other services. The Architect shall perform the Services according to generally accepted architecture standard of care and consistent with achieving the project within budget, on time, and in compliance with applicable laws, regulations, and permits.
- B. The Architect shall coordinate its services with those services provided by the Department and the Department's consultants. The Architect shall be entitled to rely on, and shall not be responsible for, the accuracy, completeness, and timeliness of, services and information furnished by the Department and its consultants. The Architect shall provide prompt written notice to the Department if the Architect becomes aware of any error, omission, or inconsistency in such services or information.
- C. Department's review or approval of, or payment for, any plans, drawings, designs, specifications, reports, and incidental services furnished hereunder shall not in any way relieve the Architect of responsibility for the technical adequacy, completeness, or accuracy of its work. Department's review, approval, or payment for the Services shall not be construed to operate as a waiver of any rights under this Contract or at law or any cause of action arising out of the performance of this Contract.

V. COMPENSATION

- A. Compensation for the Services is described in the Work Statement attached to Addendum A and shall be according to the Schedule of Specific Hourly Rates, on a time spent basis, plus reimbursement for direct non-salary expenses. Reimbursable direct non-salary expenses are listed in Addendum A and during the term of the Contract shall not exceed \$7,000.00.
- B. Unless specifically authorized in writing by the Department, the total budgetary amount for the Services shall not exceed One Hundred Sixty-Four Thousand Three Hundred Dollars (\$164,300.00). The Architect shall make all reasonable efforts to complete the Services within the budget and will keep Department informed of progress toward that end so that the budget or Services effort can be adjusted if found

necessary. The Architect is not obligated to incur costs beyond the indicated budget, as may be adjusted, nor is the Department obligated to pay the Architect beyond these limits. Additional terms relating to compensation are set forth in the Work Statement attached to Addendum A and in Addendum B.

- C. Payment for all or any portion of the Services shall not constitute a waiver or release by Department of any claims, right, or remedy it may have against the Architect under this Contract or by law, nor shall such payment constitute a waiver, remission, or discharge by Department of any failure or fault of the Architect to satisfactorily perform the Services as required under this Contract

VI. TERM

The term of this Contract shall begin July 1, 2026 and end June 30, 2028, unless terminated earlier pursuant to its terms and conditions. Should this Contract be signed after the term beginning date stated herein, then it shall be retroactive and binding to that date. Department reserves the right to renew this Contract on the same terms, for up to two (2) additional one (1) year terms, based upon available funding, and satisfactory performance.

VI. HOLD HARMLESS

Architect agrees to, indemnify and hold harmless Department, its appointed and elected officials, officers, directors, employees, and agents from and against any and all liabilities, losses, claims, obligations, demands, costs, damages and expenses, including attorney's fees (collectively, a "Claim") arising out of or in any way related to Architect's performance of this Contract, to the extent caused by the negligent acts or omissions of Architect, its subconsultants, agents, successors and assignees, or anyone directly or indirectly employed by Architect or anyone for whose acts Architect supervise or control (each a "Architect Party"), regardless of whether or not such Claim is caused in part by Department. Where a Claim arises from the concurrent fault of the parties to the Contract, Architect's obligations under this Section shall only apply to extent of the respective fault of Architect and Architect Parties. This duty to indemnify and hold harmless shall apply regardless of whether a Claim is brought pursuant to the Industrial Insurance Act, RCW Title 51, or otherwise, and Architect waives any immunity whatsoever with respect to its duty to indemnify and hold harmless. This duty to indemnify and hold harmless shall apply regardless of whether this Contract is executed after Architect begins the Services and shall extend to claims arising after this Contract is terminated. Architect shall use legal counsel reasonably acceptable to Department in defense of Claims within Architect's defense obligations.

Department agrees to indemnify and hold the Architect harmless from loss, cost, or expense of any kind claimed by third parties, including without limitation such loss, cost, or expense resulting from injuries to persons or damages to property, caused solely by the negligence or willful misconduct of Department, its employees, or agents in connection with the Services.

VII. INSURANCE

- A. Architect shall maintain, at its own expense, during the duration of this Contract, all insurance identified below. All insurance required below shall be secured with insurance companies having an A.M. Best's rating of not less than A-VII.
- 1) **Commercial General Liability Insurance**, using Insurance Service Office form CG0001 or the equivalent, with minimum limits of no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate, including, but not limited to, bodily injury, including death, and damage to property, premises and operations, products and completed operations (for the entire period of the applicable statutes of limitation); independent contractors, blanket contractual; personal injury and advertising injury.
 - 2) **Commercial Automobile Liability Insurance**, with minimum limits of no less than \$1,000,000 each accident, with coverage applying to all owned automobiles, hired and non-owned.

- 3) **Professional Liability or Errors, and Omissions Insurance**, where **Services** delivered pursuant to this **Contract** either directly or indirectly involve or require providing professional services ("*professional services*" for the purposes of this **Contract**, shall mean *physician, psychologist, architectural, engineering, or other licensed or certified profession*), with limits not less than \$1,000,000 each claims, \$2,000,000 aggregate.
 - 4) **Workers' Compensation Insurance** as required by Washington State law.
 - 5) **Employer's Liability** with limits not less than \$1,000,000 each employee, \$1,000,000 each occurrence, \$1,000,000 annual aggregate.
- B. **Architect's Commercial General Liability Insurance** policy and **Comprehensive Automobile Liability Insurance** policy shall name **Department** as an additional insured on a primary and non-contributory basis and the insurers shall be required to waive all rights of subrogation against **Department** and its officers, directors, employees, and agents. The **Commercial General Liability Insurance** shall include **Department** as additional insured for both ongoing and completed operations using Insurance Services Office form CG2010904-13) and CG 2037(04-13) or the equivalent. **Architect** shall provide **Department**, by endorsement or policy provision, at least thirty (30) days' written notice prior to any cancellation, non-renewal, or material change; provided that only ten (10) days' notice is required prior to cancellation for premium non-payment.
- C. Promptly following demand by **Department**, **Architect** shall provide to **Department** acceptable certificates of insurance evidencing coverage required according to this **Contract** prior to commencement of **Services** and at any other time requested by **Department**.
- D. **Department** shall have no obligation to report occurrences unless a claim is filed with the Director of Health.
- E. **Self-Insurance**
- 1) In the event **ARCHITECT** has a self-insurance program, **ARCHITECT's** responsibilities to **DEPARTMENT** are not waived. **ARCHITECT** will be responsible for defending and indemnifying and holding **DEPARTMENT** harmless from any and all **Claims** in the same manner as would be required and provided by an insurance company under this section. The intent of this clause is to provide "Additional Insured" coverage to **DEPARTMENT** in the same manner as would have been provided by an insurance policy.
 - 2) Evidence of **ARCHITECT's** self-funded/self-insurance program will be provided to **DEPARTMENT**, including name, address and phone number of a claim manager, along with the name and description of the self-funded/self-insurance plan.
 - 3) **ARCHITECT** will also provide a Certificate of Insurance listing all excess layers of liability coverage, limits and SIF's or deductibles.

VIII. RECORDS, CONFIDENTIALITY

- A. **Architect** shall maintain and preserve, for the time period described in Section V (B) below, all **Records** despite any document retention policy to the contrary. **Department**, its attorneys, agents, and authorized representatives shall have the right, during the time period described in Section V (B) below, to examine and copy all **Records** and shall have open access to **Records** for any reasonable purpose, including, but not limited to, the purpose of audit, inspection, and reproduction.
- B. The time period, for purposes of Section V (A), shall end eight (8) years after the final payment, or final settlement under this **Contract**, or final resolution of any disputed matter arising out of the **Contract**, whichever occurs later.

- C. **Architect** shall provide **Department** with prompt access to **Records** and agrees to ensure to the extent possible the cooperation of its agents and employees to aid **Department** in the collection of such information and **Records** as **Department** may require in complying with applicable state and federal laws, including, without limitation, data breach notification requirements. **Department** shall give reasonable notice to the **Architect** to gain access to **Records**.
- D. **Architect** shall not submit to any agency or third party any data, **Records**, reports, summaries, analyses, documents, other materials, or **Records** developed by **Architect** in connection with the **Services** without first affording **Department** reasonable opportunity (to be not less than ten (10) business days) to review and approve the release of such material.
- E. All **Records**, except medical and client treatment records or records otherwise exempt by law, shall be considered to be public records and maintained in accordance with applicable laws. Medical client treatment records of all kinds shall be considered confidential. **Architect** agrees to notify **Department** immediately if there is a breach of security of any system maintained by **Architect** that includes personal information (as defined in RCW 19.255.010) acquired in connection with **Architect's** performance of **Services** under this **Contract**.

All **Records**, including pre-contract documents (such as bid documents), supplied by **Architect** shall be considered to be public records. **Architect** acknowledges that **Department** is a public entity subject to the Public Records Act, Chapter 42.56 RCW. **Architect** further acknowledges that **Records** submitted to **Department** may be subject to release to a third party. If **Architect** believes that any **Records** should be confidential (such as trade secret or other proprietary data) **Architect** must mark such **Records** accordingly. If **Department** receives a request for **Records** which would include **Records** marked by **Architect** as confidential, **Department** may, at its sole option, contact and notify **Architect** of the request. If **Architect** desires to prevent release of the **Record**, it shall be **Architect's** sole responsibility to obtain a court order enjoining the release. Nothing in this section shall be deemed to impose any duties, obligations, or liability upon **Department** for the release of **Records** regardless of whether they are marked confidential.

IX. OWNERSHIP AND USE OF DOCUMENTS

- A. All plans, drawings, designs, computer programs, technical reports, operating manuals, calculations, notes, and other **Services** or work except for specifications and details submitted or which are specified to be delivered under this **Contract** or which are developed or produced and paid for under this **Contract**, whether or not complete, shall be owned by and vested in the **Department**.
- B. All rights to patents, trademarks, copyrights, and trade secrets owned by **Architect** (hereinafter "Intellectual Property") as well as any modifications, updates or enhancements to said Intellectual Property during the performance of the **Services** remain the property of **Architect**, and **Architect** does not grant **Department** any right or license to such Intellectual Property.
- C. All work products of the **Architect** are instruments or **Services** of this project. There shall be no reuse, change, or alteration by the **Department** or others acting through or on behalf of the **Department** without written permission of the **Architect**, which shall not be unreasonably withheld and will be at the **Department's** sole risk. The **Department** agrees to indemnify the **Architect** and its officers, employees, subconsultants, and affiliated corporations from all claims, damages, losses, and costs including, but not limited to, litigation expenses and attorney fees arising out of or related to such unauthorized reuse, change, or alteration.

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X. DEFAULT OR BREACH OF CONTRACT

- A. Any of the following events constitutes a default under this **Contract**:
- 1) **Architect's** failure to comply with the terms and conditions of this **Contract** or to substantiate compliance;
 - 2) **Architect's** ineffective, improper, or illegal use of **Contract** funds;
 - 3) **Architect's** provision of materials, information, reports, or documentation which is incomplete, misleading, incorrect, or false, either knowingly or inadvertently;
 - 4) **Architect's** failure to provide the **Services** in a timely and reasonable manner;
 - 5) Any illegal act on the part of **Architect**; and
 - 6) Any failure to resolve, in a timely fashion, audit findings associated with this **Contract**.
- B. None of **Department's** rights or remedies hereunder are intended to be exclusive, but each shall be cumulative and in addition to any other right or remedy referred to hereunder or otherwise available to **Department** at law or in equity, and no express or implied waiver by **Department** of any default shall constitute a waiver of any other default or a waiver of any of **Department's** rights.
- C. In the event that it is determined that any funds were disbursed under this **Contract** in violation of the terms and conditions of this **Contract**, such sums shall be promptly reimbursed to **Department** upon written demand. Neither payment of any funds under this **Contract**, nor any other action of **Department** or its agents or employees, prior to the discovery of the violation, shall constitute a waiver thereof.

XI. SUSPENSION/TERMINATION

- A. **Department** may terminate this **Contract** 1) at any time upon the default of **Architect**, after ten (10) days' written notice of default and opportunity to cure given to **Architect** and in the event the default is not timely cured; or 2) upon public convenience, including but not limited to loss of or reduction in funding. In the event of termination, all finished or unfinished documents, reports, or other material or **Work** of **Architect** pursuant to this **Contract** shall be submitted to **Department**, and **Architect** shall be entitled to just and equitable compensation for any satisfactory **Services** completed prior to the date of termination, not to exceed the total compensation set forth herein. Termination shall be accomplished by providing **Architect** with fourteen (14) days' written notice. **Architects** shall not be entitled to any reallocation of cost, profit, or overhead. **Architect** shall not be entitled to anticipated profit on **Services** not performed, penalties, or termination charges because of such termination. **Architect** shall use its best efforts to minimize the compensation payable under this **Contract** in the event of such termination. Any extra cost or damage to **Department** resulting from any default(s) shall be deducted from any money due or coming due to **Architect**. Where the **Contract** is terminated as a result of **Architect's** default, **Architect** shall be responsible for all increased expenses incurred by **Department**, including all increased costs for completing the **Services**.
- B. **Department** may suspend this **Contract**, at its sole discretion, upon five (5) business days advance written notice to **Architect**. Such notice shall indicate the anticipated period of suspension, if known. Any reimbursement for expenses incurred due to the suspension shall be limited to **Architect's** reasonable expenses and shall be subject to verification. **Architect** shall resume performance of **Services** under this **Contract** without delay when the suspension period ends. The time for completion shall be extended by the same number of days the work is suspended. In the event the suspension period exceeds 120 days the term of this **Contract** may be renegotiated at the request of either party. Both parties are granted the option to terminate the suspension portion of the **Services** if renegotiations are not successful.

- C. Notwithstanding anything in this **Contract** to the contrary, if the funding authorities of **Department** (*Federal, State, and local agencies*) fail to appropriate funds to enable **Department** to continue payment as specified within this **Contract**, **Department** may suspend or terminate this **Contract** without penalty or termination charges provided **Architect** receives at least fourteen (14) days prior written notice of lack of appropriate funds as the reason for the suspension or termination.

XII. JURISDICTION

This **Contract** shall be administered and interpreted under the laws of the State of Washington. Jurisdiction of litigation arising from this **Contract** shall be in the State of Washington. Venue for all actions arising pursuant to this **Contract** shall lie within Pierce County, Washington.

XIII. ATTORNEY FEES

In the event of litigation arising out of this **Contract**, each party shall be responsible for payment of their own attorney's fees and costs except as otherwise provided herein.

XIV. INTERPRETATION

Any provision of this **Contract** that is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions thereof. Captions are intended for convenience or reference only, and shall not be construed to define, limit or describe the scope or intent of any provisions hereof.

XV. INDEPENDENT ARCHITECT

- A. All **Services** shall be furnished by **Architect** as an independent **Architect** and nothing herein contained shall be construed to create a relationship of employer-employee or master-servant.
- B. **Architect's** entire compensation for this **Contract** is specified in Addendum B. **Architect** is not entitled to any **Department** benefits including, but not limited to, overtime pay, worker's compensation, vacation pay, holiday pay, sick leave pay, medical, dental, or other insurance benefits, or any other rights or privileges afforded to **Department** employees.

XVI. PERFORMANCE

Architect shall perform all **Services** in accordance with the degree of care and skill ordinarily exercised by members of the same profession currently practicing under similar circumstances on projects of similar size, complexity, and geographic location as of the project contemplated under this **Contract**. **Architect** agrees that it will use only qualified, competent personnel, and that it will not make substitutions for person(s) whose performance **Department** has specifically desired.

XVII. TIME

Time is of the essence to this **Contract**. **Architect** warrants that all **Services** can be completed within the mutually agreed upon schedule specified herein.

XVIII. NOTICE AND MODIFICATION OF CONTRACT

- A. All notices required under this **Contract** shall be directed to the applicable **Representative** in writing and personally delivered or sent by overnight courier or certified mail, return receipt requested. Notices shall be effective upon the earlier of receipt by the party or three (3) days after mailing if sent by overnight courier or certified mail, return receipt requested.
- B. No amendments or modifications to this **Contract** are valid or binding until reduced to writing and signed by the **Representatives** of both parties, except in the event of an increase to the dollar amount of the original **Contract**, which may be approved solely by **Department**.

XIX. SUBCONTRACTS

- A. **Architect** shall obtain written approval from **Department** prior to subcontracting for any portion of the **Services**. If **Department** has reasonable objection to a proposed subconsultant, **Architect** shall propose an alternate subconsultant. By appropriate written agreement, **Architect** shall require each subconsultant, to the extent of the **Services** to be performed by the subconsultant, to be bound to the **Architect** by the terms of the **Contract**, and to assume toward **Architect** all the obligations and responsibilities which **Architect** assumes toward **Department**. **Architect** shall in all instances remain fully responsible for **Contract** performance.
- B. **Architect** shall include all subconsultant as insured under its policies or shall furnish separate certificates and endorsements for each subconsultant. All coverage for subconsultant shall be subject to all of the requirements stated herein.
- C. **Architect** shall obtain a written agreement between **Architect** and all subconsultant that meet all the requirements of a Business Associate Agreement as defined by HIPAA. **Architect** is responsible for ensuring there is a proper Business Associate Agreement in place with all subconsultant if any portion of the **Services** requires access to or use of protected health information.
- D. **Architect** shall solicit and utilize Minority & Women's Business Enterprises as subconsultant to the extent required by **Department**.

XX. ASSIGNMENT

Architect may not assign its interest in this **Contract** without **Department's** prior consent.

XXI. COMPLIANCE WITH LAWS AND REGULATIONS

- A. **Architect**, its agents, employees, independent **Architects**, and others over whom **Architect** has supervision or control shall perform the **Services** in accordance with, and shall adhere to and/or comply with all applicable laws, ordinances, requirements, directions, rules, statutes, regulations, and lawful orders of any governmental authority or agency, and shall also adhere to and/or comply with all applicable **Department** regulations, policies, and procedures. When necessary, as determined by the **Department**, **Architect** shall attend **Department** meetings.
- B. **Architect** represents and warrants that neither it nor any of its principals has been debarred, suspended or determined ineligible to participate in federal assistance awards or contracts as defined in regulations implementing Office of Management and Budget Guidelines on Government wide Debarment and Suspension (Nonprocurement) in Executive Order 12549. **Architect** further agrees that it will notify **Department** immediately if it or any of its principals is placed on the list of parties excluded from federal procurement or nonprocurement programs available at www.sam.gov.
- C. **Architect** shall pay all taxes for the **Services** provided by **Architect**.

XXII. NONDISCRIMINATION

Each party covenants that in providing the **Services** and otherwise performing under this **Contract**, no person shall be excluded from participation therein, denied the benefits thereof, or otherwise be subjected to discrimination with respect thereto on the grounds of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.

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XXIII. DISPUTES

In the event of a dispute in the interpretation or application of this Contract, both parties are to proceed with good faith negotiation to resolve said dispute. However, in the event such dispute cannot be resolved within thirty (30) days of either party requesting negotiation, the dispute may be appealed to the Director of Health for non-binding resolution; if a party disagrees with such resolution, it may bring an action at law. Any action arising out of or relating to this Contract shall be construed in accordance with the laws of the State of Washington without giving effect to its choice of law rules. The venue of any such dispute shall be in Pierce County Superior Court.

