

LEOFF2 Board Presentation Outline: Agenda Item 9

Chris

Setting up an agency is similar to setting up a business. You need to establish a budget and staffing plan, create a legal identity with a variety of federal and state agencies, hire staff and acquire equipment and facilities.

Today we'll provide an overview of the tasks that will be required and the support you can expect from a number of agencies. We've been brainstorming lists of tasks – so far I'm up to 38 separate tasks, and I suspect we're not finished yet.

The law provides that you establish your budget.

The revenue source is the pension trust fund.

You'll transfer revenue from the trust fund into the expense fund.

You'll work with the State Investment Board to set up the expense fund and arrange transfers of revenue.

You'll have the actuary assess the impact of your budget proposal on the fund and the contribution rates, so that you can still meet your obligation to pay benefits.

You'll need to work with OFM to make the allotments. You can't spend dollars without allotments, and you can't do allotments without having a budget.

Here is a summary of what the DRS staff estimated in the fiscal note. It was just one of a number of possible scenarios, and done without having a board to provide guidance or assumptions. You could temporarily adopt the assumption in the fiscal notes, or you

could adopt a bare-bones administrative budget for the next few months. In any case, one of your major tasks in the next few months will be to decide as a board how you want to operate, what staff you'll need, what contracts or interagency agreements you'll want to enter into, and then develop a final budget for the year. At that time, we can change the allotments.

We're available for QA on this, but we'll wait for #10 before you discuss the various approaches and their pros and cons – because you need to hear the rest of these presentations for context.

Yolanda

Yolanda will walk you through what it takes to establish yourselves as a business entity, and talk about Small Agency Accounting at OFM.

Patty

Patty will talk about staffing, recruitment and DOP small agency services.

Connie

Connie will describe the state's small agency initiative, and DIS' services.

Ron

Ron will talk facilities.

Again – this is an overview with Q&A – you can decide under agenda item 10 what decisions you're comfortable making today, and what those decisions will be. We'll all stay at the table to support your discussion.

new board members and staff, and will be an effective communication tool with the public.

Conclusion

And having preached at you for a while, I want to stop and thank you for your willingness to take on this responsibility. You are making an important contribution to the state and the LEOFF2 Plan members by devoting this time, and the Governor appreciates your commitment.

I would be happy to answer any questions you have... and I will be available to you in the future as you establish your agency and work through issues, to offer the Governor Office's perspective and support.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested					
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name				
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)				
	4b City, state, and ZIP code	5b City, state, and ZIP code				
	6 County and state where principal business is located					
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN				
8a Type of entity (check only one box)						
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____						
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) ▶ _____						
8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country				
9 Reason for applying (check only one box)						
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____						
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____						
10 Date business started or acquired (month, day, year)		11 Closing month of accounting year				
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶						
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Agricultural</td> <td style="width:33%;">Household</td> <td style="width:33%;">Other</td> </tr> </table>	Agricultural	Household	Other
Agricultural	Household	Other				
14 Check one box that best describes the principal activity of your business.						
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____						
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.						
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.						
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____						
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____						

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶			Applicant's fax number (include area code) ()
Signature ▶			Date ▶

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-6, 8a, and 9-16c.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b (if applicable), and 9-16c.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 9, and 16a-c.
Changed type of organization	Either the legal character of the organization or its ownership changed (e.g., you incorporate a sole proprietorship or form a partnership) ²	Complete lines 1-16c (as applicable).
Purchased a going business ³	Does not already have an EIN	Complete lines 1-16c (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust ⁴	Complete lines 1-16c (as applicable).
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 2, 4a-6, 8a, 9, and 16a-c.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a-9, and 16a-c.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1, 3, 4a-b, 8a, 9, and 16a-c.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042 , Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 9, and 16a-c.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a-5b, 8a, 9, and 16a-c.
Is a single-member LLC	Needs an EIN to file Form 8832 , Classification Election, for filing employment tax returns, or for state reporting purposes ⁸	Complete lines 1-16c (as applicable).
Is an S corporation	Needs an EIN to file Form 2553 , Election by a Small Business Corporation ⁹	Complete lines 1-16c (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. (The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).)