XXIV. AUDITS

- A. Department may inspect, review, or audit, with reasonable notice and during ordinary business hours, the Records, including, without limitation, financial records, and Architect's facilities. Architect shall maintain detailed, itemized records of all income received and expenses incurred pursuant to this Contract, and shall maintain such other financial management system and records and administer funds received pursuant to this Contract in accordance with all applicable state and federal requirements.
- B. Architects receiving \$750,000 or more in federal funds from any source, or \$750,000 or more of state funds from the Department in any one fiscal year, must comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (the "Uniform Guidance"), 2 Code of Federal Regulations (CFR) Part 200, including the preparation of an audit by an independent C.P.A. in accordance with the Single Audit Act Amendments of 1996, 31 U.S.C. §§ 75, and with generally accepted accounting principles.
- 1) Architect's independent auditor shall provide Department with assurance that this Contract has been administered in accordance with the Contract provisions and the Uniform Guidance, where applicable, if Architect is deemed a sub-recipient by Department and receives \$750,000 or more in federal funds from any source in any one fiscal year.
 - 2) All audits of sub-recipients shall be performed in accordance with generally accepted auditing standards, and the standards for financial-related audits contained in the Government Auditing Standards - Standards for Audit of Governmental Organizations, Programs, Activities and Functions issued by the U.S. General Accounting Office; and the Uniform Guidance, where applicable, and the audit requirements outlined in the Washington State Budget Accounting and Reporting System. In addition, the audit shall adhere to the general and specific compliance requirements pertaining to the specific federal funding source; these requirements are found in the Uniform Guidance. For those federal funds not listed in the Uniform Guidance, federal compliance shall meet the terms of the specific grant award and/or current CFR.
 - 3) Architect is required to submit to Department the independent audit engagement letter once agreement has been reached, and the independent auditors final report is to be submitted within thirty (30) days following the issue of the report.
 - 4) Working papers provided to the independent auditor shall be made available to Department or their designee.
 - 5) Architect shall inform Department of the date and time of the independent auditor's exit interview with Architect, and a representative of Department shall be present at the exit interview if Department so desires.
 - 6) In the event that Architect's independent auditor does not provide the assurances necessary to satisfy federal and state audit requirements, Department retains the right to request a full audit and Architect will be responsible for any additional costs incurred in order to provide the required assurances.

XXV. CONTRACT EXECUTION

- A. **Department and Architect** both represent and warrant that they have the power, authority and legal right to enter into this **Contract** by and through the undersigned **Representatives**, they have taken all action necessary to authorize the execution, delivery and performance of this **Contract** and all other documents and instruments otherwise required or contemplated hereunder and thereunder, any and all of which do not and shall not contravene the provisions of any governing document or agreement or instrument to which **Department or Architect** is bound, and shall not cause or result in any violation, breach or default of, or accelerate any payment under, any such agreement or instrument. When executed and delivered, this **Contract** will constitute the legal, valid and binding obligations of **Department and Architect** enforceable in accordance with its terms (except as enforcement of such terms may be limited by bankruptcy, insolvency or similar laws affecting the enforcement of creditors' rights generally, none of which is now applicable or contemplated by **Department or Architect**).
- B. This **Contract** and any amendments may be executed and transmitted electronically and/or digitally in several counterparts, each of which when so executed or otherwise authenticated and delivered shall be an original. Signed copies of this **Contract** shall be deemed original.

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XXVI. CONTRACT REPRESENTATIVES / LIAISONS

The below-identified Representatives of Architect and Department certify that they are authorized to sign and bind each the respective entities. Absent written notification advising otherwise, the written consent of the same Representatives shall be required to effectuate any amendment or modification of this Contract.

Architect and Department both agree to identify a Liaison intended to serve as a primary contact during the administration of this Contract relative to the operational details, scheduling, and any other matter that does not constitute a modification or amendment of the Contract.

Representatives of the parties shall be as follows:

On behalf of Architect:

Natalie Mallory
Shive-Hattery, Inc.
P.O. Box 1599
Cedar Rapids, IA 52406
Phone: (253) 922-9037

On behalf of Department:

Chantell Harmon Reed, Interim Finance Director
3629 South D Street, MS1004
Tacoma, WA 98418-6513
Phone: (253) 649-1506
Fax: (253) 798-6019

The Liaison for Architect shall be:

Natalie Mallory
Email: nmallory@shive-hattery.com

The Liaison for Department shall be:

Tony Ohrazda
Email: TOhrazda@tpchd.org

05/21/2026

Date of Signature



Authorized Architect Signature

Natalie Mallory

Printed Name of Authorized Signature

Date of Signature

Authorized Department Signature

Su Yi, Accounting Manager

Printed Name of Department Signature

Date of Signature

Authorized Department Signature
(\$25,000 and above)

Chantell Harmon Reed, Director of Public Health
Printed Name of Department Signature

\$164,300
Dollar Amount for this Contract

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ADDENDUM A: ARCHITECT SERVICES (Scope of Work)

This Addendum applies to Contract #2026-146 between Department and Architect. During the specified Contract term, Architect shall provide the Services described below.

PROJECT DESCRIPTION

The potential project is anticipated to encompass approximately 125,000 to 175,000 square feet across multiple parcels. Program elements may include clinic services, family-based services, administrative functions, and integrated outdoor spaces. This scope is focused exclusively on pre-design and conceptual design services.

SCOPE OF SERVICES

We will provide the following services for the project:

Programming and Planning

These services will consist of the following:

1. Project Initiation and Discovery
 - a. Participate in a project kickoff meeting with Health Department stakeholders.
 - b. Review available background information (site data, program needs, constraints, prior studies)
 - c. Participate in an onsite walk-through of the existing facilities to become familiar with current conditions, operational constraints, and opportunities. (Key subconsultants should be in attendance)
 - d. Confirm project objectives, budget parameters, schedule assumptions, and performance goals.
2. Programming and Needs Assessment
 - a. Facilitate stakeholder interviews and/or workshops.
 - b. Develop a preliminary space program and adjacency requirements.
 - c. Identify functional requirements and operational considerations.
 - d. Document assumptions and constraints.
3. Site Analysis
 - a. Review site conditions, zoning, utilities, access, and known environmental constraints.
 - b. Identify opportunities, challenges, and high-level risks.
 - c. Evaluate alternate sites (if applicable).
4. Concept Development (Pre-Design)
 - a. Develop 2-3 conceptual design options.
 - b. Provide high-level narrative descriptions of each concept.
 - c. Prepare preliminary sketches, diagrams and conceptual renderings illustrating mass, layout, and relationships.
 - d. Identify pros/cons, risks, and order-of-magnitude (cost estimate) implications for each option.
5. Preliminary Cost & Schedule Inputs (Coordination Only)
 - a. Provide conceptual design information to support the Department's cost estimating efforts.
 - b. Assist the Department with assumptions required for order-of-magnitude cost ranges.
 - c. Identify schedule considerations and potential phasing strategies.
6. Deliverables
 - a. Concept narrative summary.
 - b. Concept programming diagrams or bubble diagrams (1 hard copy in addition to a PDF)

Original Contract for Services, # 2026-146

- c. Preliminary space program
 - d. Summary- identified risks and constraints.
 - e. Final pre-design report suitable for stakeholder and leadership review.
7. Stakeholder Presentations
 - a. Prepare and present findings and concepts to leadership.
 - b. Participate in up to three review meetings or presentations.

CLIENT RESPONSIBILITIES

It will be your responsibility to provide the following:

1. Identify a Project Representative with full authority to act on behalf of the Client with respect to this project. The Client Project Representative shall render decisions in a timely manner in order to avoid delays of Shive-Haltery's services.
2. Legal, accounting, and insurance counseling services or other consultants, including geotechnical, or vendors that may be necessary. The Client shall coordinate those services with those services provided by Shive-Haltery.
3. Provide to Shive-Haltery any available drawings, survey plats, testing data and reports related to the project, either hard copy or electronic media. Electronic media is preferred.
4. Unless specifically included in the Scope of Services to be provided by Shive-Haltery, the Client shall furnish tests, inspections, permits and reports required by law, regulation or code including but not limited to hazardous materials, structural, mechanical, chemical, air pollution and water pollution tests.
5. Provide Shive-Haltery personnel with unlimited access to the site as required

SCHEDULE

We will begin our services based on your email authorizing us to proceed provided the Agreement is attached.

- We will complete our services within 18 week(s) after we receive the countersigned Agreement
- Review Exhibit A for further details

COMPENSATION

Description	Fee Type	Fee	Estimated Expenses	Total
Pre-Design Services	Fixed Fee	\$157,300	\$7,000	\$164,300
REVIEW EXHIBIT B FOR FURTHER DETAIL				

Fee Types:

- **Fixed Fee** - We will provide the Scope of Services for the fee amounts listed above.

Expenses:

- Expenses will be reimbursed in accordance with our Reimbursable Expense Fee Schedule in effect at the time that the expense is incurred.

See attached Standard Hourly and Expense Fee Schedule.

The terms of this proposal are valid for 30 days from the date of this proposal.

ADDITIONAL SERVICES

Unless specifically stated in the Scope of Services, any resilient design-related services including areas of resistance, reliability and redundancy (i.e. flood protection, storm/tornado shelter, emergency generators, utility backup, etc.) are not included in this proposal.

The following are additional services you may require for your project. We can provide these services, but they are not part of this proposal at this time.

DESIGN AND DOCUMENTATION

- **Construction Documents:** Preparation of detailed drawings and specifications suitable for construction.
- **Permit Applications:** Preparation and submission of permit applications to local Authorities Having Jurisdiction (AHJs).
- **Detailed Engineering Design:** Structural, mechanical, electrical, plumbing, civil, fire protection, or other discipline-specific engineering beyond conceptual coordination.
- **Construction Administration:** Services during construction, including submittal review, RFIs, site observations, responses to contractor inquiries, and project closeout.

REGULATORY AND APPROVAL-RELATED SERVICES

- **Municipal Approvals Beyond Standard Review:** Zoning variances, special use permits, design review boards, planning commissions, or advisory/committee presentations outside of standard building department review are not included.

COST OPINIONS

- **Cost opinions beyond conceptual coordination**
Detailed quantity take-offs, independent estimates, construction cost validation, or pricing reconciliation.

PHOTO-REALISTIC RENDERINGS (ADDITIONAL SERVICE)

High-resolution, photo-realistic renderings are not included in this proposal. If requested, they may be provided as an additional service for the following fees:

- **Level 3 – Photo-Realistic Rendering | Estimated \$3,500 per image**
Developed using advanced 3-D modeling and photo-editing software to produce a highly detailed, photo-realistic image. Includes refined materials, lighting, and contextual detail appropriate for marketing or public presentation purposes.

TRAVEL AND SITE VISITS

- **Additional Site Visits:** The proposal includes **one (1) three-day site visit** by the planning team. Any site visits beyond those listed in this proposal, including visits during later design or construction phases, may be provided for an additional fee and reimbursable expenses.

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ADDENDUM B: HEALTH DEPARTMENT REIMBURSEMENT

This Addendum applies to **Contract #2026-146** between the Department and the Architect.

A. CONSIDERATIONS

- 1) **Architect** shall provide to **Department** such financial, program, and other reports, and at those intervals and in such formats as are required by this **Contract**.
- 2) **Architect** shall provide to **Department** any additional information, as it is pertinent under this **Contract**, within thirty (30) days of receiving a written request.
- 3) **Architect's** failure to submit required reports in a timely manner, as set forth in this **Contract**, shall result in **Department** withholding payment of funds relative to the delinquent report(s).
- 4) **Department** shall make no payment in advance or in anticipation of services to be provided under this **Contract**.
- 5) The source of funding for this **Contract** is: State Grant
1133-41 41.99 10Bldg Assessment

B. MAXIMUM REIMBURSEMENT

During the **Contract Term**, **Department** agrees to reimburse **Architect** for program services identified in Addendum A. Maximum consideration shall not exceed **\$164,300**

C. METHOD OF PAYMENT

Said monies to be reimbursed as follows:

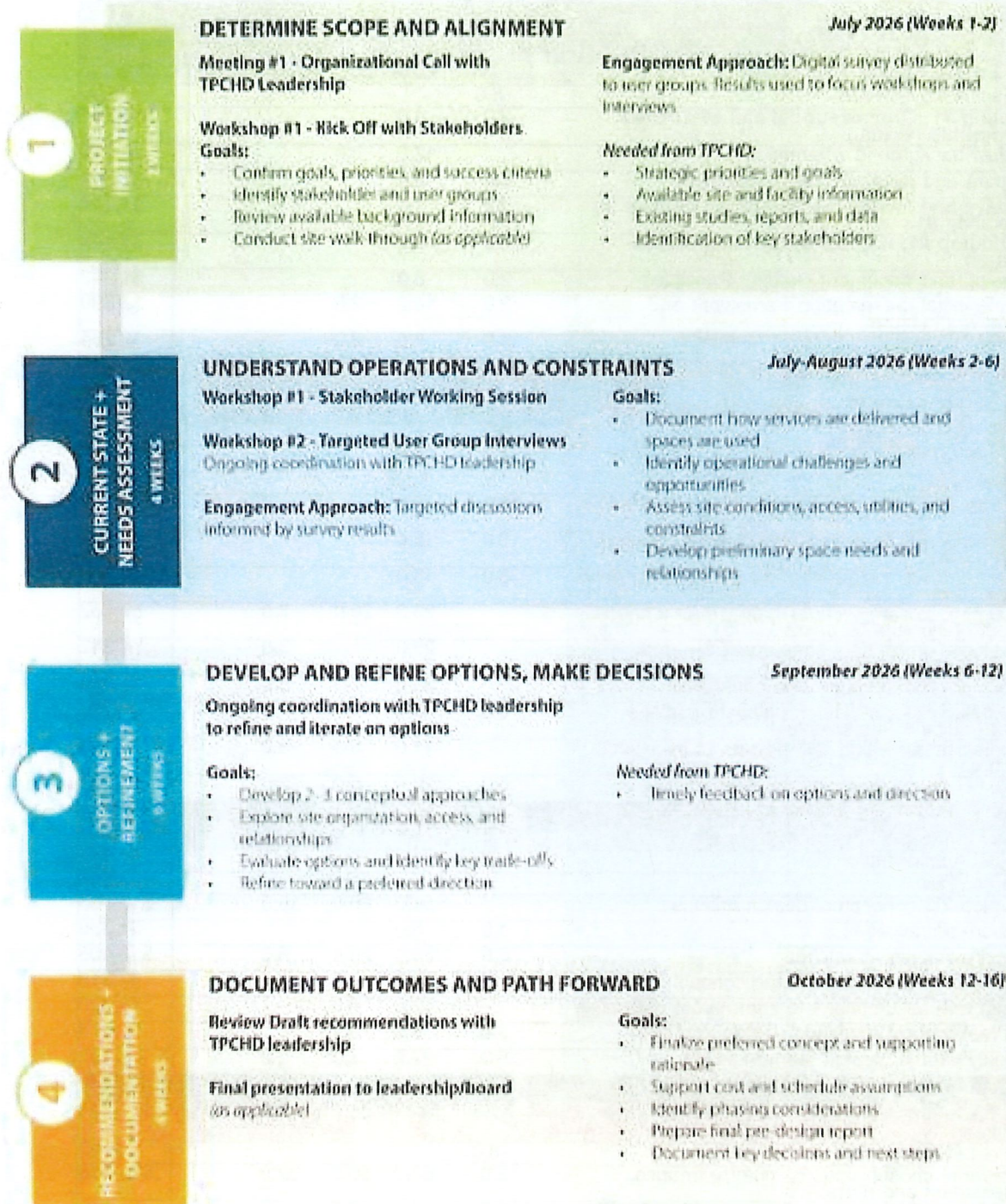
- 1) **Architect** shall submit invoices, specifying services rendered, for reimbursement to **Department**, at the address stated below, within **thirty (30) days** of the services rendered, EXCEPT for December services which will be due on January 15th of the following year. Each invoice shall include **Architect's** name, address, telephone number, and the **Contract number**. The total invoice amount shall not exceed the total **Contract** amount.

Tacoma-Pierce County Health Department
Accounts Payable, MS 1004
3629 South D. Street
Tacoma, WA 98418-6813

- 2) All work will be accomplished according to information as stated in Addendum A.
- 3) **Department** may withhold payment for any defective work or for any claim or lien filed against **Architect** relating to performance under this **Contract**.
- 4) Reimbursement will be based upon invoices detailing the hours worked, expenses incurred, and the services performed.
- 5) **Department** will remit payment to the address stated below.

Shive-Hattery, Inc.
P.O. Box 1599
Cedar Rapids, IA 52406

ADDENDUM C: ARCHITECT SCHEDULE & FEE BREAKDOWN



PHASE/TASK NAME	P.M.	ARCH DESIGN	SITE DESIGN	VIZ	Average Billing Rate	TOTAL \$
01 - Project Initiation (2 weeks)	25.0	62.0	10.0	0.0	\$173.63	\$16,833
Project Administration	8.0					\$985
Meeting #1: Organizational call w/ TPCHD Leadership (virtual)	2.0	4.0				\$1,144
Review background information		12.0	6.0			\$3,318
Prepare and distribute questionnaires	3.0	8.0				\$1,997
Receive and review questionnaires, prepare for Workshop #1	2.0	4.0				\$1,144
Workshop #1: Kickoff with Stakeholders (virtual)	2.0	4.0				\$1,144
Develop and document Guiding Principles	2.0	8.0				\$1,942
Create initial presentation framework and narrative structure	2.0	14.0	2.0			\$2,890
Weekly internal design team meetings	4.0	8.0	2.0			\$2,264
02- Current State + Needs Assessment (4 weeks)	42.0	200.0	41.0	14.0	\$176.06	\$52,289
Project Administration	6.0					\$742
Prepare for Workshops 1 & 2	4.0	8.0				\$2,288
Travel Time		32.0				\$6,384
On-Site Walk throughs of existing facilities (in-person)	8.0	18.0				\$4,957
Workshop #1: Stakeholder Working Session (in-person)	8.0	18.0				\$4,957
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Document existing workflow, space, use needs and operational pain points		23.0	20.0	3.0		\$7,682
Develop a preliminary space program and adjacency requirements		23.0		3.0		\$4,342
Document assumptions and constraints		23.0	8.0	3.0		\$5,574
BI-Weekly client meetings (validate findings before advancing concepts)	3.0	6.0				\$1,716
Develop presentation and narratives to include findings		11.0	8.0	3.0		\$3,180
Weekly internal design team meetings	5.0	20.0	5.0	2.0		\$5,509
03 - Options & Refinement (6 weeks)	25.0	146.2	125.0	26.0	\$156.31	\$50,382
Project Administration	9.0					\$1,113
Site analysis			24.0			\$3,696
Develop 2-3 conceptual design options		54.0	60.0	18.0		\$18,763
Prepare narratives	1.0	6.0				\$1,335
Prepare diagrams/sketches	6.0	34.0	20.0	6.0		\$10,408
Identify pros and cons of each concept		12.0	6.0			\$3,318
Assist with assumptions to inform cost estimating		12.0	6.0			\$3,318
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Weekly internal design team meetings	6.0	22.2	6.0	2.0		\$6,232
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Project Administration	6.0					\$742
Document chosen options- finalize images, assessment and narratives	2.0	68.0	56.0	32.0		\$24,718
Review draft recommendations with TPCHD leadership (virtual)	2.0	4.0	2.0			\$1,525
Final Updates to deliverables		32.0	24.0	6.0		\$9,615
Final presentation (virtual)	2.0	4.0				\$1,144
Professional Services Fee						\$157,300

Estimated Reimbursable Expenses - (includes Travel)	\$7,000
Total Fee Including Estimated Reimbursables	\$164,300

**STANDARD HOURLY and
REIMBURSABLE EXPENSE FEES SCHEDULES**

Effective January 1, 2026 to December 31, 2026

STANDARD HOURLY FEES

PROFESSIONAL STAFF:

Grade 1	\$115.00
Grade 2	\$138.00
Grade 3	\$154.00
Grade 4	\$173.00
Grade 5	\$192.00
Grade 6	\$207.00
Grade 7	\$225.00
Grade 8	\$245.00
Grade 9	\$266.00

SURVEY STAFF:

One Person	\$177.00
Two Person	\$274.00
One Person with ATV	\$202.00
Two Person with ATV	\$299.00

TECHNICAL STAFF:

Grade 1	\$ 81.00
Grade 2	\$ 99.00
Grade 3	\$113.00
Grade 4	\$123.00
Grade 5	\$136.00
Grade 6	\$157.00
Grade 7	\$175.00

ADMIN STAFF:

\$ 78.00

REIMBURSABLE EXPENSE FEES

TRAVEL:

Mileage- Car/Truck	\$0.72/ Mile
Mileage- Survey Trucks	\$0.82/ Mile
Lodging, Meals	Cost + 10%
Airfare	Cost + 10%
Car Rental	Cost + 10%

OUTSIDE SERVICES:

Aerial Photogrammetry	Cost + 10%
Professional Services	Cost + 10%
Prints/Plots/Photos	Cost + 10%
Deliveries	Cost + 10%

IN-HOUSE SERVICES:

Drawings/Prints/Plots:

Bond	\$.30/ Sq.Ft.
Mylar	\$.75/ Sq.Ft.
Photo gloss	\$.90/ Sq.Ft.
Color Bond	\$.60/ Sq.Ft.
Foam Core Mounting	\$13.00

Color Prints:

Letter Size	\$ 1.00
Legal and 11x17 Size	\$ 2.00

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ADDENDUM D: NON-DISCLOSURE AGREEMENT

This Non-Disclosure Agreement ("Agreement") is dated June 3, 2026 (the "Effective Date") by and between Tacoma-Pierce County Health Department ("Department") and Shive-Hattery, Inc. ("Architect") (each, a "Party" and collectively, the "Parties").

RECITALS

WHEREAS, Department desires to share Confidential Information (as defined below) with Architect in support of certain pre-design services that Architect has agreed to provide Department pursuant to a contract between the Parties, of which this Agreement is a part (the "Approved Purpose"); and

WHEREAS, it is a condition precedent to the Department's willingness to disclose Confidential Information to Architect that Architect enter into this Agreement and agree not to disclose or use any Confidential Information, except as expressly set forth in this Agreement.

NOW, THEREFORE, based upon the good and valuable consideration of the receipt and adequacy of which is hereby acknowledged, the Department and Architect intending to be legally bound hereby agree to incorporate the foregoing recitals as if fully rewritten herein and further agree as follows:

1. **Purpose**. The purpose of this Agreement shall be to permit free exchange of documents and information between Department and Architect while maintaining the confidentiality of such documents and information to the fullest extent allowed by Washington law.

2. **Definition**. For the purpose of this Agreement, the term "Confidential Information" shall mean any and all of the following, whether transmitted in writing, orally, visually, electronically, or by any other means:

(a) The substance of discussions between the Department and Architect as they relate to the Approved Purpose.

(b) Any and all data, documents, or information relating to the Services Architect has agreed to provide Department (as set forth with more particularity in Addendum A) including, but not limited to: the physical location of the real property and improvements that are the subject of the Services; the identity of the owner and tenants of said real property and improvements; all drawings, plans, flowcharts, models, pricing and cost information, contracts, strategic plans, technical data; and all other documents and technical information relating to the Services, all of which the Architect agrees constitute trade secrets and/or confidential, nonpublic information; and

(c) Any notes, analyses, summaries, compilations, studies or other records (whether written, oral or otherwise) made by the Architect or any of its representatives which contain or are derived from Confidential Information.

3. **Exclusions from Confidentiality**

(a) Subject to Section 3(b), the obligations of the Architect under this Agreement shall not apply to any Confidential Information which

(i) becomes public knowledge without fault or involvement by the Architect; or

(ii) was developed by Architect independently of and without reference to any Confidential Information received from the Department.

(b) Specific Confidential Information disclosed shall not come under the above exceptions merely because it is within the scope of more general information that is or becomes subject to the above exceptions. To the extent that Confidential Information disclosed hereunder comes under any of the exceptions referred to above, the Architect shall not disclose the fact that such Confidential Information was acquired from the Department.

4. Limited Use of Confidential Information

(a) The Architect shall use the Confidential Information solely for the Approved Purpose and for no other purpose.

(b) The Architect shall keep all Confidential Information secret and confidential and will not disclose it to any party, except as set forth herein. The Architect shall be permitted to disclose Confidential Information to its employees, consultants, agents and representatives (collectively, "Representatives") with a need to have Confidential Information to fulfill the Approved Purpose, subject to any terms or conditions required by the Department, and who agree to abide by the terms of this Agreement. The Architect shall be permitted to disclose Confidential Information to others who, prior to such disclosure, have been approved in writing by the Department, and subject to any additional terms or conditions required by the Department. In addition to any requirements set forth by the Department, the Architect, before making any disclosure, shall first inform each such person of the confidential nature of such Confidential Information and that the Architect shall, prior to disclosing any Confidential Information to any such person, obtain assurances from such person that they shall keep all Confidential Information confidential to the same extent as described herein and shall use Confidential Information solely for the Approved Purpose. The Architect shall remain responsible for any breach of this Agreement by any of its Representatives.

(c) In the event the Architect is permitted to disclose Confidential Information to a third party pursuant to Section 4(b), the Architect shall remain responsible for enforcing the terms of this Agreement against such third party in the event such third party breaches any provision hereof. The Architect's obligations under this Section 4(c) include, but are not limited to, diligently pursuing injunctive relief and specific performance from such third party, and compensating the Department for any damage caused by such third party.

5. Return of Confidential Information. Within ten (10) days of a written request by the Department, the Architect shall return all Confidential Information to the Department and shall not retain any copies, extracts, or other reproductions in whole or in part. Upon termination of this Agreement, the Architect shall, upon request, promptly return to the Department all Confidential Information. The portion of Confidential Information that may be found in analyses, compilations, studies or other documents prepared by, or for, the Architect and any oral Confidential Information shall be held by the Architect and kept subject to the terms of this Agreement or destroyed. The return and/or destruction of Confidential Information, as provided above, shall not relieve the Architect of any of its other obligations hereunder.

6. Court Ordered Disposition. If the Architect or any of its representatives is or becomes required under compulsion of legal process to disclose Confidential Information, the Architect and its representatives shall not, unless required by law, order, regulation or ruling, disclose Confidential Information until the Department has first: (a) received prompt written notice of such requirement to disclose; and (b) had an adequate opportunity to obtain a protective order or other reliable assurance that confidential treatment shall be accorded to the Confidential Information. The Architect shall provide the Department with any reasonable assistance required and shall not oppose actions by the Department to ensure confidential treatment. If the Department is unable to obtain such protective order or other appropriate remedy, the Architect and its representatives shall furnish only that portion of the Confidential Information which it is legally required to furnish and the Architect shall exercise its best efforts to obtain a protective order or other reliable assurance that confidential treatment will be accorded the Confidential Information so disclosed. Any disclosure of Confidential Information pursuant to this Section shall not affect or lessen the Architect's obligations to maintain confidentiality as expressed herein.

7. Remedies. The Architect understands and agrees that the Confidential Information being provided under this Agreement is of a special and unique character, that the Department has made a substantial investment in developing the information and that remedies, at law, for a breach of the Agreement would be inadequate and difficult to calculate and ascertain and acknowledge that irreparable harm shall result to the Department in the event of the Architect's breach, or threatened breach, of this Agreement. In such event, the Department, its agents and representatives, shall be entitled to specific performance and/or injunctive relief without any requirement to post a bond as a condition to remedy any such breach. Such remedies

shall not be deemed to be the exclusive remedies for any such breach of this Agreement but shall be in addition to all other remedies available at law or in equity. If the Department institutes a legal action against the Architect arising out of this Agreement and prevails in such action, then the Department shall be entitled, to the fullest extent permitted by applicable law, to recover from the Architect its reasonable attorneys' fees and all other expenses incurred in connection with such action or proceeding, in addition to all other recoverable court costs. The Architect further agrees that no failure or delay by the Department, its agents, or representatives in exercising any right, power or privilege under this Agreement shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any right, power or privilege under this Agreement.

8. **Term.** This Agreement shall be effective as of the date first written above and shall continue in effect until the completion of the Services described in Addendum A or the termination of the Contract, whichever is sooner.

9. **Miscellaneous**

(a) **Severability.** If a court of competent jurisdiction finds any provision, part, section, clause, paragraph, or sub-paragraph of this Agreement to be indefinite, invalid, illegal or otherwise avoidable or unenforceable as applied to any circumstance, the remaining provisions shall continue in full force and effect.

(b) **Intellectual Property Rights.** Nothing contained herein shall be construed as granting or conferring any intellectual property rights either by implication, estoppel, or otherwise, except as expressly provided herein. By disclosing Confidential Information pursuant to the terms of this Agreement, the Department does not grant the Architect any rights or license to the Confidential Information or to any trade secrets or other intellectual property of the Department.

(c) **Successors and Assigns.** Neither Party shall assign any rights or obligation under this Agreement without the prior written consent of the other Party. In the event that either Party ceases to exist as a result of a merger, acquisition or reorganization, the successor entity to that Party shall be bound by the terms of this Agreement.

(d) **Entire Agreement.** This Agreement contains the entire understanding between the Department and the Architect with respect to the subject matter hereof and supersedes all prior oral or written communications, negotiations, understandings, or agreements. This Agreement may be amended only by an agreement in writing executed by the Parties hereto.

(e) **Third-Party Relationships.** Nothing in this Agreement shall preclude the Department from entering into a similar arrangement with any other party. This Agreement shall not create any rights in any parties other than the Department and the Architect, whether under a third-party beneficiary or derivative beneficiary theory or otherwise.

(f) **Headings.** Caption and section headings are used for convenience of reference only and are not part of this Agreement and may not be used in construing it.

(g) **Counterparts.** This Agreement may be executed in any number of counterparts and by facsimile, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The exchange of a fully executed Agreement (in counterparts or otherwise) by facsimile or PDF shall be sufficient to bind the Parties to the terms and conditions of this Agreement.

(i) **Compliance with Law.** The parties agree that they shall comply at all times with all applicable laws, including without limitation, the Washington Public Records Act, Chapter 42.56 RCW.

(j) **Governing Law.** This Agreement is made and executed and shall be governed by the laws of the State of Washington, without regard to its conflicts of laws principles.

(k) **Prevailing Party.** In the event of any arbitration or litigation, including appeals, with regard to this Agreement, the prevailing party shall be entitled to recover from the non-prevailing party all reasonable fees, costs (including, but not limited to costs of retained experts, if any), and expenses of counsel (at pre-trial, trial and appellate levels).

(l) **Jury Trial.** EACH PARTY WAIVES ALL RIGHTS TO ANY TRIAL BY JURY IN ALL LITIGATION RELATING TO OR ARISING OUT OF THIS AGREEMENT.

IN WITNESS WHEREOF, the Parties have entered into this Agreement as of the first date above written.

Department:

Tacoma-Pierce County Health
Department

By: _____

Print: _____

Title: _____

Architect

Shive-Hattery, Inc.

By: Natalie Mallory

Print: Natalie Mallory

Title: Project Manager/Registered Interior
Designer

WORK STATEMENT

ATTN: Nathan Mosley
CLIENT: Tacoma-Pierce County Health Department
3629 South D Street
Tacoma, WA 98418-6813

PROJECT: TPCHD Pre-Design

PROJECT LOCATION: Tacoma, WA

DATE OF AGREEMENT: May 19, 2026

PROJECT DESCRIPTION

The potential project is anticipated to encompass approximately 125,000 to 175,000 square feet across multiple parcels. Program elements may include clinic services, family-based services, administrative functions, and integrated outdoor spaces. This scope is focused exclusively on pre-design and conceptual design services.

SCOPE OF SERVICES

We will provide the following services for the project:

Programming and Planning

These services will consist of the following:

1. Project Initiation and Discovery
 - a. Participate in a project kickoff meeting with Health Department stakeholders.
 - b. Review available background information (site data, program needs, constraints, prior studies).
 - c. Participate in an onsite walk-through of the existing facilities to become familiar with current conditions, operational constraints, and opportunities. (Key subconsultants should be in attendance).
 - d. Confirm project objectives, budget parameters, schedule assumptions, and performance goals.
2. Programming and Needs Assessment
 - a. Facilitate stakeholder interviews and/or workshops.
 - b. Develop a preliminary space program and adjacency requirements.
 - c. Identify functional requirements and operational considerations.
 - d. Document assumptions and constraints.
3. Site Analysis
 - a. Review site conditions, zoning, utilities, access, and known environmental constraints.
 - b. Identify opportunities, challenges, and high-level risks.
 - c. Evaluate alternate sites (if applicable).
4. Concept Development (Pre-Design)
 - a. Develop 2-3 conceptual design options.
 - b. Provide high-level narrative descriptions of each concept.



- c. Prepare preliminary sketches, diagrams and conceptual renderings illustrating massing, layout, and relationships.
 - d. Identify pros/cons, risks, and order-of-magnitude (cost estimate) implications for each option.
5. Preliminary Cost & Schedule Inputs (Coordination Only)
 - a. Provide conceptual design information to support the Department's cost estimating efforts.
 - b. Assist the Department with assumptions required for order-of-magnitude cost ranges.
 - c. Identify schedule considerations and potential phasing strategies.
6. Deliverables
 - a. Concept narrative summary.
 - b. Concept programming diagrams or bubble diagrams (1 hard copy in addition to a PDF).
 - c. Preliminary space program.
 - d. Summary- Identified risks and constraints.
 - e. Final pre-design report suitable for stakeholder and leadership review.
7. Stakeholder Presentations
 - a. Prepare and present findings and concepts to leadership.
 - b. Participate in up to three review meetings or presentations.

CLIENT RESPONSIBILITIES

It will be your responsibility to provide the following:

1. Identify a Project Representative with full authority to act on behalf of the Client with respect to this project. The Client Project Representative shall render decisions in a timely manner in order to avoid delays of Shive-Hattery's services.
2. Legal, accounting, and insurance counseling services or other consultants, including geotechnical, or vendors that may be necessary. The Client shall coordinate these services with those services provided by Shive-Hattery.
3. Provide to Shive-Hattery any available drawings, survey plats, testing data and reports related to the project, either hard copy or electronic media. Electronic media is preferred.
4. Unless specifically included in the Scope of Services to be provided by Shive-Hattery, the Client shall furnish tests, inspections, permits and reports required by law, regulation or code including but not limited to hazardous materials, structural, mechanical, chemical, air pollution and water pollution tests.
5. Provide Shive-Hattery personnel unlimited access to the site as required.

SCHEDULE

We will begin our services based on your email authorizing us to proceed provided the Agreement is attached.

- We will complete our services within 18 week(s) after we receive the countersigned Agreement.
- Review Exhibit A for further details.

COMPENSATION

Description	Fee Type	Fee	Estimated Expenses	Total
Pre-Design Services	Fixed Fee	\$157,300	\$7,000	\$164,300
REVIEW EXHIBIT B FOR FURTHER DETAIL				

Fee Types:

- **Fixed Fee** - We will provide the Scope of Services for the fee amounts listed above.

Expenses:

- Expenses will be reimbursed in accordance with our Reimbursable Expense Fee Schedule in effect at the time that the expense is incurred.

See attached *Standard Hourly and Expense Fee Schedule*.

The terms of this proposal are valid for 30 days from the date of this proposal.

ADDITIONAL SERVICES

Unless specifically stated in the Scope of Services, any resilient design-related services including areas of resistance, reliability and redundancy (i.e. flood protection, storm/tornado shelter, emergency generators, utility backup, etc.) are not included in this proposal.

The following are additional services you may require for your project. We can provide these services, but they are not part of this proposal at this time.

DESIGN AND DOCUMENTATION

- **Construction Documents:** Preparation of detailed drawings and specifications suitable for construction.
- **Permit Applications:** Preparation and submission of permit applications to local Authorities Having Jurisdiction (AHJs).
- **Detailed Engineering Design:** Structural, mechanical, electrical, plumbing, civil, fire protection, or other discipline-specific engineering beyond conceptual coordination.
- **Construction Administration:** Services during construction, including submittal review, RFIs, site observations, responses to contractor inquiries, and project closeout.

REGULATORY AND APPROVAL-RELATED SERVICES

- **Municipal Approvals Beyond Standard Review:** Zoning variances, special use permits, design review boards, planning commissions, or advisory/committee presentations outside of standard building department review are not included.

COST OPINIONS

- **Cost opinions beyond conceptual coordination**
Detailed quantity take-offs, independent estimates, construction cost validation, or pricing reconciliation.

PHOTO-REALISTIC RENDERINGS (ADDITIONAL SERVICE)

High-resolution, photo-realistic renderings are **not included** in this proposal. If requested, they may be provided as an additional service for the following fees:

- **Level 3 – Photo-Realistic Rendering | Estimated \$3,500 per image**
Developed using advanced 3-D modeling and photo-editing software to produce a highly detailed, photo-realistic image. Includes refined materials, lighting, and contextual detail appropriate for marketing or public presentation purposes.

TRAVEL AND SITE VISITS

- **Additional Site Visits:** The proposal includes **one (1) three-day site visit** by the planning team. Any site visits beyond those listed in this proposal, including visits during later design or construction phases, may be provided for an additional fee and reimbursable expenses.

AGREEMENT

This Proposal constitutes a Work Statement issued under and governed by the Professional Services Agreement ("Agreement") between the Client and Shive-Hattery. This Proposal shall become effective upon acceptance by both parties, subject to the terms and conditions of the Agreement. In the event of a conflict, the Agreement shall govern.

Thank you for considering this proposal. We look forward to working with you. If you have any questions concerning this proposal, please contact us.

Sincerely,
SHIVE-HATTERY, INC.

Natalie Mallory, Registered Interior Designer
NMallory@shive-hattery.com

AGREEMENT ACCEPTED AND SERVICES AUTHORIZED TO PROCEED

CLIENT: Tacoma-Pierce County Chamber

BY: _____ **TITLE:** _____
(signature)

PRINTED NAME: _____ **DATE ACCEPTED:** _____

CC: Sarah Segelhorst
Libby Funke

EXHIBIT A: SCHEDULE



EXHIBIT B: FEE BREAKDOWN

PHASE/TASK NAME	P.M.	ARCH DESIGN	SITE DESIGN	VIZ	Average Billing Rate	TOTALS
01 - Project Initiation (2 weeks)	25.0	62.0	10.0	0.0	\$173.33	\$16,833
Project Administration	8.0					\$989
Meeting #1: Organizational call w/ TPCHO leadership (Virtual)	2.0	4.0				\$1,144
Review background information		12.0	6.0			\$3,318
Prepare and distribute questionnaires	3.0	8.0				\$1,997
Receive and review questionnaires, prepare for Workshop #1	2.0	4.0				\$1,144
Workshop #1: Kickoff with Stakeholders (Virtual)	2.0	4.0				\$1,144
Develop and document Guiding Principles	2.0	8.0				\$1,942
Create initial presentation framework and narrative structure	2.0	14.0	2.0			\$2,890
Weekly internal design team meetings	4.0	8.0	2.0			\$2,264
02 - Current State + Needs Assessment (4 weeks)	42.0	200.0	41.0	14.0	\$176.06	\$52,289
Project Administration	6.0					\$742
Prepare for Workshops 1 & 2	4.0	8.0				\$2,288
Travel Time		12.0				\$6,384
On-Site Walk throughs of existing facilities (in-person)	8.0	18.0				\$4,957
Workshop #1: Stakeholder Working Session (In-person)	8.0	18.0				\$4,957
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Site analysis			24.0			\$3,696
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\$ 78.00

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One Person	\$177.00
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REIMBURSABLE EXPENSE FEES

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Mileage- Car/Truck	\$0.72/ Mile
Mileage- Survey Trucks	\$0.82/ Mile
Lodging, Meals	Cost + 10%
Airfare	Cost + 10%
Car Rental	Cost + 10%

OUTSIDE SERVICES:

Aerial Photogrammetry	Cost + 10%
Professional Services	Cost + 10%
Prints/Plots/Photos	Cost + 10%
Deliveries	Cost + 10%

IN-HOUSE SERVICES:

Drawings/Prints/Plots:

Bond	\$.30/ Sq.Ft.
Mylar	\$.75/ Sq.Ft.
Photogloss	\$.90/ Sq.Ft.
Color Bond	\$.60/ Sq.Ft.
Foam Core Mounting	\$13.00

Color Prints:

Letter Size	\$ 1.00
Legal and 11x17 Size	\$ 2.00

Statement of Qualifications

2026-0227 Pre-Design Services



Submittal Date: March 27, 2026

Moline Library Outdoor Space
City of Moline, IL

Helix
design group
A DIVISION OF SHIVEHATTERY

SHIVEHATTERY
ARCHITECTURE • ENGINEERING

March 27, 2026

Nathan P. Mosley, CPPB
TPCHD Procurement Office
3629 South D Street, MS 1006
Tacoma, WA 98418

RE: Request for Qualifications 2026-0227 Pre-Design Services

Dear Mr. Mosley and Members of the Selection Committee:

Healthy People in Healthy Communities. Tacoma-Pierce County Health Department's vision takes a holistic approach to protecting and improving health outcomes for Pierce County residents. This project demands this same holistic approach to see where to invest, how to grow, and how to keep delivering exceptional care in an ever-changing public health environment. At its core, this project is about supporting your people, patients, and community you serve.