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also Household employer on page 4. (Note: State or local agencies may need an EIN for other reasons, e.g., hired employees.)

⁸ Most LLCs do not need to file Form 8832. See Limited liability company (LLC) on page 4 for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.





Master License Service
 Department of Licensing
 P O Box 9048
 Olympia WA 98507-9048
 Telephone: (360) 664-1400
 www.dol.wa.gov

Information provided may be subject to disclosure under the public disclosure law (RCW 42.17)

Owner Name _____

Unified Business Identifier (UBI) _____

Federal Employer Identification Number (FEIN) _____

For Validation - Office Use Only

01P-400-925-0003

MASTER APPLICATION

(Please type or print clearly in dark ink.)

Mail Directly to the Master License Service
 or file in person at any UBI service location.



1. Purpose of Application

Please check all boxes that apply

- | | |
|---|--|
| <input type="checkbox"/> Open/Reopen Business
<i>complete sections 2, 3, (4 if hiring employees) and 5</i> | <input type="checkbox"/> Hire Employees
<i>complete all sections</i> |
| <input type="checkbox"/> Change Ownership
<i>complete sections 2, 3, (4 if you have employees) and 5</i> | <input type="checkbox"/> Hire Employees Under Age 18
<i>complete all sections</i> |
| <input type="checkbox"/> Add License/Registration to Existing Location
<i>complete sections 2, 3 and 5</i> | <input type="checkbox"/> Hire Persons to Work in or Around Your Home
<i>complete sections 2, 3c, 4 and 5 (no application fee)</i> |
| <input type="checkbox"/> Register Trade Name
<i>complete sections 2, 3 and 5</i> | <input type="checkbox"/> Other _____
<i>complete all sections</i> |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3 and 5
<i>indicate name to be cancelled: _____</i> | |
| <input type="checkbox"/> Change or Open Location - complete sections 2, 3a, 3b, 3c and 5
<i>indicate old address to be closed: _____</i> | |

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list

Indicate Registrations Needed	Fees Due
<input type="checkbox"/> Tax Registration – Do you want a separate tax return for each business/trade name? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (if you will have employees)	No Fee
<input type="checkbox"/> Unemployment Insurance (if you will have employees)	No Fee
<input type="checkbox"/> Minor Work Permit (if you will have employees under age 18)	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
Indicate Other Licenses (such as Lottery Retailer) or additional Trade Names (\$5 each name): (see License Fee Sheet for more information.)	
	\$
	\$
	\$
	\$
	\$
	\$

Enclose check for total amount due, including the Application Fee, which MUST be submitted with this form

Application Fee **\$ 15.00**

➤ **Make check payable to the WASHINGTON STATE TREASURER.**

Total Amount Due **\$**

3. Business Information

a. Check only one box in this section that applies to your ownership structure:

Sole Proprietor: If married, should spouse's name appear on license? Yes No *(If you answer No, you must still enter the spouse information in Section C below.)*

Partnership Limited Partnership Limited Liability Partnership Limited Liability Company
 Washington Corporation Out of State Corporation Non Profit Corporation *(educational, religious, charitable)*

Partnership, Corporation, LLC or LLP Name _____

State incorporated/formed: _____ Year incorporated/formed: _____

Association Trust Municipality Other

Name of Organization _____

b. Business Open Date _____ / _____ / _____ *If unknown, please estimate.*
MM YY

Doing Business As (DBA)/Trade Name _____ County in Which Business is Located _____ Inside city limits? Yes No

Business Mailing Address (Street or PO Box, Suite No. Do not use building name) _____ Business Street Address in Washington (if different than mailing address) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

() _____ () _____ Internet/E-Mail Address _____
 Business Telephone Number Fax Number

c. List all owners & spouses: Sole proprietor, partners, officers, and LLC members. Attach additional pages if needed.