Our approach is rooted in listening and collaboration. We understand how important it is to connect strategic goals with real operations, and we know what to measure and why it matters. That focus on outcomes helps turn information into clear decisions and actionable plans.

WHY HELIX|SHIVE-HATTERY?

- An approach rooted in local insight and disciplined master planning, ensuring recommendations that are both community-specific and operationally grounded.
- Access to leading healthcare and public-health planning expertise, bringing evidence-based processes that strengthen clinical, administrative, and community-facing service delivery.
- Workplace strategy integrated where it supports TPCHD's goals, enhancing organizational culture, staff experience, and operational efficiency without overshadowing the health-focused mission.
- A transparent, community-driven planning process co-created with TPCHD stakeholders to build alignment, clarify decisions, and support long-term, sustainable investment.

Our Tacoma-based team members provide a consistent local presence, ensuring accessibility, responsiveness, and an understanding of the community context. They are supported by a broader master planning team with deep experience in healthcare and public-sector environments, bringing the technical depth and diverse perspective needed to evaluate options, risks, and feasibility at a meaningful level.

We would be honored to partner with Tacoma-Pierce County Health Department to help imagine the future of public health infrastructure and deliver a pre-design foundation that informs clear decisions, builds consensus, and sets the project up for long-term success.

Sincerely,



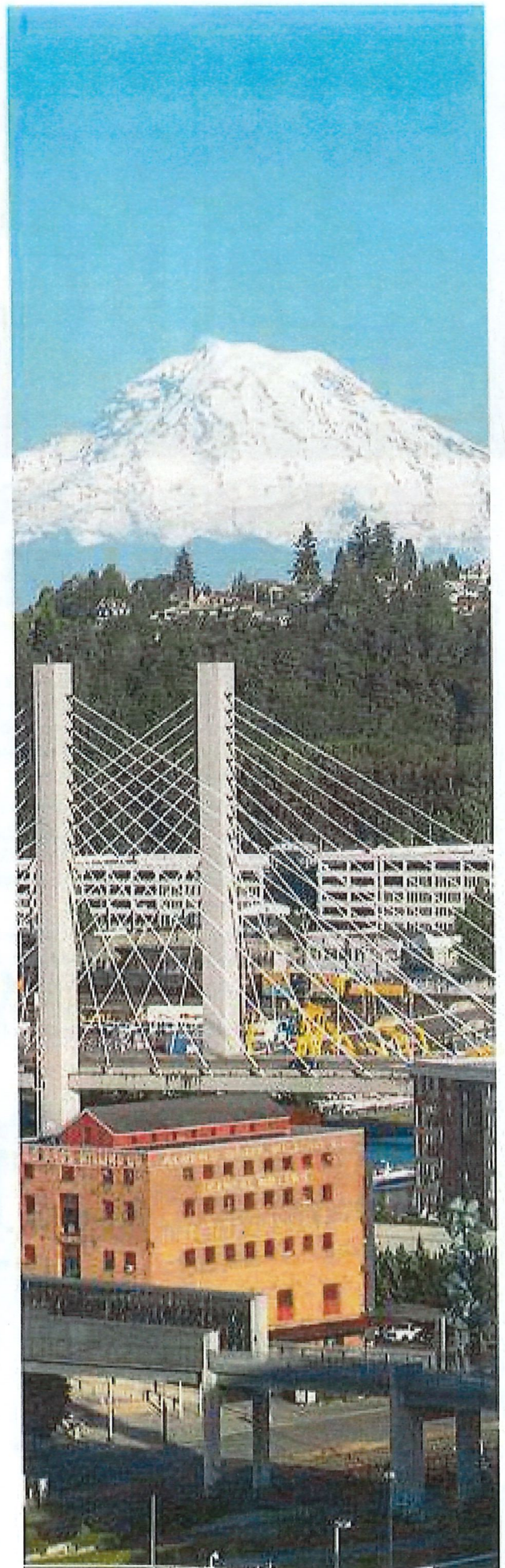
Natalie Mallory
Project Manager
Office: 253.922.9037
Direct: 253.231.4170
nmallory@shive-hattery.com

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“ Thank you so much for this! And to the whole team—I really appreciate all the hard work you’ve put into this project so far. It’s been a pleasure working with you, and I’m looking forward to getting it out to bid and moving into construction! ”

- Katherine Eastman, Pierce County Parks & Rec
Frontier Park Horse Arena Project, July 30, 2025





FIRM BACKGROUND

Mary Greeley Medical Center Healing Garden Ames, IA

HELIX|SHIVE-HATTERY

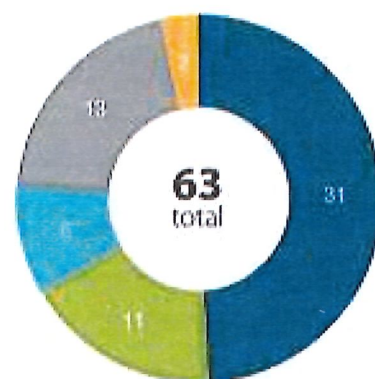
Helix Design Group, a division of Shive-Hattery, combines deep roots in the Pacific Northwest with the resources of a national, multidisciplinary design practice. Founded in Tacoma in 1994, Helix has built **long-standing relationships across the region**, serving public agencies, civic organizations, and community-based clients through architecture, planning, and interiors.

Through its integration with Shive-Hattery—an architecture and engineering firm established in 1895 with more than 650 professionals—our team brings expanded capabilities in engineering, planning, and data-informed analysis. This structure allows us to remain locally grounded while **providing the technical depth and capacity needed to support complex, multi-stakeholder projects**.

Our experience spans civic, public health, and community-based facilities, including medical and dental clinics, where success depends on balancing operational needs, stakeholder input, and long-term flexibility. We are particularly **effective in early project phases, helping clients navigate ambiguity, align priorities, and translate goals** into clear, actionable planning frameworks.

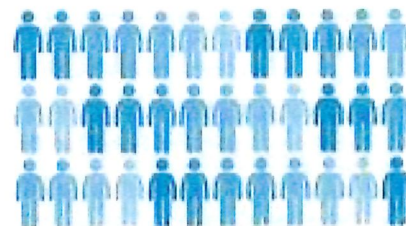
We approach pre-design as a working process. Our role is to **guide decision-making by bringing together stakeholder perspectives**, site realities, and operational considerations to define feasible paths forward. By pairing Helix's local knowledge and facilitation strengths with Shive-Hattery's broader technical resources, we provide a team equipped to support both the vision and the realities of delivering a project of this scale.

Healthcare Design Professionals



- Architecture - 31
- Electrical Engineering - 11
- Interior Design - 6
- Mechanical Engineering - 13
- Project Delivery - 2

17 OFFICE LOCATIONS



650+
EMPLOYEES
FIRMWIDE

RELEVANT EXPERIENCE

YOUR TRUSTED PARTNER

Tacoma-Pierce County Health Department (TPCHD) is looking for a partner who can guide early-stage decisions, reduce uncertainty, and illuminate a path toward a multi-building, multi-service future campus. Our role is to provide you with structured planning, healthcare-informed methodologies, and local insight. Our past work includes pre-design and feasibility studies for clinics, family services facilities, behavioral health programs, and multi-site operational assessments. In each case, we helped clients see clearly the consequences and benefits of early choices, which we will do for you, **tailored to our community's public health needs.**



PACIFIC NORTHWEST EXPERIENCE

We offer proven experience across numerous public and regional on-call and roster contracts, held independently and with partners.

HEALTHCARE PORTFOLIO

357+

CAMPUS EXPERIENCE

265+

NURSING UNITS &
PATIENT CARE AREAS

681+

DIAGNOSTIC &
TREATMENT AREAS

155+

PATIENT SUPPORT
FACILITIES

206+

SUPPORT SERVICES

73+

SPECIALTY SERVICES

403+

OUTPATIENT FACILITIES

138+

RESIDENTIAL HEALTH
FACILITIES

280+

MISCELLANEOUS

2,550+

HEALTHCARE PROJECTS

AROUND THE PUGET SOUND

We are proud to serve our local city, county, state, federal, port, and Tribal organizations for more than 25 years.

- Auburn
- Bremerton
- Buckley
- Covington
- DuPont
- Ellensburg
- Enumclaw
- Federal Way
- Fife
- Gig Harbor
- JBLM
- Kitsap County
- Lacey
- Lakehaven Water & Sewer District
- Mason County
- Olympia
- Orting
- Pierce County
- Pierce County Parks & Rec
- Pierce Transit
- Port Angeles
- Port of Grays Harbor
- Port of Olympia
- Port of Seattle
- Port of Shelton
- Port of Tacoma
- Poulsbo
- Puyallup
- Sequim
- Tacoma
- Thurston County
- University Place
- Washington Public Utility Districts Association
- Washington State Parks
- WSDOT

QUALIFICATIONS AND ROLES OF KEY PERSONNEL

We've selected our "dream team" of specialized healthcare planners, architects, and designers to listen, discover, and guide this major capital project for a community-driven path forward. Our **healthcare planners and designers are active contributors** to industry **knowledge through participation** in conferences, professional organizations, and research on best practices in clinic design, infection prevention, flexible care models, and telehealth integration. We will bring this **thought leadership** directly into your project, so you benefit from what leading public and private health systems have learned, while still keeping the focus squarely on Tacoma-Pierce County's unique community context.



Organizational Chart

TPCHD Master Planning Leadership



Natalie Mallory, NCIDQ, CHID

Project Manager, Healthcare Designer + Primary Point of Contact

Responsibilities:

Natalie will provide a consistent, on-the-ground presence throughout the planning and implementation process. She will work closely with stakeholders to keep efforts aligned with project goals, ensuring decisions made during planning carry through into execution.



Sarah Segelhorst, AIA, NCARB

Healthcare Architect

Responsibilities:

Sarah will provide her expertise in healthcare best practices to the master planning efforts, working closely with stakeholders to translate priorities into planning strategies that guide growth, phasing, and future investment.

TPCHD Master Planning Support Team



Bassim Kream

Design Professional - Architecture

Responsibilities:

Bassim will be a local resource providing strategic guidance by applying deep knowledge of Pierce County regulations, site conditions, and local jurisdictional processes to inform site analysis, feasibility, and long-term planning decisions.



Garret Munch, PLA, ASLA

Landscape Architect

Responsibilities:

Garret will lead site master planning, including land use strategies, parking allocations, and site circulation.



Libby Funke, Associate AIA, LEED AP

Senior Healthcare Planner

Responsibilities:

Libby plays a key role in translating complex information into clear direction, helping ensure planning decisions are coordinated and actionable.

Integrated Engineering Support

Our master planning efforts are supported by in-house engineering expertise, engaged as appropriate throughout the process. Mechanical, electrical, civil, building enclosure, and reality capture specialists work alongside our planning and architectural teams to help test assumptions, identify constraints early, and inform sound decision-making.

KEY PERSONNEL



NATALIE MALLORY, NCIDQ, CHID

PROJECT MANAGER, HEALTHCARE DESIGNER + PRIMARY POINT-OF-CONTACT

Natalie is a relationship- and research-driven interior designer with experience managing projects from concept to owner hand-off. Passionate about healthcare design, she brings additional expertise in behavioral health environments, voluntary Americans with Disabilities Act (ADA) upgrades, and complex feasibility studies, including work for the Department of Children, Youth & Families (DCYF). Her portfolio also spans retail, hospitality, and workplace settings, allowing her to bring a well-rounded design perspective to TPCHD.

Known for her strong work ethic, upbeat attitude, and community-centered approach, Natalie is a trusted collaborator with owners, contractors, and design partners across a variety of project delivery methods. She is committed to creating environments that promote wellness, reflect identity, and provide lasting value for the communities they serve.

As the Washington State chapter board president for Women in Healthcare, Natalie remains engaged in industry best practices and emerging trends. Her leadership and advocacy work help elevate conversations around equity, innovation, and the future of healthcare design.

EDUCATION

Bachelor of Fine Arts, Interior Design,
University of Georgia

PROFESSIONAL DESIGNATIONS

National Council for Interior Design
Qualification (NCIDQ)

Certified Healthcare Interior Designer
(CHID)

PROFESSIONAL MEMBERSHIPS

Women in Healthcare, Washington
Chapter Board President

Washington State Society of
Healthcare Engineers

International Interior Design
Association

EXPERIENCE

2 years with Helix|Shive-Hattery

17 years total

PROJECT EXPERIENCE

- **Puyallup Tribal Health Authority**
Behavioral Health Treatment Rooms at Chief Leschi School PUYALLUP, WA
Imaging Center FIFE, WA
Office Building TACOMA, WA
Takopid Health Center TACOMA, WA
- **Indigo Health Urgent Care** 40 LOCATIONS IN WESTERN WA*
- **Fern Lodge Behavioral Wellness** STANWOOD, WA*
- **WeCare Daily Clinic** SEATTLE, WA
- **Avalon Health Care** (Tacoma and Yakima in design) PORTLAND, OR
- **Pierce County Recovery Center** PARKLAND, WA*
- **Oak Unit-Maple Lane Community Behavioral Health Campus** CENTRALIA, WA*
- **Ituha Stabilization Center** OAK HARBOR, WA*
- **Puget Sound Orthopedic Outpatient Surgery Center**, LAKEWOOD, WA*
- **Mary Bridge Specialty Clinic** FEDERAL WAY, WA*
- **Heritage Bank South Operations Center** TACOMA, WA*
- **MercyOne Genesis Pavilion 2 Wound Clinic** DAVENPORT, IA
- **Larson Center OBGYN Clinic** SILVIS, IL
- **Community General Hospital (CGH) Medical Center**
Main Clinic 3rd Floor Renovation STERLING, IL
Main Hospital 3rd Floor CT STERLING, IL
- **Skagit County Stabilization Center** SEDRO-WOOLEY, WA*
- **Pierce County Parks Voluntary ADA Upgrades** VARIOUS LOCATION IN THE COUNTY*
- **DCYF Echo Glen Office Project**, SNOQUALMIE, WA
- **Group Health Cooperative, Voluntary ADA Upgrades** VARIOUS LOCATIONS
IN PUGET SOUND REGION*

*Locations prior to Shive-Hattery

KEY PERSONNEL



SARAH SEGELHORST, AIA, NCARB

HEALTHCARE ARCHITECT

Sarah understands how healthcare environments shape both patient experience and operational performance. Her background in clinical and complex renovation projects supports spaces that are functional, adaptable, and aligned with regulatory and technical requirements. She balances workflow, cost control, and long-term facility performance to create environments that promote safety, collaboration, and whole-person care.

Sarah brings a people-first mindset to healthcare design, creating environments that reduce stress while fostering collaboration, healing, and innovation. Her thoughtful, collaborative approach makes her a trusted advisor throughout the planning process.

EDUCATION

Master of Architecture, University of Wisconsin - Milwaukee

Bachelor of Architecture, Southern Illinois University

PROFESSIONAL DESIGNATIONS

Registered Architect: IA, IL, IN, MO, WA

PROFESSIONAL MEMBERSHIPS

National Council of Architectural

Registration Boards (NCARB)

American Institute of Architects (AIA)

Association of Medical Facilities Professionals

EXPERIENCE

5 years with Shive-Hattery

16 years total

PROJECT EXPERIENCE

• Genesis Health System

100+ MercyOne Genesis Projects - Quad Cities Metro Area, IA & IL

New Campus Development Master Plan BETTENDORF, IA

East Campus Cancer Center Master Plan DAVENPORT, IA

Genesis Health Group Bettendorf Master Plan BETTENDORF, IA

Bettendorf Convenient Care Clinic BETTENDORF, IA

Eldridge Clinic Medical Office Building (MOB) Expansion: Primary Care, Convenient Care & Lab Services ELDRIDGE, IL

Gilda's Club: Social + Emotional Support for Those Living With Cancer DAVENPORT, IA

MOB 1: Outpatient Infusion Unit DAVENPORT, IA

East MOB 1: Center for Breast Health DAVENPORT, IA

West Pavilion 1 Neurology DAVENPORT, IA

Larson Center OBGYN SILVIS, IL

East MOB2 First Floor Nephrology, DAVENPORT, IA

Edgerton Building Remodel/Expansion DAVENPORT, IA

Radiology Group 53rd CT MRI Remodel DAVENPORT, IA

Bettendorf Emergency Department Additional Treatment Rooms BETTENDORF, IA

Bettendorf Devils Glen Sport Medicine BETTENDORF, IA

Davenport Healthplex GI/G Renovation DAVENPORT, IA

Davenport PT-Division Street DAVENPORT, IA

East Emergency Department Realignment DAVENPORT, IA

East Emergency Department Psych Unit Renovation DAVENPORT, IA

Family Medical Center Addition + Renovation DAVENPORT, IA

Silvis CT Scan Suite SILVIS, IL

West Campus 6th Floor Renovation: Geriatric Behavioral Health Unit DAVENPORT, IA*

West Campus Crisis Stabilization Unit DAVENPORT, IA*

• Mary Greeley Medical Center 2026 Master Facility Plan AMES, IA

• Wabash General Hospital MT. CARMEL, IL*

New Medical Office Building

Addition to Existing Orthopedics Building

Renovation of Existing Hospital Offices and Cafeteria

• Jackson County Regional Health MRI Addition MAQUOKETA, IA

• OSF Healthcare SAMC Rockford ED Observation Unit ROCKFORD, IL

• Mississippi Valley Oral & Maxillofacial Surgery Center BETTENDORF, IA

*License prior to Shive-Hattery

KEY PERSONNEL



EDUCATION

Master of Architecture,
Washington State University

EXPERIENCE

3 years with Helix/Shive-Hattery
18 years total

BASSIM KREAM

DESIGN PROFESSIONAL - ARCHITECTURE

Bassim is skilled in developing accurate drawings, refining spatial layouts, and producing coordinated design documentation that supports efficient project delivery. He works closely with architects, engineers, and consultants to resolve technical challenges, ensure code compliance, and maintain design intent throughout the project.

As a client-centric designer, Bassim is passionate about understanding clients' needs and bringing their vision to life. With his boundless enthusiasm, excellent problem-solving skills, and dedication to overcoming design challenges, Bassim approaches every project with optimism and determination. He is committed to ensuring all work is completed accurately and to the highest standard.

PROJECT EXPERIENCE

- **Avalon Health Care** (Tacoma and Yakima in design) PORTLAND, OR
- **Tacoma Public Utilities Master Planning** TACOMA, WA
- **City of Federal Way Joint O&M Facilities** FEDERAL WAY, WA
- **Lakehaven Water & Sewer District Headquarters** FEDERAL WAY, WA
- **Pierce County Parks and Recreation Frontier Park Horse Arena** GRAHAM, WA
- **WSDOT Tumwater Regional HQ Buildings**, TUMWATER, WA
- **Pierce County City Building ADA Upgrades** PIERCE COUNTY, WA
- **Pierce County Annex West Elections Center** TACOMA, WA



GARRET MUNCH, PLA, ASLA, CLARB

SITE PLANNING

Garret brings a thoughtful and strategic approach to site planning and comprehensive design, helping transform underutilized properties and public spaces into engaging destinations that enhance guest and community experience while supporting long term project success. He develops site concepts that prioritize circulation, arrival sequences, placemaking, and integrated amenities to create cohesive, experience-driven environments.

PROJECT EXPERIENCE

- **Mary Greeley Medical Center**
Healing Garden AMES, IA
2026 Master Facility Plan AMES, IA
- **Cass Health Master Plan Implementation** ATLANTIC, IA
- **University of Iowa Health Care Master Planning** IOWA CITY, IA
- **Ronald McDonald House Therapeutic Garden** DES MOINES, IA
- **MercyOne Genesis**
New Medical Campus Development Master Plan BETTENDORE, IA
East Campus Cancer Center Master Plan DAVENPORT, IA
- **UnityPoint Health**
Traffic Study and New Entrance DES MOINES, IA
Ankeny Medical Park ANKENY, IA
- **Broadlawns Medical Center** DES MOINES, IA
Community Clinic at Drake
SPD Courtyard Expansion
Behavioral Health Courtyard Improvements

EDUCATION

Bachelor of Landscape Architecture,
Iowa State University

PROFESSIONAL DESIGNATIONS

Professional Landscape Architect: IA,
OH, KY, NV, WI

EXPERIENCE

10 years with Shive-Hattery
14 years total

KEY PERSONNEL



LIBBY FUNKE, ASSOC. AIA, LEED AP

SR. HEALTHCARE PLANNER

Libby is a trusted advisor known for her collaborative approach and deep understanding of healthcare environments. She guides multidisciplinary teams through complex campus and facilities planning efforts, aligning operational needs with long-term strategic goals. With a background in medical planning and LEAN-infused design, Libby excels at evaluating functional flows, identifying opportunities and constraints, and shaping environments that enhance efficiency, clarity, and care delivery.

EDUCATION

Bachelor of Architecture, Iowa State University

PROFESSIONAL DESIGNATIONS

LEED Accredited Professional

EXPERIENCE

8 years with Shive-Hattery
19 years total

PROJECT EXPERIENCE

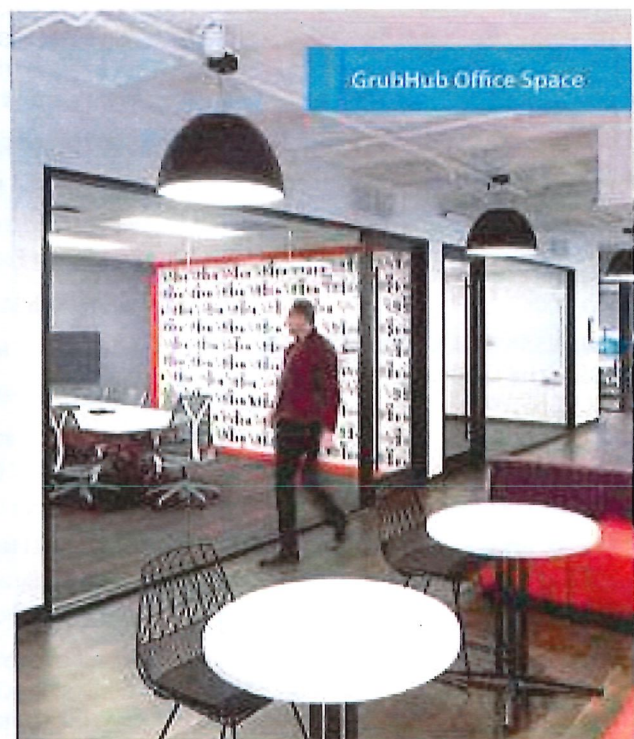
- **Mary Greeley Medical Center** AMES, IA
2018 Master Plan
Birthways + Pediatric Units Relocation
Behavioral Health Unit & Mechanical, Electrical, and Plumbing (MEP) Infrastructure Renovation
- **Broadlawns Medical Center** DES MOINES, IA
SPD Courtyard Expansion
Campus & Facility Master Plan
- **Cass County Hospital Master Facility Planning** ATLANTIC, IA
- **Davis County Hospital Facility Master Plan** BLOOMFIELD, IA
- **Madison County Memorial Hospital Master Plan** WINTERSET, IA
- **Myrtue Medical Center** HAMILAN, IA
Hybrid Facility Master Plan
Facility Planning Study
Pharmacy Relocation
- **UnityPoint Health Finley Master Planning** DUBUQUE, IA

SUPPORTING RECRUITMENT AND RETENTION THROUGH WORKPLACE STRATEGY

While this project is rooted in public health service delivery, this capital project could include significant space for **administrative and staff-focused environments**. Across industries—including large-scale public-sector reorganizations and Fortune 100 companies—our teams have developed environments that:

- Improve employee satisfaction and engagement
- Reduce voluntary turnover
- Increase collaboration and efficiency
- Provide predictable, functional, equitable workspace standards

We can incorporate select workplace best practices to support TPCHD's goals to improve organizational culture. This includes evaluating hybrid work patterns, defining space standards, analyzing focus/collaboration ratios, and designing staff environments that **enhance wellbeing, identity, and connection** to the public health mission. These elements are integrated only where they support public health operations, ensuring that employee experience improvements strengthen the overall functioning of TPCHD without overwhelming the health-focused nature of the project.



APPROACH TO REQUESTED SERVICES

Pre-Design + Master Planning Process

STARTING WITH "WHY"

We begin by asking the right questions and listening closely. This helps us understand your mission, how services are delivered, and how the site must support both staff and community. We translate strategic goals and operational needs into a planning framework that works today and adapts for the future.

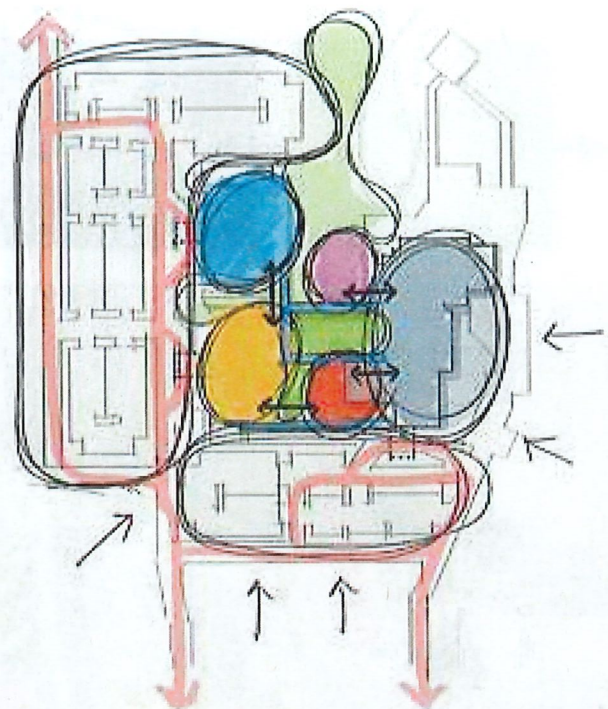
LOCAL INSIGHT, CLEAR DIRECTION

Through focused workshops and structured discovery, we document how public health services operate today—where spaces perform well, where friction exists, and where unmet needs appear. We pair this insight with planning experience, data analysis, and benchmarking to uncover opportunities not always visible at first glance. The result is decision-ready information that aligns with TPCHD's strategic direction and strengthens how services are delivered across the community.

HEALTHCARE EXPERTISE THAT SHAPES SOLUTIONS

Our integrated team of architects, engineers, and healthcare planners works directly with your staff so operational insight guides every step. This is especially critical where clinical services, administrative functions, and community-facing areas intersect.

As we develop options, we test multiple configurations to evaluate access, workflow, safety, circulation, operational flexibility, and long-term adaptability. These comparisons help TPCHD visualize how different campus scenarios support current needs and prepare for future public health demands, technology shifts, and regulatory changes.



ELEMENTS OF A SUCCESSFUL MASTER PLAN

A great master plan is aligned, attractive, adaptive, and actionable. Blending creativity and feasibility, we craft plans that work as beautifully in real life as they do on paper.

Aligned

Key issues and priorities are determined and mutually agreed upon. The master plan aligns with the strategic plan, goals, and market assessment.

Attractive

Community members young and old, providers, staff and patients are drawn to your facility—and more importantly, they choose to stay, grow, and refer to the next generations.

Adaptive

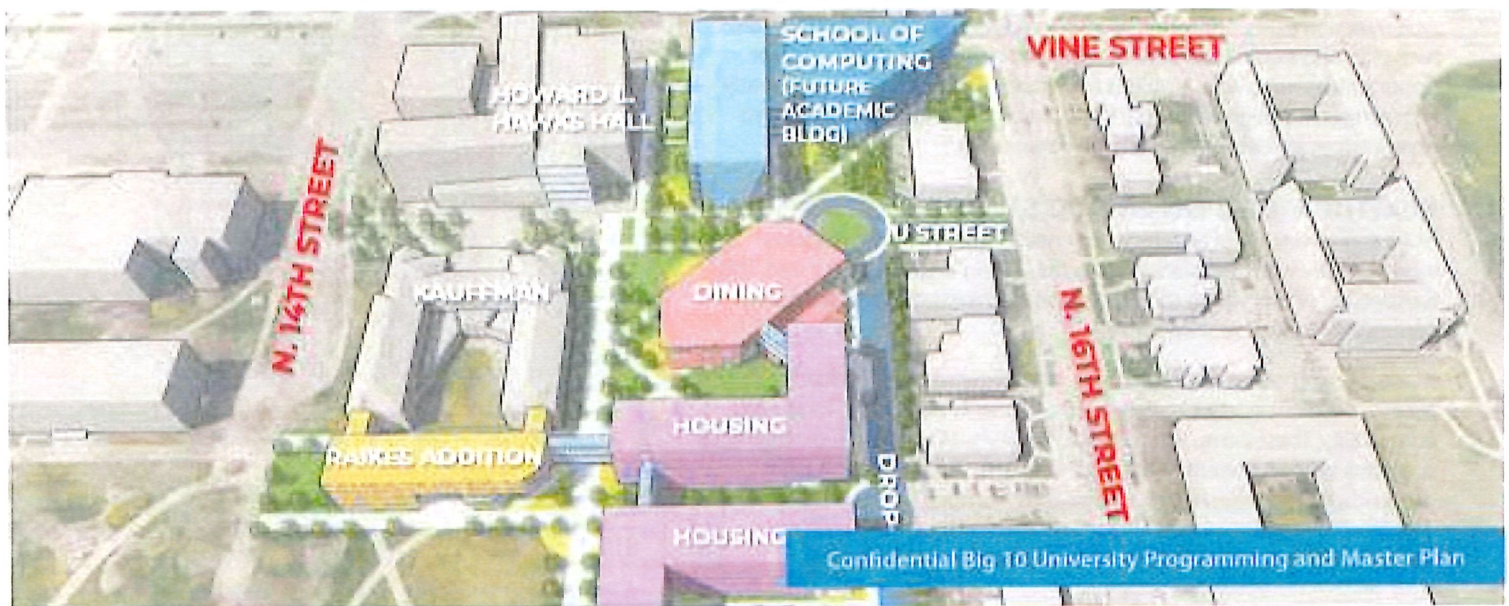
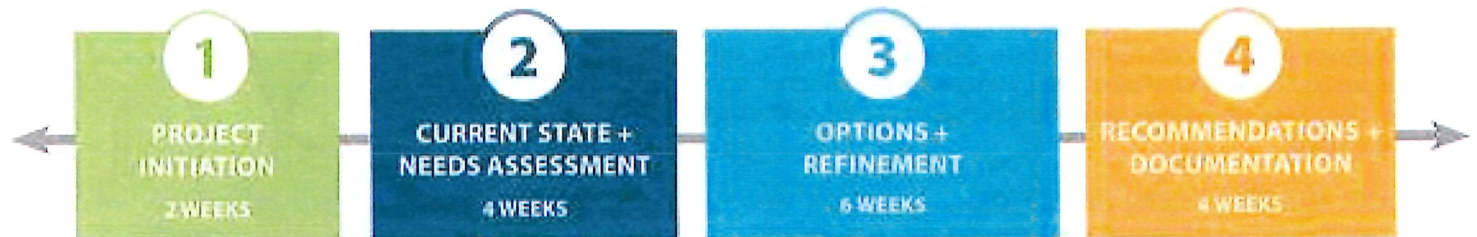
An adaptive master plan anticipates and responds to shifts in the healthcare industry—including market dynamics, reimbursement, regulations, and technology for long-term flexibility and resilience.

Actionable

An effective master plan translates vision into action by outlining a phased capital strategy that balances immediate priorities with long-term resiliency, return on investment (ROI), and total cost of ownership.

An Approach Tailored to Your Project

Our process is structured to support clear, informed decision-making during the early stages of planning. We focus on understanding how services are delivered, identifying constraints and opportunities, and evaluating options in a way that makes trade-offs visible. The result is a practical, actionable framework that guides future design and investment decisions.



COLLABORATIVE, DECISION-FOCUSED PROCESS

The success of this effort depends on engaging the right stakeholders at the right time and structuring input in a way that supports clear decisions.

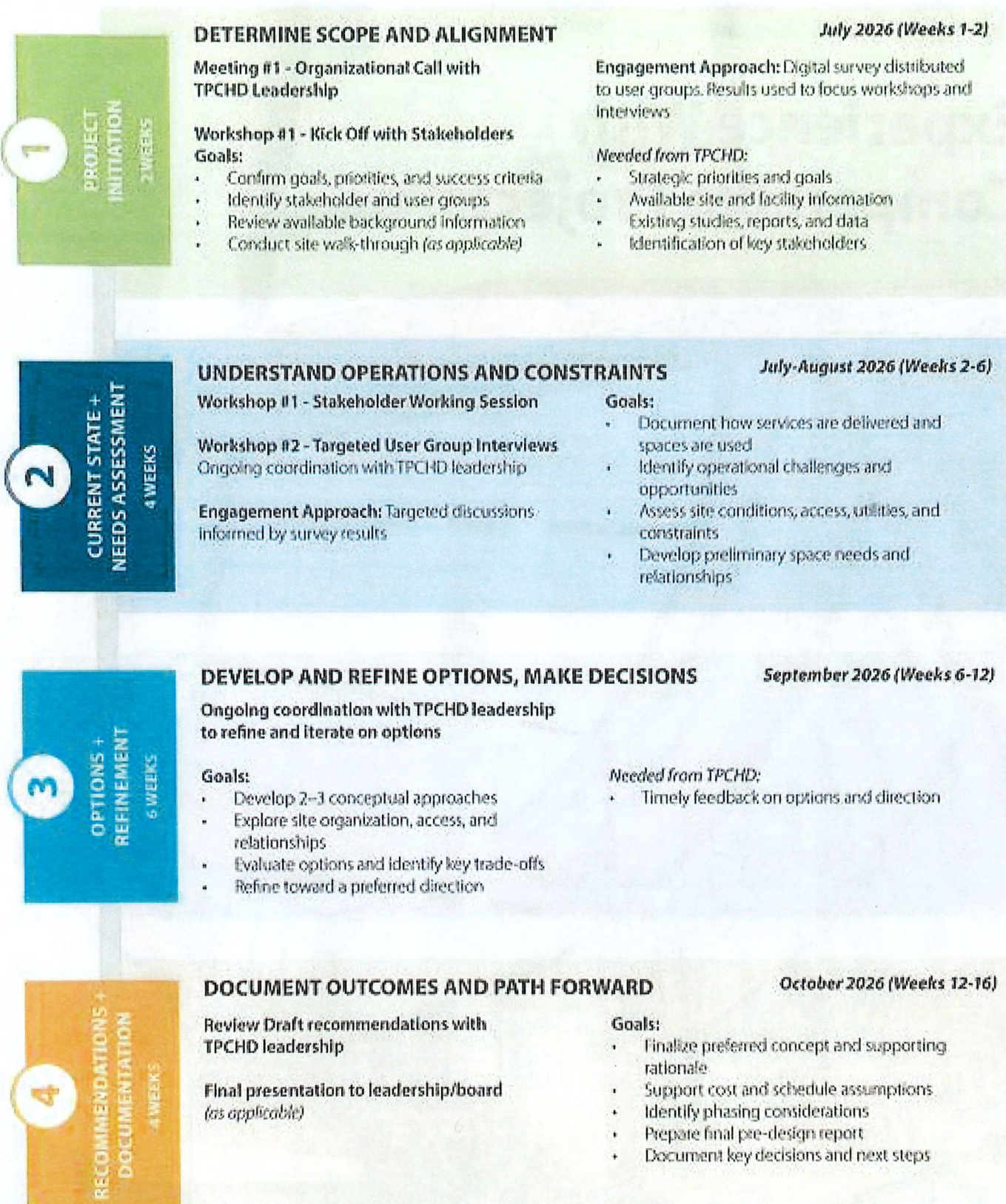
We begin with broad engagement through a digital survey to capture perspectives across user groups. This input is then refined through targeted workshops and working sessions, where ideas are tested, options are evaluated, and key trade-offs are identified.

Rather than building consensus for its own sake, we focus on making decisions clear. By aligning operational needs, site constraints, and community priorities early, we create a planning framework that leadership can move forward with confidently.

Stakeholder groups will be confirmed during project initiation to ensure all perspectives are represented.



Proposed Schedule

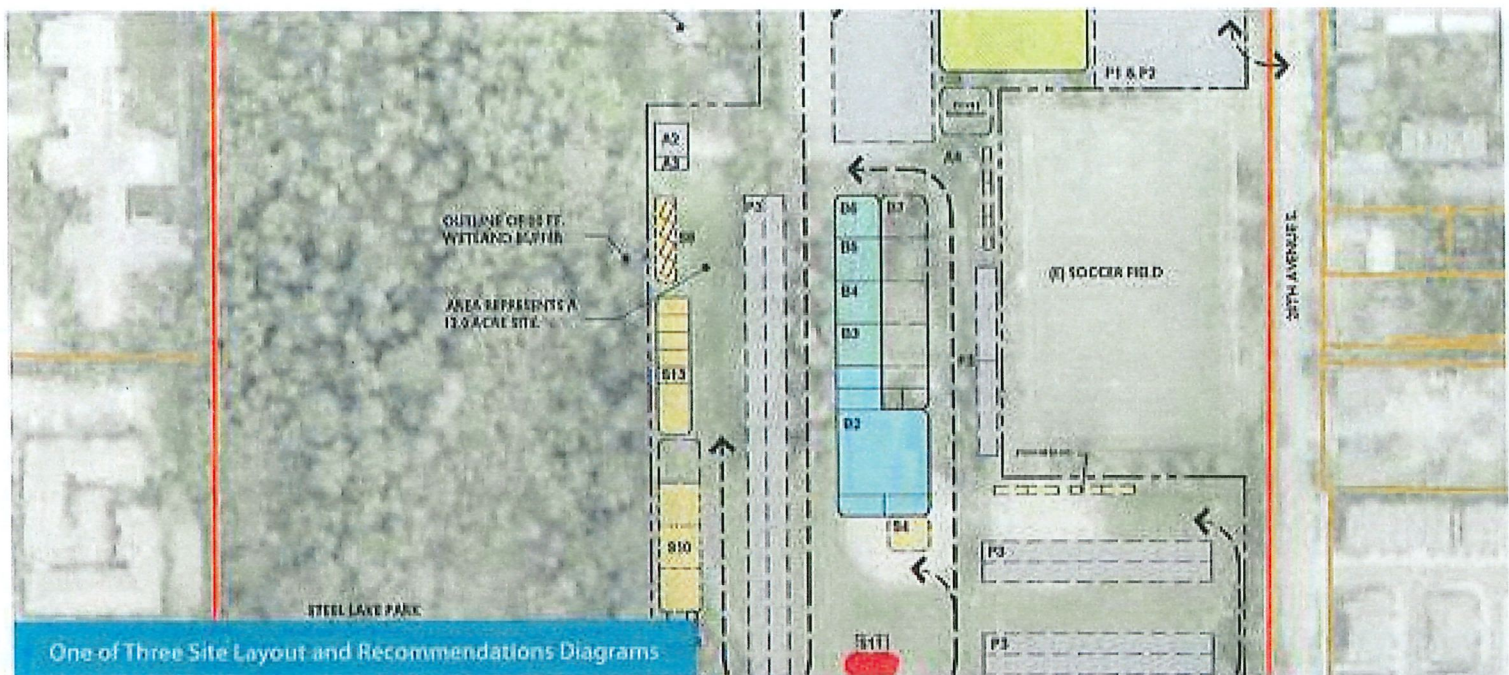




Experience With Comparable Projects

Mary Greeley Medical Center: Addition and Renovation - 2011

EXPERIENCE WITH COMPARABLE PROJECTS



City of Federal Way

Operations & Maintenance Facility Development

The Federal Way Operations & Maintenance (O&M) Facility is a comprehensive replacement and expansion of the City's existing, undersized, and aging facilities to support current operations and anticipated growth over the next 20 years. The project was designed to consolidate multiple City departments into a modern, efficient campus that improves operational effectiveness, safety, security, and long-term flexibility while minimizing disruption to ongoing services during construction.

The facility program is based on a detailed needs assessment and includes a new operations building, fleet maintenance and vehicle bays with future expansion capacity, covered and bulk storage, fueling and wash facilities, and secure fleet, staff, and visitor parking. The site plan emphasizes efficient circulation, clear separation of public, staff, and fleet traffic, and phased implementation to allow portions of the existing facility to remain operational until new construction is complete.