➤ _____ () _____
 Name (Last, First, Middle) _____ Title _____ Home Telephone Number _____
 Home Address (Street or PO Box) _____ Are you married? Yes No If yes, enter spouse information below.
 City _____ State _____ Zip _____ Spouse's Name (Last, First, Middle) _____
 Date of Birth _____ Social Security Number _____ % Owned _____ Spouse Date of Birth _____ Spouse Social Security Number _____

➤ _____ () _____
 Name (Last, First, Middle) _____ Title _____ Home Telephone Number _____
 Home Address (Street or PO Box) _____ Are you married? Yes No If yes, enter spouse information below.
 City _____ State _____ Zip _____ Spouse's Name (Last, First, Middle) _____
 Date of Birth _____ Social Security Number _____ % Owned _____ Spouse Date of Birth _____ Spouse Social Security Number _____

➤ _____ () _____
 Name (Last, First, Middle) _____ Title _____ Home Telephone Number _____
 Home Address (Street or PO Box) _____ Are you married? Yes No If yes, enter spouse information below.
 City _____ State _____ Zip _____ Spouse's Name (Last, First, Middle) _____
 Date of Birth _____ Social Security Number _____ % Owned _____ Spouse Date of Birth _____ Spouse Social Security Number _____

The Social Security Number is required for all sole proprietors (RCW 26.23,150) and for all owners and spouses of a business that will have liquor, lottery or private investigator licenses. Not providing this information will result in application delays.



4. Employment

Complete if you employ, or plan to employ, one or more persons in Washington state; or if you want optional coverage under this ownership

- a. Date of first employment or planned employment at this location / / First date wages paid: / /
MM DD YY MM DD YY
- b. Number of persons you employ or plan to employ at this location (Do not include owners): _____
- c. Estimate the number of persons under 18 (minors) you will employ in the next 12 months: _____
- Estimate the number of minors that will be under 16:..... _____
 - Are any of the minors working in an agricultural business? Yes No
 - List the specific duties performed by minors at this location: _____

d. If you operate at more than one location, do you wish to report the employee information at the locations:

- Together Separately

e. Do you want unemployment insurance coverage for corporate officers?

- Yes – Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept.
 No – The corporation must inform officers *in writing* that they are not covered for unemployment insurance.

f. Do you want industrial insurance coverage for sole proprietor(s), partners, owners, corporate officers, or LLC members?

- Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

g. Do you want optional industrial insurance coverage for excluded employment? (See License Fee Sheet for descriptions.)

- Yes – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

h. If your entity is a Limited Liability Company, is your management vested?

- Yes – If managers are also members, they are exempt from industrial insurance coverage
 No – If managers are not members, they are mandatorily covered for industrial insurance coverage.

i. Please check the **ONE** box which best describes the major operation of your business and provide activity in detail below.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> (01) Construction-Wood Frame Bldg. | <input type="checkbox"/> (05) Shipbuilding | <input type="checkbox"/> (09) Mfg. - Food Products | <input type="checkbox"/> (13) Retail/Wholesale Trade |
| <input type="checkbox"/> (02) Construction-All other | <input type="checkbox"/> (06) Mining/Quarrying/Sand & Gravel | <input type="checkbox"/> (10) Miscellaneous Mfg. | <input type="checkbox"/> (14) Services/Maint./Restaurants |
| <input type="checkbox"/> (03) Logging/Forestry/Trucking | <input type="checkbox"/> (07) Mfg.-Wood/Metal/Stone Products | <input type="checkbox"/> (11) Machine Shops/Auto Repair | <input type="checkbox"/> (15) Communications |
| <input type="checkbox"/> (04) Temp. Help/Employee Leasing | <input type="checkbox"/> (08) Mfg.-Chemicals | <input type="checkbox"/> (12) Agricultural/Farming | <input type="checkbox"/> (16) Clerical/Professional Occup. |

j. Describe in detail the activities of your employees and/or indicate the category of optional coverage for excluded employment requested.

	3-Month Estimate	
	Number of Employees	Workers' Hours (Include Minors)

5. Signature

Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

X

Signature Required _____

/ /
Date

Application Prepared By (Please Print) _____

Title _____

() _____
Telephone No.

/ /
Date

UBI Agency Representative _____

() _____
Telephone No.