The design complies with the City of Federal Way Community Design Guidelines and reflects a Northwest contemporary architectural character with consistent materials, colors, and detailing across all buildings. Key design priorities include public accessibility at the operations building, enhanced site security through fencing, access control, and visibility, and thoughtful integration of landscaping, lighting, and pedestrian spaces. The site layout leverages existing topography to reduce visual impacts, minimize retaining walls, manage buildings massing, while providing capacity for future expansion and evolving operational needs.

RELEVANCE TO YOUR PROJECT

- Led full early-phase planning from needs assessment and master plan through construction
- Developed multiple site layout options for informed decision-making
- Planned a multi-department operational campus with clear circulation strategies

LOCATION

Federal Way, WA

COMPLETION

Ongoing

SIZE

62,000 SF

SERVICES PROVIDED

Master Planning
Architecture
Civil Engineering
Landscape Architecture

REFERENCE

Desiree Winkler
Deputy Public Works Director
253.835.2711
desiree.winkler@cityoffederalway.com



Progression of Construction

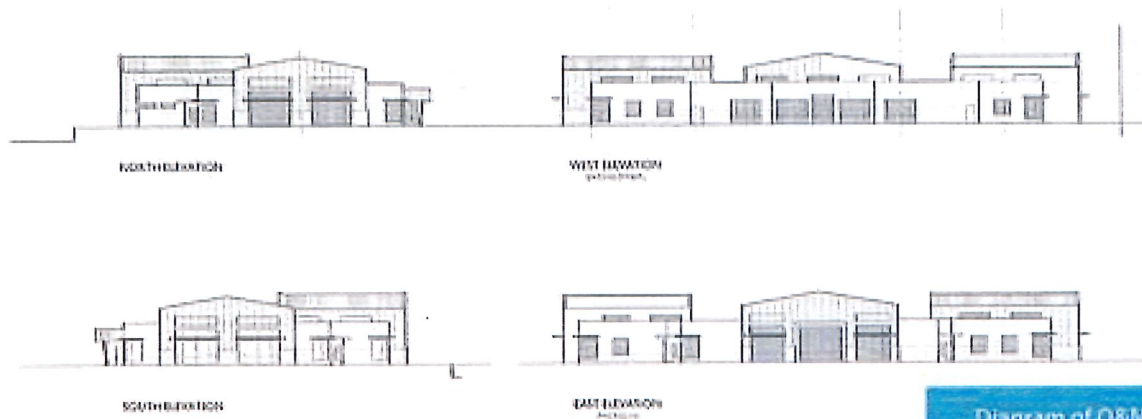
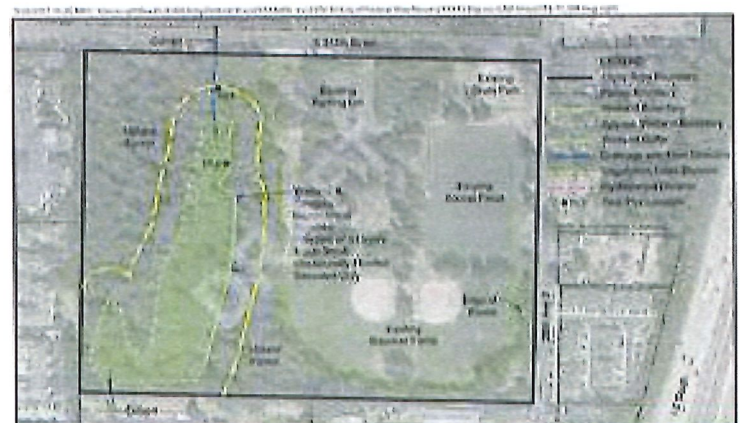
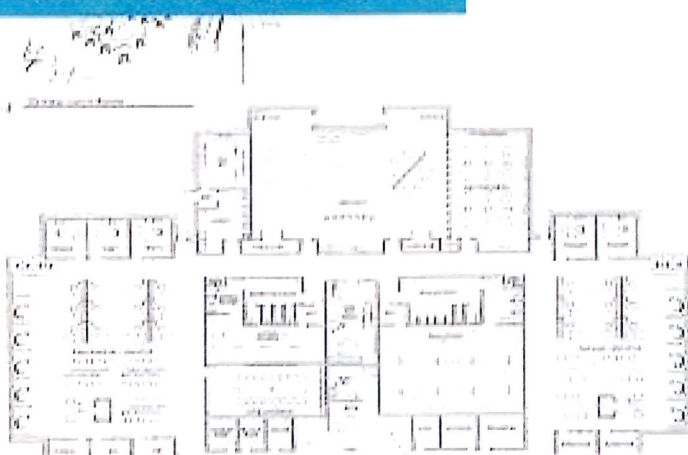


Diagram of O&M Building Elevation

Office Interiors Conceptual Floor Plan



Wetland and Stream Mapping from Feasibility Study to assess environmental conditions of one of three possible project sites.



Aerial View of Headquarters Campus (left) Main Entrance (right)



Lakehaven Water & Sewer District

Master Planning and Construction of District Headquarters & Vehicle Storage Building

The new headquarters and administration building redefines Lakehaven Water and Sewer District's (District) main campus by replacing two outdated facilities with a modern, 41,600-SF, two-story hub. Rooted in the Campus Master Plan's vision for modernization and operational excellence, this headquarters brings every department under one roof to better serve the South King County community. The development was constructed on an existing main campus and required a multidisciplinary approach to meet the District's operational, structural, and regulatory requirements. Moreover, the District sought to be a good steward of the environment and welcomed sustainable design elements into the project wherever economically feasible.

The HeliqShive-Hattery team and our partners provided comprehensive services from master planning through construction administration. The scope encompassed the architectural and site planning of multiple facilities; future phasing includes two covered vehicle parking structures, covered materials storage, vehicle wash building, vehicle service shop, and electrical building.

RELEVANCE TO YOUR PROJECT

- Delivered comprehensive master planning for a multi-building civic campus
- Conducted operational and space programming to define needs
- Produced multiple site and phasing options to support leadership decisions
- Integrated administrative, operational, and public-facing functions



LOCATION

Federal Way, WA

COMPLETION

2022

SIZE

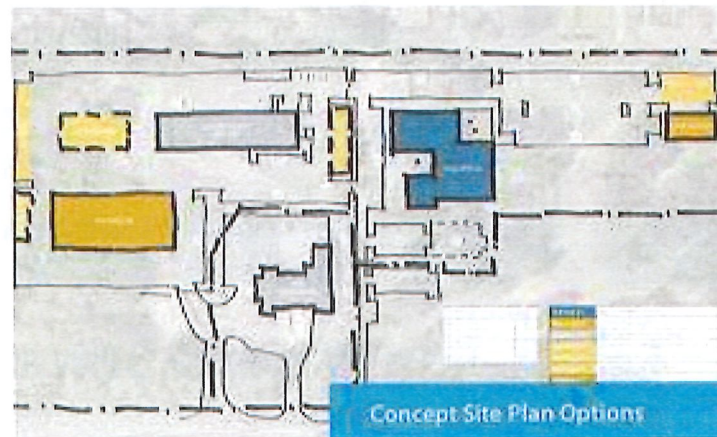
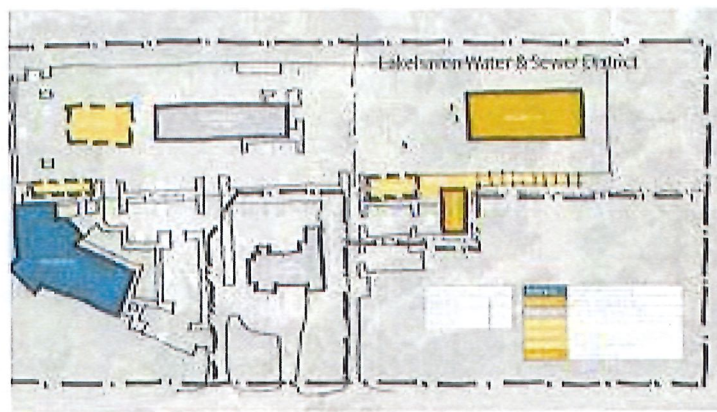
62,100 SF

SERVICES PROVIDED

Master Planning
Architecture
Civil Engineering
Landscape Architecture

REFERENCE

Ken Miller
Project Engineering Manager
253.946.5405
kmiller@lakehaven.org



2ND AVENUE SOUTHWEST

1ST AVENUE SOUTH

1ST AVENUE EAST

PHASE 1
10,740 SF
0.24 ACRES

PHASE 2
10,140 SF
0.23 ACRES

PHASE 3
10,740 SF
0.24 ACRES

OASES AREA
10,140 SF
0.23 ACRES

OASES HOTEL AND CASINO
10,140 SF
0.23 ACRES

PHASE 1
BUILDING B1
BUILDING B2
BUILDING B3
BUILDING B4

PHASE 2
BUILDING B5
BUILDING B6
BUILDING B7
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BUILDING B9
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BUILDING B100

PHASE 3
BUILDING B11

Tacoma-Pierce County Health Department 2026-0227 Pre-Design Services | Helix/Shire-Hattery -| 15



Mary Greeley Medical Center

Master Plan + Campus-Wide Improvements

Mary Greeley Medical Center (MGMC) has embraced Shive-Hattery as their trusted advisor since 2007, as the hospital has undergone significant transformation, positioning itself as one of the top community hospitals in the country. The hospital's growth has been guided by a clear vision: to be the best. We have supported this vision with A+E planning & design, and strengthened Mary Greeley's mission to provide excellent patient-centered care for all.

In 2010, the Master Site and Facilities Plan mapped a long term strategy to assess future needs and identified opportunities for expansion and modernization. The resultant projects elevated Mary Greeley's legacy of quality and positioned the hospital for the delivery of outstanding care in the next several decades. The project work was completed in three phases over five years, and included the new West Patient Tower, new Central Energy Plant, main entrance, coffee shop, and gift shop. Ancillary services were also relocated and expanded including the Emergency Department, Laboratory, and Pharmacy, along with Administrative Departments.

In 2018, the focus included several major departments that were poised for growth and modernization, including Birthways & Pediatrics, Behavioral Health, Inpatient Rehab, and Staff Education space. With nearly all five phases of that Master Plan completed, Mary Greeley is poised to craft the next phases of planning for continued growth.

Together, MGMC and Shive-Hattery have elevated the standard of care in Ames and central Iowa, and are well-positioned to continue this momentum. As healthcare evolves, so will the spaces that support it.

RELEVANCE TO YOUR PROJECT

- Created multi-phase master plans to guide phased capital investment
- Aligned space planning with operational workflows and future needs
- Planned improvements across administrative, inpatient, and outpatient areas
- Supported projects that enhance community health access

LOCATION

Ames, IA

COMPLETION

2008

(Master Plan + Phased Projects)

2018

(Master Plan + Phased Projects)

2026

(Master Plan)

SIZE

Varies

REFERENCE

Gary Botine

515.239.2011

botine@mgmc.com

Amber Deardorff

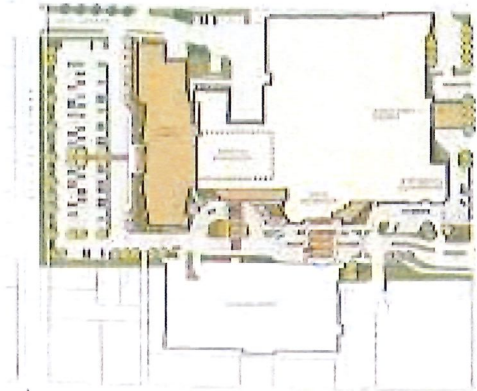
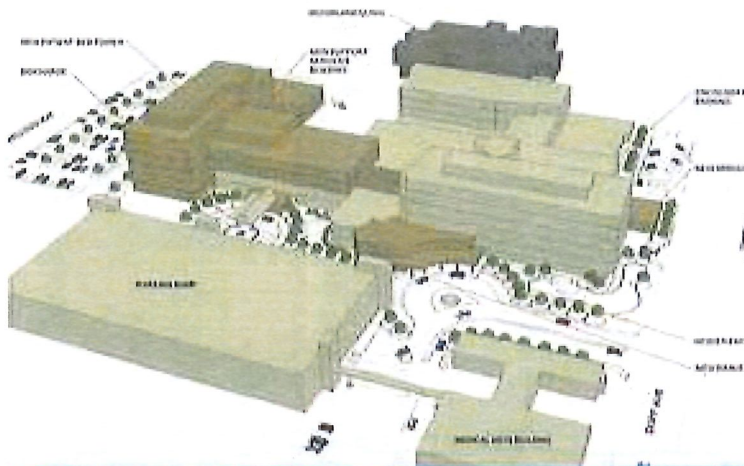
515.239.2105

deardorff@MGMC.com

Client Since 2007

RESULTANT PROJECTS

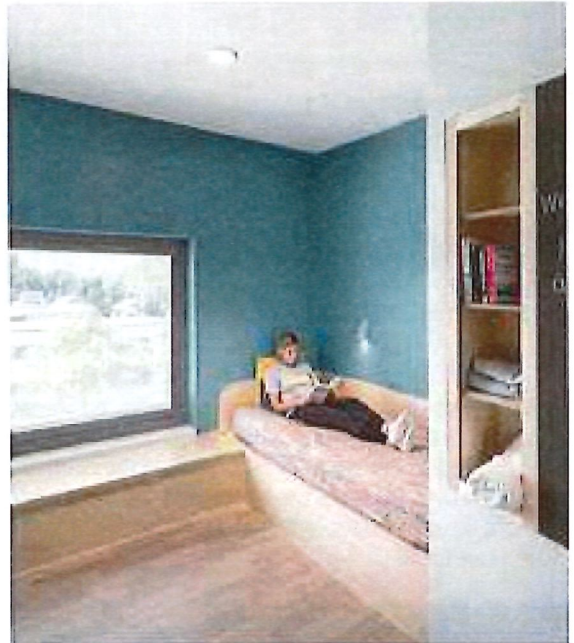
- West Tower
- Central Energy Plant
- Lab
- Pharmacy
- Emergency Department
- Med Surg Relocation
- Birthways & Peds Relocation
- Behavioral Health Relocation



2010 Campus & Facilities Master Plan & Projects

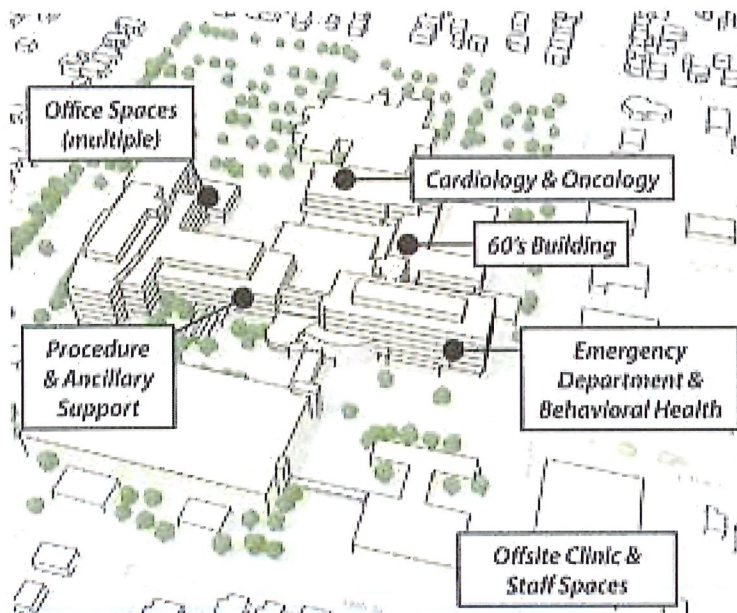


2018 Campus & Facilities Master Plan & Project Highlights



2025 Campus & Facilities Master Plan Goals

- Provide MGMC with flexible options to meet the demands and pace of change in healthcare
- Establish the highest and best use of space available
- Optimize space to improve the patient experience and staff workflow
- Promote wellness and community health
- Leverage off campus space to improve the outpatient experience
- Cost effectiveness



2025 Campus & Facilities Master Plan Priorities



Broadlawns Medical Center

Campus Master Plan

The first master plan that Shive Hattery provided for Broadlawns was completed in 2006. Projects that resulted from that included a new main entrance and emergency department, and a new medical office building.

We were engaged again in 2011 to begin the next phase of campus planning for Polk County's public, safety-net hospital in Des Moines, Iowa. The first phases of the campus vision came to fruition in 2014 as funding allowed, which included three (3) new resident apartment buildings, as well as a multi-specialty outpatient building, and Medical Plaza. In 2016 the planning further developed with renovations to add 14 more beds and another floor, for the Inpatient Behavioral Health Unit, which had been operating at capacity since 1980.

The next phase of the master plan was completed in 2018, with the Sands Vertical Expansion adding 40,000 SF of inpatient services to the urban campus. With the departmental moves, the surgery department was able to expand in 2019, alongside a full renovation of the lab to position both departments for future growth and technology upgrades.

With a landlocked urban campus and a patient population that continues to grow, the most recent campus planning for Broadlawns Medical Center includes improvements to the main campus. These planning goals include improvements to site circulation, options for increasing parking capacity and adding convenient, efficient solutions for patients, and continued community development to manage health disparities and raise the bar on health equity in the surrounding neighborhoods and throughout Polk County.

RELEVANCE TO YOUR PROJECT

- Long-term planning partner for a public safety-net health system
- Delivered phased expansions for clinics, behavioral health, and inpatient care
- Supported sustained implementation across decades

LOCATION

Des Moines, IA

COMPLETION

2006 - 2023

SIZE

42,000 SF (New Building)

SERVICES PROVIDED

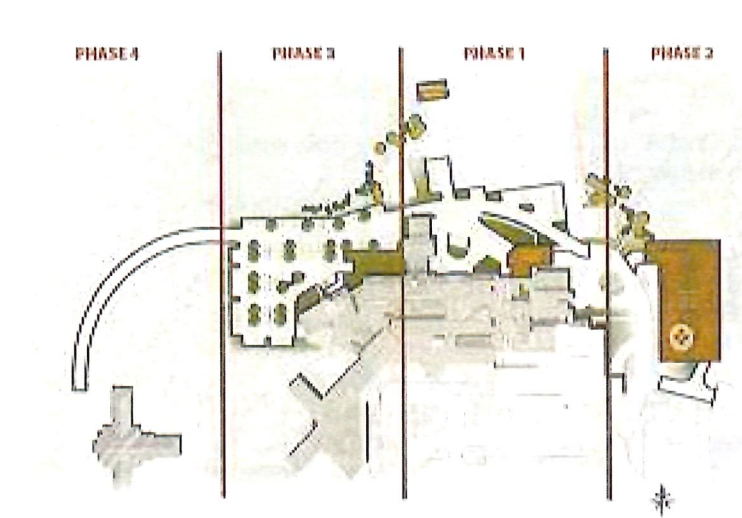
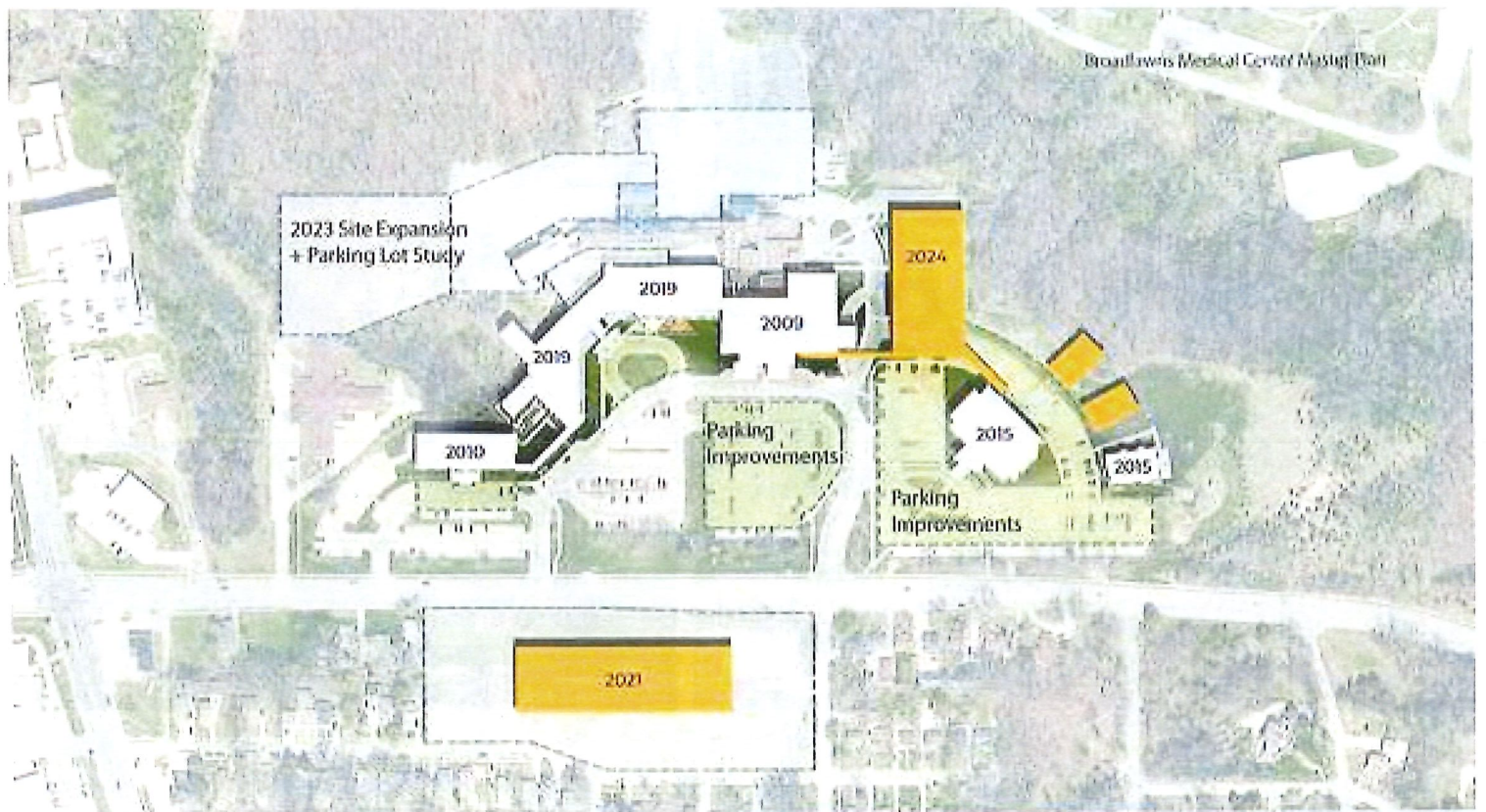
Master Planning
Architecture
Civil Engineering
Landscape Architecture

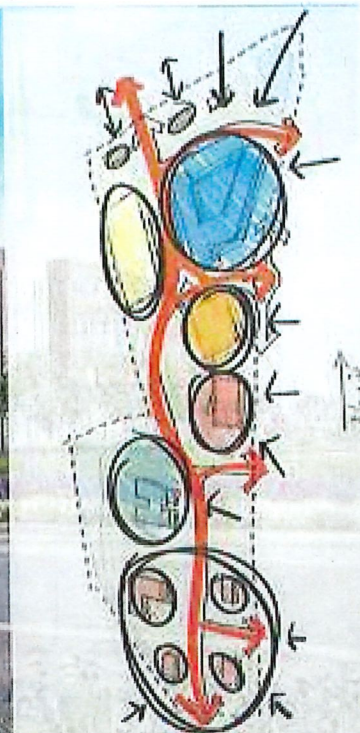
REFERENCE

Adam Shaw
515.282.5702
ashaw@broadlawns.org
Client Since 2002

RESULTANT PROJECTS

- ED Expansion & Renovation
- (2) Medical Office Buildings
- (2) Off site Clinics
- Lab Remodel
- Pharmacy Remodel
- Inpatient Vertical Expansion for Med Surg, ICU, OB
- Surgery Expansion
- Meditation Room





New Campus Master Plan Visioning (left) Site Diagram (right)

MercyOne Genesis

Programming and Master Planning

Our work with Genesis spans campus planning, programming, and phased implementation across multiple efforts—aligning operations, testing options, and guiding decisions into built projects.

New Campus Master Plan

- Evaluated potential sites and development scenarios
- Tested configurations to support consolidation and growth
- Coordinated infrastructure, access, and utilities with the City
- Defined a long-term framework for phased expansion



LOCATION

Quad Cities Metro Area, IA & IL

COMPLETION

Ongoing

SIZE

51 Acres

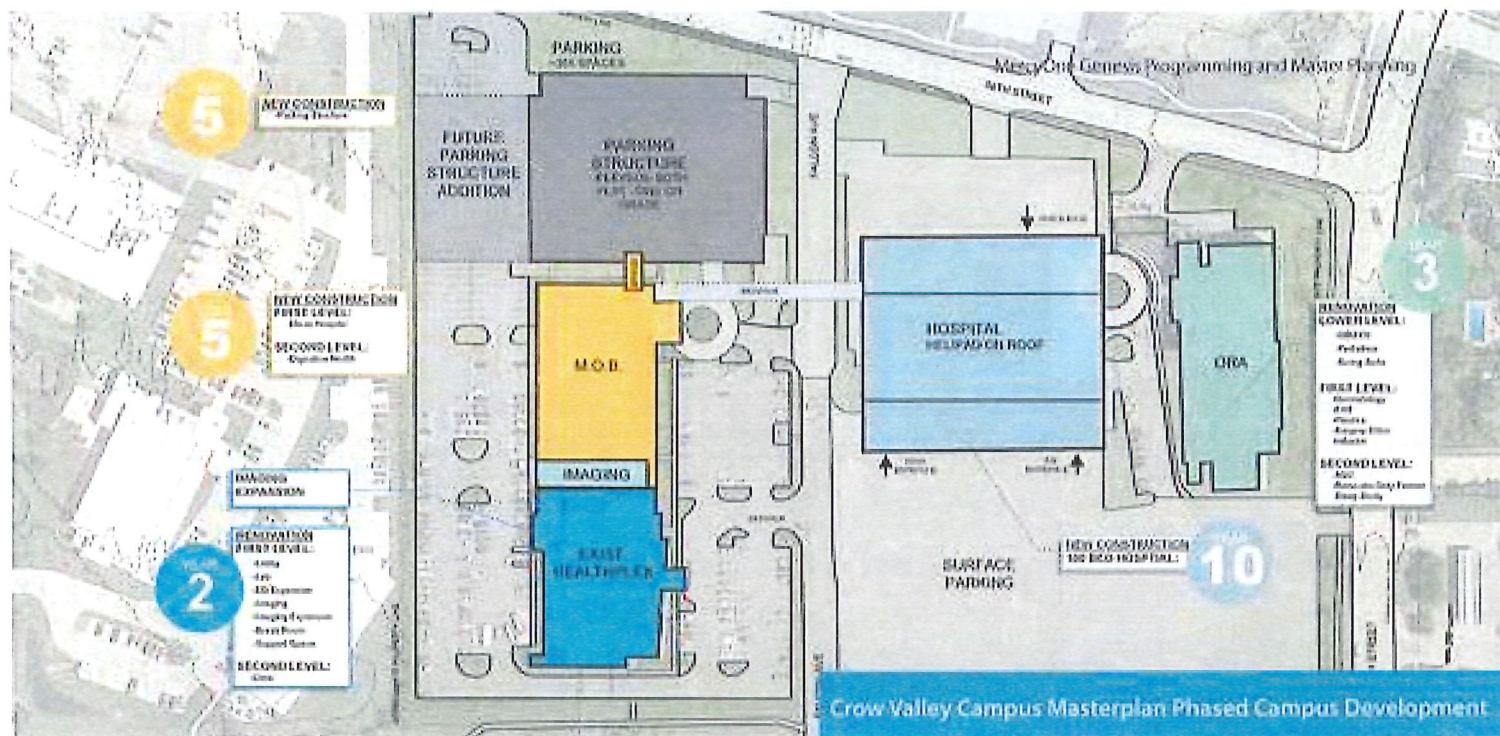
SERVICES PROVIDED

Master Planning
Architecture
Civil Engineering
Landscape Architecture

REFERENCE

Kevin Rossmiller
563.421.1611
rossmillerk@genesishealth.com

We have supported
MercyOne on more than
600 projects since 1995.



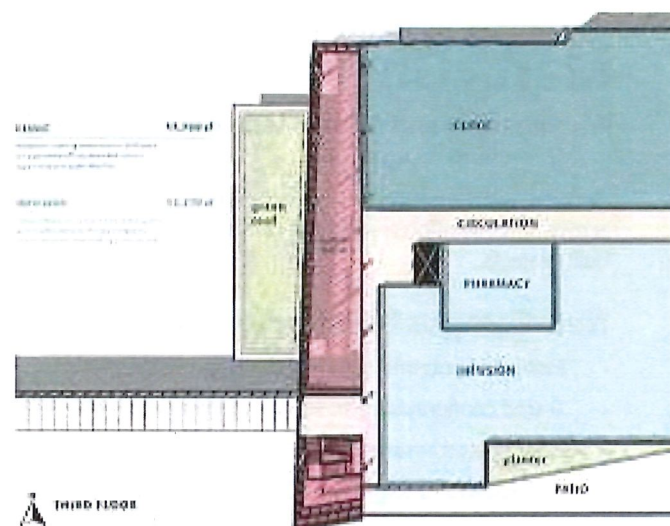
Crow Valley Campus Masterplan Phased Campus Development

Crow Valley Campus Master Plan

- Evaluate current and future space needs
- Facility assessments to guide reinvestment and expansion
- Property acquisition and site development planning
- Phasing aligned with operational and budget constraints
- Coordinated expansion, renovation, and new construction

From planning through implementation

Planning efforts extend across multiple sites and project types, supporting both long-term strategy and targeted facility investments.



Cancer Center Block Planning Diagram



Cancer Center Site Rendering

RELEVANCE TO YOUR PROJECT

- Led multi-site campus planning with scenario testing and program distribution
- Completed site feasibility, infrastructure coordination, and alternative site evaluations
- Planned clinical, outpatient, and administrative environments
- Produced planning documents supporting long-term decision-making

FINANCIAL CAPABILITY AND WORK CAPACITY

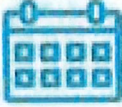
Financial Capability

Shive-Hattery has been in business for more than 130 years and is a financially healthy, employee-owned corporation. Proof of financial security will be provided upon request.

Work Capacity

Our current workload projections indicate our staff selected for your project team have the availability to begin work on this project immediately. This team has committed to having direct, hands-on involvement in the project from this pre-design phase through the next steps of the capital project. We are invested in completing this community project in a timely, effective, and efficient manner.

Results from our third-party client feedback tool below indicate we are above average when compared to others in our industry. We'll never be 100% in each area – but because we discover early where any gaps may be, our team is able to adjust and deliver better results, every time.

96% RESPONSIVENESS 	95% SCHEDULE 	96% HELPLEFULNESS 
96% QUALITY 	98% ACCURACY 	92% SCOPE + FEES 

"Working with the Shive-Hattery design team was a seamless and collaborative experience—they truly listened and brought our vision to life."

Patients and families now have a welcoming environment that supports their journey, while staff benefit from a thoughtfully designed space that enhances care delivery."

— Amy Dagestad
MBA, MSN, RN, NE-BC, RNC-OB, FAWHONN
Vice President & Chief Nursing Officer,
Mary Greeley Medical Center



Non-Collusion and Debarment Affidavit

* State of Washington

** County of Pierce

I, the undersigned, an authorized representative of HDX DESIGN GROUP, A DIVISION OF SHINE-HATTELY, being first duly sworn on oath, do hereby certify that said person(s), firm, association, or corporation has/has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the project for which this proposal is submitted.

I further certify that, except as noted below, the firm, association, corporation, or any person in a controlling capacity associated therewith, or any position involving the administration of federal funds, is not currently under suspension, debarment, voluntary exclusion, or determination of eligibility by any federal agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any federal agency within the past 3 years; does not have a proposed debarment pending; and has not been indicted, convicted, or had a civil judgment rendered against said person, firm, association, or corporation by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

I further acknowledge that by signing the signature page of the proposal, I am deemed to have signed and have agreed to the provisions of this affidavit.

Note: Exceptions will not necessarily result in denial of award, but will be considered in determining bidder responsibility. For any exception noted, indicate above to whom it applies, initiating agency, and dates of action. Providing false information may result in criminal prosecution or administrative sanctions.

"A suspending or debarment official may grant an exception permitting a debarred, suspended, or excluded person to participate in a particular transaction upon a written determination by such official stating the reasons(s) for deviating from the Presidential policy established by Executive Order 12549 ..." (49CFR Part 29 Section 29.215).

* If notarization of proposal takes place outside of the State of Washington, delete Washington and enter the appropriate State.

** Indicate the County where notarization of the proposal takes place if other than the County stated above.

The bidder is hereby advised that by signature of this proposal he/she is deemed to have acknowledged all requirements and signed all certificates contained herein.

The undersigned hereby agrees to pay labor not less than the prevailing rates of wages in accordance with the requirements of the special provisions for this project.

Affidavit Must be Signed and Notarized

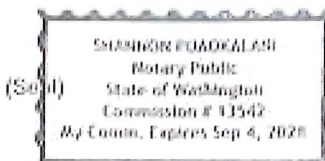
Signature of Authorized Official(s): [Signature]

Firm Name: HDX DESIGN GROUP, A DIVISION OF SHINE-HATTELY

Address: 1001 12th St. East Suite 201

City, State, Zip: TACOMA, WA 98424

Signed and sworn to (or affirmed) before me this 24th Day MARCH 2026 of 2016.



[Signature]
Signature, NOTARY PUBLIC in and for the State of Washington

Residing at Tacoma WA

(If a corporation or agent, 03/04/25)

Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

Contract No. _____

Project No. 2026-0227

Phone No. 253.922.9037

Fax No. _____

Contract Work Hours:
(if applicable)

Type of Service Provided:	Architecture, Engineering, Interior Design, Landscape Architecture, Landscape Architecture, Land Surveying, and Building Envelope

Contractor's Aggregate Work Force (If you need additional space, photo-copy this section and attach it to this form)

Natalie Mallory

Helix
design group
A DIVISION OF SHIVE-HATTERY

SHIVEHATTERY
ARCHITECTURE • ENGINEERING



2026-0227 Request for Qualifications Pre-Design Services

Single Point of Contact (SPoC):
Nathan P. Mosley, CPPB
Procurement Manager
solicitations@tpchd.org

Request for Qualifications (RFQ) 2026-0227 Pre-Design Services



Tacoma-Pierce County Health Department is requesting qualifications from qualified agencies or organizations interested in providing the services described in the Statement of Work.

This document outlines the information necessary to understand the contractor selection process and the required documentation for submittal of qualifications and a proposal for this project.

Schedule of RFQ process	
RFQ opening	March 3, 2026, 9:00 AM Pacific Time
Clarification Questions Due	March 10, 2026, 4:00 PM Pacific Time
Response to Clarification Question Due	March 20, 2026, 4:00 PM Pacific Time
RFQ Submission Deadline	March 27, 2026, 4:00 PM Pacific Time
Evaluation of Proposals	March 30 – April 3, 2026
Interviews or Selection of qualified proposers	April 6 – April 10, 2026
Draft Contract Review (Deviations & Exclusions)	April 27 – May 1, 2026
Board of Health (BOH) Approval	May 6, 2026
Estimated project start date	July 1, 2026
Estimated project completion	October 30, 2026

Qualifications Submission:

All submissions must be submitted on or before the identified due date listed in the above Schedule above, no exceptions unless otherwise notified. Submission process, proposals shall be submitted electronically to: solicitations@tpchd.org.

Questions:

Questions are welcome. Note the schedule on second page, which advises when questions are due.

Please route all questions regarding this solicitation to:

Tacoma-Pierce County Health Department Procurement Office

Single Point of Contact (SPoC), Procurement Manager, Nathan P. Mosley, CPPB at

Solicitations@tpchd.org.

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General Instructions to Applicants

1. Submission of RFQ Packet

A. Proposals submitted electronically at solicitations@tpchd.org. The email subject line must clearly state Request for Proposal and include the RFP number. Do not cc or send proposals to any other email address.

B. Proposers are responsible for submission of their proposal. Additional time will not be granted to a single proposer. However, additional time may be granted to all Proposers at the discretion of the Department.

2. Withdrawals

Once the Tacoma-Pierce County Health Department Procurement Office has received the submitted proposal may not be withdrawn.

3. Equal Employment Opportunity Regulations

A. Tacoma-Pierce County Health Department adheres to City of Tacoma and State of Washington Regulations relating to minority and women participation in its procurement activity.

B. You must fill out, sign and return the Personnel Work Force Data Form (enclosed) or the proposal will be rejected.

4. Non-collusion Affidavit

The State of Washington and Pierce County require that all applicants complete and attach to their application the Non-Collusion Affidavit (enclosed). We will consider submitting applications without this form incomplete and they will be rejected. Please note that this affidavit must be notarized. You may direct questions concerning the Non-Collusion Affidavit to the Tacoma-Pierce County Health Department single point of contact (SPoC) at solicitations@tpchd.org.

5. Prevailing Wage

Submitted packets must reflect prevailing wage as posted by WA State Labor and Industries.

6. Litigation

In the event that litigation should arise related to a contract resulting from this RFQ, venue for such legal action or litigation will be through the Superior Court of the State of Washington in and for the County of Pierce.

7. References

Packets submitted for this project must include at least three (3) references applicable to the scope of work as outlined herein. If you do not provide references with the submitted packet, the packet will be rejected. The Proposer may submit more than three (3) references, but Tacoma-Pierce County Health Department reserves the right to contact no more than three (3) references, although it may contact more at its discretion.

B. Taxes

A. Applicable Taxes: Proposer shall include in the proposal all applicable local, city, state, and federal taxes. It is the obligation of the proposer to state on the Proposal Sheet the correct percentage and total applicable Washington State and local sales tax.

B. City of Tacoma Tax & License: Section 6.68.225 of the Official Code of the City of Tacoma provides that all transactions with the City, wherever consummated are subject to City Business and Occupational Taxes. It will be the responsibility of applicants selected to perform work under this RFP/RFQ to register with the Department of Tax and License.

C. Federal Excise Tax: Do not include Federal Excise Tax in the proposal prices. We will furnish Federal Tax Exemption Certificates if required.

9. Compliance With Regulations

The Proposer agrees to abide by all laws, rules, and regulations promulgated by the United States of America, the State of Washington, or any agencies or subdivisions thereof, specifically including WISHA and OSHA regulations in effect at the time of proposal opening. The selected Proposer (Contractor) shall be solely responsible for all violations of the law from any cause in connection with work performed under any Contract resulting from this RFQ.

10. Insurance

- A. Should an agency or organization be selected for contract, that entity will be required to maintain the following insurance coverage:
- 1) Commercial General Liability with minimum limits of \$1,000,000 bodily injury per person per occurrence;
 - 2) Comprehensive Automobile Liability insurance with minimum limits of \$1,000,000;
 - 3) \$1,000,000 Property Damage per Occurrence or \$1,000,000 Combined Single Limit per Occurrence.
- B. The Certificate of Commercial General Liability shall name Tacoma-Pierce County Health Department as an additional insured.

11. Rejection of Proposals and Reduction of Contracts

Tacoma-Pierce County Health Department reserves the right to:

- Reject any or all applications, or to seek additional clarifying information from applicants;
- Issue subsequent proposals;
- Abstain from awarding the contract if submitted budgets exceed available resources.

12. Contract Extension

Contract(s) resulting from this RFQ may be subject to extensions by mutual agreement of the parties. Renewal options, if appropriate, will be included in the established contract(s).

13. Statement of Qualifications

The completed submitted packet and the ability of the selected Proposer to provide the services as herein outlined, will serve as the Statement of Qualifications for any contract resulting from this RFQ. The selected Proposer is responsible for assuring that all required licenses are obtained prior to contract performance commencement and that appropriate training of its staff is completed prior to being assigned work under the contract.