/ /
Date

Menu Switch Services Price Lists Support

Washington State Technology Mall

Search:

By Ask George™

DIS Home

Our Role

Tools

Services

- Acquisition
- All Products/Services
- Contact Us
- Hosting
- Mainframe
- Master Contracts
- Network Services
- Price Lists
- Security
- Telephone
- Vendor Opportunities
- Video/Media Services
- Web Services

-- Quick Links --



Best Practices

Customer Service Agreement

DIS must have the following information in order to complete a Customer Service Agreement. Providing this information will not bind you to an agreement. Once you provide this information, you will have an opportunity to review the Customer Service Agreement's terms and conditions and then indicate whether you agree to those terms.

Your organization's name

Name and Title of the individual authorized to sign contracts for your organization

First Name	Last Name
<input type="text"/>	<input type="text"/>
Title	
<input type="text"/>	

Name, Telephone Number, Fax Number and Electronic Mail address of your organization's contact person for the purpose of the Customer Service Agreement

First Name	Last Name
<input type="text"/>	<input type="text"/>
Telephone	FAX
(<input type="text"/>) <input type="text"/> - <input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>

Email:

Your Organization's Street Address

City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Check here if same as Street Address

Your Organization's Mailing Address


City	State	Zipcode

All fields are required except Fax number. Please double-check the information for accuracy before clicking the submit button.

Clicking "SUBMIT" below will give you an opportunity to review the Customer Service Agreement and either accept or reject its terms and conditions.

SUBMIT

PREVIOUS SCREEN

Questions or comments? Contact  [DIS Contracts & Legal Affairs Office](#)



[DIS Home](#) | [Our Role](#) | [Tools](#) | [TechMall™](#) | [Employment](#) | [Customer Support](#)

Questions or comments about the TechMall™? Contact the [TechMall™ Webmaster](#).
Read the [TechMall™ Privacy Notice](#)
[DIS External Content Policy](#)

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Use this form to enroll in the Electronic Federal Tax Payment System (EFTPS). For questions concerning EFTPS or this enrollment form, contact EFTPS Customer Service.

MARKING INSTRUCTIONS

- Use black or blue ink only.
- Please print legibly. Use one character per block. **Use only capital letters.** Keep all printing within the boxes.
- Do not make any stray marks on this form.

EXAMPLE MARKING

IA
State

52491
ZIP Code

Taxpayer Information

1. Employer Identification Number (EIN):

2. Language Preference

- English
 Spanish

3. Business Taxpayer Name:

4. Business Address:

City:

State:

ZIP Code:

Province, Country, and Postal Code:

Contact Information

5. Primary Contact Name:

6. Primary Contact Mailing Address (if different from #4 above):

City:

State:

ZIP Code:

Province, Country, and Postal Code:

7. Primary Contact Phone Number:

US Area Code / - International Country Code City Code

8. Alternate Contact Name:

9. Alternate Contact Phone Number:

US Area Code / - International Country Code City Code

Payment Information

10. Remittance Method

ACH Debit - check here if you will direct EFTPS to collect the payment from your financial institution. ACH Credit - check here if you will direct your financial institution to forward the payment to EFTPS. You must check with your financial institution to determine if they are capable of providing this service.

NOTE: If you will only be using ACH Credit as a remittance method, skip to item #35.

11. Payment Input Method

Personal Computer and Modem Telephone TDD/TTY (for hearing impaired) Mainframe Point of Sale

Tax Form and Threshold Amount Information (ACH Debit Payment only)

12. \$ 720	13. \$ 940	14. \$ 941
15. \$ 943	16. \$ 945	17. \$ 990C
18. \$ 990PF	19. \$ 990T	20. \$ 1042
21. \$ 1120		

22. Tax Form:	23. Threshold:	24. Tax Form:	25. Threshold:
26. Tax Form:	27. Threshold:	28. Tax Form:	29. Threshold:

Financial Institution Information (to be completed if ACH Debit will be used)

30. RTN: _____ 31. Account Number: _____ 32. Type: Checking Savings

33. Financial Institution Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Financial Institution Representative Name: _____
 Representative Signature: _____ Date: _____ Phone: _____

34. If ACH Debit will be used as a remittance method, please read the following Authorization Agreement:

By completing the information in boxes 30-33 and signing in box 35, I hereby authorize designated Financial Agents of the U.S. Treasury to initiate ACH Debit entries to the financial institution account indicated above, for payment of Federal taxes owed to the IRS upon request by Taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above. All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

35. I hereby authorize the contact person listed on this form and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of taxes, and answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

EFTPS use only

- A F
- B G
- C H
- D I
- E J
- F K
- G L
- H M

Date

Taxpayer Signature

Print Name

Title



Services Provided by *SACS*:

Accounting

- Accounts Payable
- Invoicing
- Purchasing
- Fixed Asset Accounting
- Financial Reporting
- Audit Requirements
- Accounts Receivable/Cash Receipts

Budgeting

- Biennial & Supplemental Budget Development
- Fiscal Note Preparation & Coordination
- Allotment Preparation
- Financial Reports & Analysis

Personnel & Payroll

- Input Information for Employees
- Supply Information on Payroll Changes to Agencies
- Enter Attendance
- Prepare State & Federal Reports
- Reconcile the Payroll Funds, Retirement & Withholding
- Prepare Semi-Monthly Payroll

SACS Provides a Full Line of Financial Services:

Accounting

Budgeting

Personnel & Payroll

Let us work for you.



Re-focus Your Agency's Resources.

Discover the Accounting Services of



Let SACS serve as your fiscal officer, financial advisor, budget officer, and service coordinator.

Accounting Division
Small Agency Client Services
SACS provides comprehensive, cost-effective accounting services to small agencies.

Why does SACS exist?

Small Agency Client Services (SACS) provides accounting, budgeting, and payroll services for small agencies. Having SACS provide these services allows agency staff to focus their efforts on achieving the agency's mission, fulfilling the agency's strategic plan, and using its limited resources more efficiently to serve its constituencies.

What staff will SACS provide?

If an agency purchases our full line of services, there will be five people within SACS to service the client. They are the lead financial analyst, two supporting financial analysts, the payroll financial analyst, and the manager within SACS.

If an agency purchases payroll services only, there will be four people to service the client. They are the lead financial analyst, one supporting financial analyst, the payroll financial analysts, and the manager within SACS.



Small Agency Client Services Staff
From Left to Right: Michelle Salinas, Coral Prescott, Randy Todd, and Pamela Mahan.

What services will SACS provide?

The lead financial analyst and one supporting financial analyst provide all of the accounting, budgeting, and personnel-related services included in our Service Level Standards.¹

A second supporting financial analyst provides a fresh set of eyes in the process, and this also familiarizes them with agency payments to better serve as a back up in the absence of the primary supporting financial analyst.

The payroll financial analyst and supporting financial analyst prepares and submits quarterly taxes and ensures that all employees are paid accurately and on time.

In addition to the expected routine tasks, the SACS manager also works with other divisions of OFM and other state agencies to provide services to benefit SACS' agencies.

How does SACS calculate fees?

Our fee structure has two components: payroll and base services. The payroll service fee covers the payroll-related costs and is based on the number of FTEs in the agency.²

The base service fee covers all other budgeting and accounting costs. This fee has two elements: transactions and complexity.

Transaction means workload volume. We count the number of lines of coding for all payable and cash receipts transactions that we process for an agency.

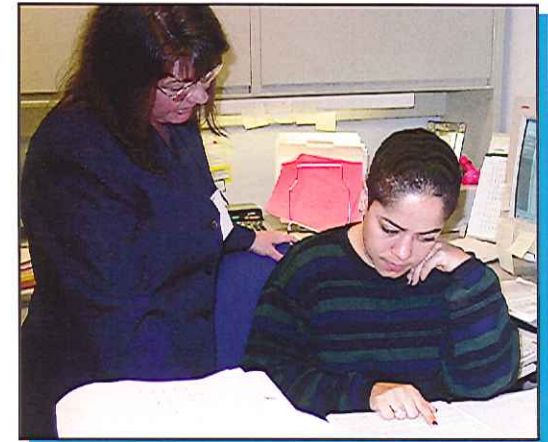
Complexity simply refers to the complexity of an agency's budgeting and accounting needs.