14. Protest

The Tacoma-Pierce County Board of Health (BOH) governs appeals via Resolution 2010-4224, Appeals Process for Orders and Decisions of the Health Officer. The appeal is commenced by filing a written request on forms prescribed by Tacoma-Pierce County Health Department and submitting a \$1,000 deposit towards the total cost of the appeal. The BOH requires an appeal to be filed within ten (10) days of the date of the challenged decision. The appellant is required to pay the full cost of the appeal and must submit as a deposit a check payable to Tacoma-Pierce County Health Department in the amount of \$1,000 at the time the appeal is filed. Appeals filed without a signed agreement to pay the full cost of the appeal, and/or without the \$1,000 deposit, will be considered incomplete, invalid, not "perfected" and therefore will not be processed by Tacoma-Pierce County Health Department. In the event the Hearing Examiner concludes that the appellant is the prevailing party, then Tacoma-Pierce County Health Department shall be responsible for the cost of the appeal and shall make full refund of the appellant's deposit.

15. Protected Health Information Privacy Rule

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective April 14, 2003, Contracts resulting from this RFQ will be subject to the mandatory provisions for the use and handling of Protected Health Information (PHI) under the Standards for Privacy of Individually Identifiable Health Information.

The selected Proposer (Contractor) will be required to execute a Business Associate Agreement (BAA) as part of any contract with Tacoma-Pierce County Health Department resulting from this RFQ. The Contractor must agree in writing to use and disclose PHI only for those purposes necessary to perform its duties, obligations and functions under Contract or otherwise to Tacoma-Pierce County Health Department, or as otherwise expressly required or allowed by other law. The Contractor must implement appropriate safeguards to prevent any use or disclosure of PHI not otherwise permitted. The Contractor will appropriately inform its employees, representatives, and members of its workforce of the Contractor's obligations under HIPAA. Contractor may be required to enter into written agreement (BAA) with its agents or subcontractor(s) if those agents or subcontractors perform services that satisfy the Contractor's obligations to Tacoma-Pierce County Health Department.

16. Contract Terms and Conditions

A Proposer may obtain a copy of the Tacoma-Pierce County Health Department contract boilerplate terms and conditions by submitting a written request to the Purchasing Agent at the address stated herein. This Tacoma-Pierce County Health Department contract boilerplate will be binding upon the successful selected proposer.

Statement of Work

Background

The Tacoma-Pierce County Health Department invites qualified architectural firms to lead an exciting pre-design and conceptual design effort for a potential major capital project. We are seeking a design partner who can help shape a clear, inspiring vision and guide us through the critical early stages of defining goals, evaluating site and program options, and developing thoughtful preliminary concepts.

While we anticipate architectural leadership for this phase, we welcome interest from multidisciplinary teams and related design professionals whose expertise will strengthen and enrich the process.

The potential project is anticipated to encompass approximately 125,000 to 175,000 square feet across multiple parcels. Program elements may include clinic services, family-based services, administrative functions, and integrated outdoor spaces. This scope is focused exclusively on pre-design and conceptual design services; preparation of final construction documents is not included.

We look forward to partnering with a forward-thinking design team ready to help us envision and articulate the future of public health services in our community.

Diversity, Equity, & Inclusion

All minority & Women Business Enterprises (MWBs), Veteran Owned Businesses (VOBs), Disadvantaged Business Enterprises (DBEs), and Small Business Enterprises (SBEs), are strongly encouraged to apply.

Statement of Qualifications:

Firms shall submit a Statement of Qualifications that includes, at a minimum:

- Firm background and relevant experience with similar pre-design and conceptual planning projects.
- Qualifications and roles of key personnel proposed for this project.
- Description of the firm's approach to providing the requested services.
- Demonstrated experience with comparable projects.
- Evidence of financial capability and capacity to perform the work.
- Timeframe to perform the work.

References:

- Provide three (3) client references for projects completed within the last five (5) years that are similar in scope and complexity to the services requested. Include the client organization, project name and brief description, client contact name, phone number, email address, and the firm's role in the project.

The Health Department may contact references as part of the evaluation process.

Consultant shall provide the following services:

1. Project Initiation and Discovery
 - a. Participate in a project kickoff meeting with Health Department stakeholders.
 - b. Review available background information (site data, program needs, constraints, prior studies)
 - c. Participate in an onsite walk-through of the existing facilities to become familiar with current conditions, operational constraints, and opportunities. (Key subconsultants should be in attendance).
 - d. Confirm project objectives, budget parameters, schedule assumptions, and performance goals.
2. Programming and Needs Assessment
 - a. Facilitate stakeholder interviews and/or workshops.
 - b. Develop a preliminary space program and adjacency requirements.
 - c. Identify functional requirements and operational considerations
 - d. Document assumptions and constraints.
3. Site and Feasibility Analysis
 - a. Review site conditions, zoning, utilities, access, and known environmental constraints.
 - b. Identify opportunities, challenges, and high-level risks.
 - c. Evaluate feasibility of alternative sites (if applicable).
4. Concept Development (Pre-Design)
 - a. Develop 2-3 conceptual design options.
 - b. Provide high-level narrative descriptions of each concept.
 - c. Prepare preliminary diagrams or sketches illustrating massing, layout, and relationships.
 - d. Identify pros/cons, risks, and order-of-magnitude (cost estimate) implications for each option.
5. Preliminary Cost & Schedule Inputs
(Coordination Only)
 - a. Provide conceptual design information to support the Department's cost estimating efforts.
 - b. Assist the Department with assumptions required for order-of-magnitude cost ranges.
 - c. Identify schedule considerations and potential phasing strategies.
6. Deliverables
The consultant shall provide:
 - a. Concept narrative summary.
 - b. Concept programming diagrams or bubble diagrams (1 hard copy in addition to a PDF).
 - c. Preliminary space program.
 - d. Feasibility summary with identified risks and constraints.
 - e. Final pre-design report suitable for stakeholder and leadership review.
7. Stakeholder Presentations
 - a. Prepare and present findings and concepts to leadership.
 - b. Participate in up to three review meetings or presentations.
8. Exclusions
The following services are not included in this scope:
 - Construction documents.
 - Permit applications.
 - Detailed engineering design.
 - Cost estimating, beyond conceptual coordination.
 - Construction administration.

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Evaluation Criteria

All submissions will be evaluated in accordance with the following criteria:

Evaluation Criteria	Points
Project team experience and qualifications	30
Understanding of the project requirements	20
Past performance on similar projects and references	30
Approach to project	10
Financial capability	10
TOTAL POINTS	100

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Non-Collusion and Debarment Affidavit

* State of Washington

** County of Pierce

I, the undersigned, an authorized representative of: _____
being first duly sworn on oath, do hereby certify that said person(s), firm, association, or corporation has not/have not,
either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in
restraint of free competitive bidding in connection with the project for which this proposal is submitted.

I further certify that, except as noted below, the firm, association, corporation, or any person in a controlling capacity
associated therewith, or any position involving the administration of federal funds, is not currently under suspension,
debarment, voluntary exclusion, or determination of eligibility by any federal agency; has not been suspended, debarred,
voluntarily excluded, or determined ineligible by any federal agency within the past 3 years; does not have a proposed
debarment pending; and has not been indicted, convicted, or had a civil judgment rendered against said person, firm,
association, or corporation by a court of competent jurisdiction in any matter involving fraud or official misconduct within
the past 3 years.

I further acknowledge that by signing the signature page of the proposal, I am deemed to have signed and have agreed to
the provisions of this affidavit.

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For any exception noted, indicate above to whom it applies, initiating agency, and dates of action. Providing false
information may result in criminal prosecution or administrative sanctions.

"A suspending or debaring official may grant an exception permitting a debarred, suspended, or excluded person to
participate in a particular transaction upon a written determination by such official stating the reasons(s) for deviating from
the Presidential policy established by Executive Order 12549 ..." (49CFR Part 29 Section 29.215).

* If notarization of proposal takes place outside of the State of Washington, delete Washington and enter the
appropriate State.

** Indicate the County where notarization of the proposal takes place if other than the County stated above.

The bidder is hereby advised that by signature of this proposal he/she is deemed to have acknowledged all requirements
and signed all certificates contained herein.

The undersigned hereby agrees to pay labor not less than the prevailing rates of wages in accordance with the
requirements of the special provisions for this project.

Affidavit Must be Signed and Notarized

Signature of Authorized Official(s): _____

Firm Name: _____

Address: _____

City, State, Zip: _____

Signed and sworn to (or affirmed) before me this _____ Day _____ of 2016.

(Seal)

Signature, NOTARY PUBLIC in and for the State of Washington

Residing at: _____

My commission expires: _____

Tacoma-Pierce County
Health Department
Healthy People for Healthy Communities

Contract No.

Project No.

Phone No. _____

Fax No.

Contract Work Hours:
(if applicable)

Journal of Management Education 36(7) 809-824
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TOTALS:

Board of Health Action Request



REGULAR AGENDA

Resolution No. 2026-4933

Requesting Division	Presenter	Phone Number
Administrative Services	Cindan Gizzi, Deputy Director	253-649-1504

Preparation of an Agenda Request/Resolution for the Board of Health meeting. Date: June 3, 2026

Request Summary Authorization (click [here](#) to view summary examples)

Authorization to amend by \$130,700 the contract with Nash Consulting, Inc. from not to exceed \$29,210 to not to exceed \$159,910 to provide supervisor training, coaching, and an employee engagement survey for the period of June 4, 2026 to December 31, 2026.

Background Information / Comments

Earlier this year, the Health Department contracted with Nash Consulting to assist with the Department's recruitment of a Human Resources Manager and to provide three training sessions at the Health Department's in-person All Staff Retreat. The Health Department would like to expand the 2026 contract for Nash Consulting to also provide an employee engagement survey, leadership development training for 2 cohorts of managers and supervisors, coaching sessions for Leadership Team members, and ongoing consultation to help executive leadership reinforce actionable behavior skills taught during trainings that are focused on intentionally building a healthy workplace culture throughout the agency.

This work supports the Health Department's Workforce Development Plan and Strategic Initiative 2 (Improve organizational culture) in the 2025-2029 Strategic Plan.

Health Lens Analysis Tool (click [here](#) to view the Health Lens Analysis Tool Guidance Document)

Note: Health Lens Analysis Tool must be completed and uploaded to the BOH Resolution documents library.

Recommended Board of Health Action Approve Resolution No. 2026-XXXX

List all materials attached as backup information for the request.

2026 Nash Consulting contract health lens analysis tool
Nash Consulting contract

Note: All documents listed above must be uploaded to the BOH Resolution documents library.

Finance Information/Additional Revenue Grantor / Contractor: Click here to enter text.

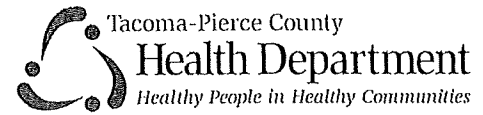
Source of Revenue	
Federal:	\$130,700.00
State:	
Pierce County:	
City of Tacoma:	
Other:	
Total:	\$130,700.00

Additional Expenditure		
Account Number(s)	001-112-1011-33-562-16	\$130,700.00
Total:		\$130,700.00
Program Name	Human Resources	

<i>Cindan Jizzi</i> Program / Division Director Approval	<i>Su Yi</i> Business Support Services Approval	<i>Chantell Harmon Reed</i> Chantell Harmon Reed (Jun 3, 2026 10:12:29 PDT) Director of Public Health Approval
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Health in All Policies

Health Lens Analysis Tool



Name of Proposed Policy or Decision

2026 Nash Consulting contract

Health Lens Analysis Questions

1. What is this proposal trying to accomplish?

Earlier this year, the Health Department contracted with Nash Consulting to assist with the Department's recruitment of a Human Resources Manager and to provide three training sessions at the Health Department's in-person All Staff Retreat. The Health Department would like to expand the 2026 contract for Nash Consulting to also provide an employee engagement survey, leadership development training for 2 cohorts of managers and supervisors, coaching sessions for Leadership Team members, and ongoing consultation to help executive leadership reinforce actionable behavior skills taught during trainings that are focused on intentionally building a healthy workplace culture throughout the agency.

This work supports the Health Department's Workforce Development Plan and Strategic Initiative 2 (Improve organizational culture) in the 2025-2029 Strategic Plan.

2. Which groups of people will be most affected by this proposal?

Positively affected: Health Department staff.

Negatively affected: None.

3. Which groups of people who may be affected have you consulted when developing the proposal? Who have you not consulted that might be affected?

Consulted with: Consulted with Leadership Team. Also received very positive feedback from more than 100 staff who highly rated the Nash Consulting training provided at the All Staff Retreat.

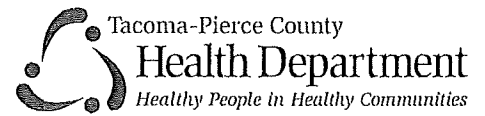
Have not consulted with: Additional staff.

4. How would this proposal improve or impair the social conditions of the community?

The training and coaching services by Nash Consulting teach evidence-based, actionable behaviors and skills to create a healthy organizational culture, which will help to attract and retain quality, skilled employees. This will then facilitate high quality services and programs provided by staff to Pierce County residents, including programs to improve the social conditions of the community.

Health in All Policies

Health Lens Analysis Tool



5. How would this proposal improve or impair the economic conditions of the community?

The training and coaching services by Nash Consulting teach evidence-based, actionable behaviors and skills to create a healthy organizational culture, which will help to attract and retain quality, skilled employees. This will then facilitate high quality services and programs provided by staff to Pierce County residents, including programs to improve the economic conditions of the community.

6. How would this proposal improve or impair the environmental conditions of the community?

The training and coaching services by Nash Consulting teach evidence-based, actionable behaviors and skills to create a healthy organizational culture, which will help to attract and retain quality, skilled employees. This will then facilitate high quality services and programs provided by staff to Pierce County residents, including programs to improve the environmental conditions of the community.

7. What are some possible unintended negative health effects of this proposal?

None.

8. What actions do we need to take to ensure this proposal supports health in Pierce County? Whom might you need to work with to accomplish these actions?

N/A

9. What actions will be taken to strengthen this proposal's support of health in Pierce County?

No change (please explain:)	
<u>Remove</u> the following from the proposal:	
<u>Amend</u> the following in the proposal:	
<u>Add</u> the following to the proposal:	

Contract For Services

AMENDMENT NO 1
TO CONTRACT FOR SERVICES

THIS FIRST AMENDMENT amends Contract For Services # 2026-117 between the Tacoma-Pierce County Health Department, hereinafter referred to as DEPARTMENT, and Nash Consulting, Inc., hereinafter referred to as CONTRACTOR, entered into on 3/30/2026.

WHEREAS, the parties to the Contract for Services are desirous of amending said Contract, to allow for increased training and coaching services provided across the Department.

NOW, THEREFORE, it is mutually agreed by the parties that said Contract be amended as follows, and this Amendment shall be called #2026-117A1.

1. Paragraph III: **PAYMENT**: The DEPARTMENT shall pay an additional sum of **\$130,700** for an amended maximum Contract sum of **\$159,910**, for all services provided by the CONTRACTOR as set forth in Addendum A, Scope of Work, of the Contract.
2. Addendum A: **CONTRACTOR SERVICES (Scope of Work)**: The services provided by the CONTRACTOR shall be amended to include the services described on Attachment #1, attached hereto and incorporated herein by reference.
3. Addendum B: **HEALTH DEPARTMENT REIMBURSEMENT**:

A. CONSIDERATIONS

5) The source of funding for this Contract shall be amended to read: Various

B. MAXIMUM REIMBURSEMENT shall be amended to read:

During the Contract period, the DEPARTMENT agrees to reimburse the CONTRACTOR for services identified in Addendum A. Maximum Contract consideration shall not exceed **\$159,910**.

All other previously existing terms and conditions of this Contract shall remain the same and shall be in continuous full force and effect. In the case of conflict between this Amendment and the above identified original Contract, the terms of this Amendment shall prevail.

05/28/2026

Date of Signature

Mike Nash

Mike Nash (May 28, 2026 10:01:53 PDT)

Authorized Contractor Signature

Mike Nash

Printed Name of Authorized Signature

Nash Consulting, Inc.
1700 Westlake Ave. N. #200
Seattle, WA 98109

Date of Signature

Authorized Department Signature

Su Yi, Accounting Manager

Printed Name of Department Signature
Tacoma-Pierce County Health Department
3629 South D Street
Tacoma, WA 98418

Date of Signature

Authorized Department Signature
(\$25,000 and over)

Chantell Harmon Reed, Director of Public Health
Printed Name of Department Signature

Contract For Services

Attachment #1 (Scope of Work)

Contractor Leadership Development			
Description	Item	Quantity	Price
Planning and Coordinating			
On-going conversations for planning, coordinating, sponsorship coaching, meetings with the board, and logistics throughout the engagement (Used as needed)	\$390.00	10 Hours	\$3,900
Employee Engagement Survey			
Select line item Employee engagement survey	\$5,000.00	1 Survey	\$5,000
Leadership Development Workshops			
Select line item Managing with Mind and Heart series (6 full-days @ \$5,700/day)	\$34,200.00	Quantity 2 Cohorts	\$68,400
Executive Team Sustainability			
Select line item Executive team follow up sessions	\$5,700.00	Quantity 3 Full-Day(s)	\$11,400
Coaching			
Select line item 6-month contract	\$10,000.00	Quantity 1 Contract(s)	\$10,000
Select line item 4-month contract	\$8,000.00	Quantity 4 Contract(s)	\$32,000
			Total \$130,700

Nash Consulting, Inc._2026-117A1

Final Audit Report

2026-05-28

Created:	2026-05-28
By:	Marquis Bradford (mbradford@tpchd.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAUp24IrdLm7do3BGFluU-Hpa_pXXUyd76

"Nash Consulting, Inc._2026-117A1" History

-  Document created by Marquis Bradford (mbradford@tpchd.org)
2026-05-28 - 4:52:31 PM GMT
-  Document emailed to Nathan Mosley (nmosley@tpchd.org) for approval
2026-05-28 - 4:53:33 PM GMT
-  Email viewed by Nathan Mosley (nmosley@tpchd.org)
2026-05-28 - 4:54:17 PM GMT
-  Document approved by Nathan Mosley (nmosley@tpchd.org)
Approval Date: 2026-05-28 - 4:55:12 PM GMT - Time Source: server
-  Document emailed to Mike Nash (mike@nashconsulting.com) for signature
2026-05-28 - 4:55:13 PM GMT
-  Email viewed by Mike Nash (mike@nashconsulting.com)
2026-05-28 - 5:01:30 PM GMT
-  Document e-signed by Mike Nash (mike@nashconsulting.com)
Signature Date: 2026-05-28 - 5:01:53 PM GMT - Time Source: server - Signature Appearance Selected: TYPE
-  Agreement completed.
2026-05-28 - 5:01:53 PM GMT



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BOH Nash Resolution

Final Audit Report

2026-06-03

Created:	2026-06-02
By:	Yuliana Ambriz (yambriz@tpchd.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAdsi7Hr993F84KQe2S8rQfF_c2Pi-qPvI

"BOH Nash Resolution" History

-  Document created by Yuliana Ambriz (yambriz@tpchd.org)
2026-06-02 - 7:53:14 PM GMT
-  Document emailed to Cindan Gizzi (cgizzi@tpchd.org) for signature
2026-06-02 - 7:53:19 PM GMT
-  Email viewed by Cindan Gizzi (cgizzi@tpchd.org)
2026-06-02 - 8:09:12 PM GMT
-  Document e-signed by Cindan Gizzi (cgizzi@tpchd.org)
Signature Date: 2026-06-02 - 8:09:21 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE
-  Document emailed to Su Yi (syi@tpchd.org) for signature
2026-06-02 - 8:09:23 PM GMT
-  Email viewed by Su Yi (syi@tpchd.org)
2026-06-02 - 11:29:34 PM GMT
-  Document e-signed by Su Yi (syi@tpchd.org)
Signature Date: 2026-06-02 - 11:29:51 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE
-  Document emailed to Chantell Reed (creed@tpchd.org) for signature
2026-06-02 - 11:29:53 PM GMT
-  Email viewed by Chantell Reed (creed@tpchd.org)
2026-06-02 - 11:35:33 PM GMT
-  Signer Chantell Reed (creed@tpchd.org) entered name at signing as Chantell Harmon Reed
2026-06-03 - 5:12:27 PM GMT
-  Document e-signed by Chantell Harmon Reed (creed@tpchd.org)
Signature Date: 2026-06-03 - 5:12:29 PM GMT - Time Source: server - Signature Appearance Selected: TYPE



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✔ Agreement completed.

2026-06-03 - 5:12:29 PM GMT



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