How can I determine the complexity of my agency's budget?

To determine complexity, we consider the size and difficulty of an agency's budget. We take into account factors such as the number of an agency's funds, programs, subprograms, appropriations, and activity levels.

¹ For a copy of our Service Level Standards, contact Yolanda Wilson.

² Each agency's FTEs are weighted in relationship to the total number of FTEs processed for payroll.



Chelly Seymour and Valena Heathorn of Small Agency Client Services



For More Information Contact:

Yolanda Wilson, Product Manager
Phone: 360-664-7668
Email: yolanda.wilson@ofm.wa.gov

Office of Financial Management
Small Agency Client Services
Service Level Standards

The following services will be provided to the agency as part of the base level of service.

Response to Customer Questions

- Customers will receive a return phone call on the day they place a call.
- Customers will receive an answer or status report on any question within 24 hours.

Budgeting

- **Biennial and Supplemental Budget Development**
 - Prepare any additional material to accompany the OFM budget instructions.
 - Budget calendar
 - Roles and responsibilities
 - Orientation materials
 - Special instructions
 - Meet with agency management before the Budget Jump Start data is due to identify budget needs and issues.
 - Assist and advise the agency as needed in developing the content of budget documents.
For example:
 - Agency strategic plan
 - Decision packages
 - Staff cost analysis
 - Performance measures
 - Activity Inventories
 - Prepare all budget documents and forms and review with agency management that SACS is responsible for.
 - Assist agencies in assembling the budget document to ensure that all components are included and clearly identified.
 - Release Budget Development System data to the Budget Division after agency after agencies approve
 - Assist agency management in briefing OFM budget and legislative staff as needed.
 - Assist agency in responding to questions from OFM budget, legislative staff, and legislators.

- Monitor legislative deliberations on the budget and advise agencies on the impact to them.
- Provide status reports.
- **Fiscal Note Preparation and Coordination**
 - Assist in preparing fiscal notes as requested.
 - Assist agency management in briefing OFM budget and legislative staff as needed.
 - Assist agency in responding to questions from OFM budget, legislative staff, and legislators.

Allotment Preparation

- Prepare any additional material to accompany the OFM allotment instructions.
 - Allotment calendar
 - Roles and responsibilities
 - Special instructions
- Provide agency with control totals.
- Meet with agency to discuss the desired allotment approach.
- Produce draft allotment spreads for agency review.
- Prepare final allotments and send to OFM budget before the deadline.
- Adjust allotments when necessary throughout the year.

Financial Reports and Analysis

- On or before the seventh working day following the close of each fiscal month, customers will receive:
 - One copy of a management report at the agency level
 - One copy of each requested AFRS report
 - Notes that explain any unusual or significant components of the financial reports and errors not corrected prior to report production.
 - A written analysis of any budget variances and proposed corrective action plans, if appropriate. This analysis will also include I-601 compliance.
 - Expenditure trend analysis.
 - Up to five additional different types of management reports as requested by the customer.
- The reports will be prepared in accordance with GAAP and Washington State accounting policies.

- SACS will prepare additional reports as needed throughout the month.
- SACS will provide financial consulting and advisory services as needed.
- SACS will meet with agencies quarterly, or more often if requested, with those agencies that desire to meet.

Accounts Payable

SACS will:

- Pay all invoices on an average of three (3) working days of receipt from customer.
- Ensure all possible discounts are taken.
- Ensure all invoices are paid prior to the due date, if received on time.
- Ensure that all invoices submitted no later than three days prior to AFRS cut-off will be included in that month's financial reports.
- Audit pay documents for adequate support, approvals and compliance with regulations:
- Identify and enter the vendor federal tax identification numbers.
- Prepare A-19s and JVs in accordance with state policy and GAAP.
- Input data into the accounting systems.
- Verify system output.
- Return a copy of the A-45 transmittal with notes indicating the disposition of documents and transactions.
- Conduct prompt research and issue resolution with vendors (and customer) to ensure customer accounts remain in good standing.
- Provide customers with copies of warrant registers within three days of receipt.
- Mail warrants and remittance advices to vendors.
- Prepare and submit all IRS 1099 reporting on time.
- Prepare and submit all annual tax reports on time.
- Estimate and record accruals.
- Notify the client of proposed changes to payment coding
- Provide guidance to the agency on:
 - Pay document preparation and coding.
 - Travel regulations and requirements.
 - Personal service contract requirements.

How the customer can help:

- Deliver or mail all documents to the SACS office at least once a week.
- Use the A-45 to list all payment documents being transmitted to prevent document loss.

- Ensure all proper authorizations are noted.
- If the cost is to be split among programs, provide how the split should be made so that SACS can account for the item correctly.
- Request the Tax Identification Number from vendors when executing new contracts to ensure vendors are paid in accordance with tax laws.
- Include only original invoices for use as payment documents.
- Send bills to be paid at least once a week to help accountants balance the workload.
- Notify SACS in writing of any address changes related to commission or board travel vouchers.
- Separate Accounts Payable from Accounts Receivable.

Invoicing, Accounts Receivable and Cash Receipts

SACS staff will:

- Prepare invoices based on billing information provided by the agency.
- Send invoices to customers within five (5) days of receipt of the information and authorization from the agency.
- Process recovery of expenditures.
- Receipt and process all cash, checks, warrants, EFTs, etc.
- Prepare deposits for the State Treasurer and local funds as required by state policy and GAAP.
- Secure cash receipts waiver from the State Treasurer's Office on agency's behalf.

How the agency can help:

- Submit all money received by the agency to SACS to ensure that SACS can deposit it within 24 hours of original receipt.
- Notify SACS of any EFT receipts on the day the funds are received.
- Provide documentation for how receipts should be coded.
- Do all collection activities.

Personnel and Payroll

SACS will:

- Execute employer initiated personnel and payroll transactions for new/terminated employees, upon receipt and authorization from the agency to include:
 - Pay increases;

- Adjustments to hours worked;
- Part-time employee hours; and,
- Any other employer changes affecting net pay.
- Execute employee authorized personnel and payroll transactions upon receipt and authorization from the employee to include:
 - Deduction changes with a signed change request;
 - Employee withholding a signed Employee's Withholding Allowance Certificate, W-4; and,
 - Address change with a signed address change request.
- Input position expenditure coding into the system.
- Prepare agency attendance reports and maintain employee leave records.
- Input leave usage into HRISD.
- Update the payroll files as required.
- Prepare state and federal payroll reports.
- Process regular and special pay warrants.
- Cancel and re-issue pay warrants.
- Perform reconciliations for payroll funds, retirement, and withholding.
- Process payroll based on the HRISD payroll data and regulations.
- Provide the agency with a copy of the Payroll Register (A-4) produced by HRISD for the agency's review and signature.
- Provide the agency with a copy of the payroll and related reports within two (2) days of publication.
- Provide the agency with the Personnel/Payroll Action Report (P-2), which shows activity to payroll information, within two (2) days of publication.
- Provide the agency with the Position Action Request Report (P4), which shows activity to authorized positions, within two (2) days of publication.
- Provide the agency with the Monthly Attendance Report (P-5), which shows leave and holidays taken within two (2) days of publication.
- Provide guidance to the agency on:
 - Insurance and benefits;
 - Deduction options; and,
 - Leave policies.
- Provide the agency with two (2) emails per month showing payroll cutoff dates.

How the agency can help:

- Ensure SACS receives all desired payroll changes no later than the date requested in the payroll cutoff email.
- Return completed and appropriately signed A4, P5, etc. documents back to SACS no later than the date requested in the payroll cutoff email
- Return the signed copy of the payroll register for record retention and archiving within one week.

Purchasing

SACS will:

- Prepare field orders and printing requisitions based on the receipt of an agency approved request or memorandum specifying the type and quantity of supplies or equipment requested, including vendor name, address, and phone number.
- Provide guidance and research related to purchases when requested.
- Assign field order numbers.
- Encumber the estimated purchase cost.

How the customer can help:

- Send a signed authorization to prepare field orders and printing requisitions.
- If the purchase cost is to be split among programs, provide how the split should be made so that SACS can encumber and account for the purchase correctly.

Fixed Asset Accounting

SACS will:

- Enter and update asset account balances in the general ledger
- Update the asset control system.
- Provide guidance to agencies on conducting an annual physical inventory of equipment.
- Work with the agency to reconcile the asset control system with the results of the physical inventory.
- Reconcile the asset control system with the accounting system.
- Record depreciation expenses.
- Provide guidance to the agency on fixed asset policies and asset protection measures.

How the agency can help:

- Notify SACS of all fixed asset purchases, disposals and transfers.

- Tag all fixed assets and promptly provide tag number and fixed asset information to SACS for input into the fixed asset system.

Bank Statement Reconciliations

SACS will:

- Reconcile treasury fund balances with AFRS each month.
- Reconcile all local fund activity to each bank statement.

Financial Reporting and Audit Requirements

SACS will:

- Prepare entries necessary to meet GAAP and state accounting requirements.
- Prepare OMWBE reporting.
- Maintain all AFRS accounting records for the agency.
- Work with the agency to establish and to maintain the agency's AFRS chart of accounts.
- Prepare year-end closing entries, including preparation of the OFM financial disclosure forms in accordance with the Statewide Accounting and Administrative Manual (SAAM).
- Assist the agency as needed in responding to auditor questions.
- Archive the agency accounting records in SACS possession after they are audited.

ADDITIONAL SERVICES

SACS will provide additional services to agencies for an additional fee.

- Additional reports beyond those provided in the base service.
- Special projects

Department of Personnel Small Agency Assistance Unit

Patty McGuire ☆ (360) 664-6339 ☆ Pattym@dop.wa.gov ☆ P.O. Box 47500, Olympia, WA 98504-7500

The Small Agency Assistance Unit (SAAU) provides personnel services, consultation, and technical support to agencies that don't have a full-time human resource consultant or manager. The staff of the unit serve as the agency's human resource consultant and advisor and are located at the Department of Personnel.

The SAAU has approximately 36 client agencies with a combined employee population of about 750. Twenty two of the 36 client agencies serve on the Governor's Small Agency Cabinet. A list of our client agencies is on page four.

The Unit is staffed by Patty McGuire (360-664-6339) and Melia Olsen (664-6267). They provide a wide variety of services to their clients including, but not limited to:

Services provided by the Small Agency Assistance Unit

Human Resource WAC Rules (Merit System Rules) – Assist agency employees and management with rule questions as well as inquiries regarding DOP policies and procedures. Rule questions cover a wide range of topics such as leave, compensation, classification, and many others.

Job Classification or Re-Classification Actions – Advise agency management and staff on classification and pay matters, position establishments, and position reallocations. Agencies typically prepare the job descriptions (classification questionnaires) and other paperwork and then submit them to us for approval.

Recruitment – Provide recruitment advice and assistance. Suggest the best and most cost-efficient recruiting methods. Assist with examination changes. Serve as agency liaison with other DOP staff and assist with preparation and review of recruitment announcements. Keep agency advised on the status of recruitment efforts and provide guidance with the register and appointment process.

Reduction-In-Force (RIF) – Advise agencies on Reduction-In-Force procedures, rules, and implementation. Assist agencies with reviews and updates to their RIF plans and policies. Upon request, help agencies to determine positions to be maintained or eliminated, and assist in determining options for employees facing a lay-off.

Services provided by the Small Agency Assistance Unit (Continued)

Appointments – Review, process, and make recommendations regarding various types of appointments; such as, intermittent, temporary, project, Washington Management Service (WMS), permanent, and so on. Agencies prepare and submit the necessary documents for their appointments.

Corrective or Disciplinary Action – Help answer questions regarding corrective or disciplinary actions and grievance issues and procedures. Make recommendations on appropriate actions. Refer agency to their Assistant Attorney General for actions that may lead to formal disciplinary action.

Washington Management Service – Provide advice and technical assistance concerning WMS rules and policies. Offer advice and assistance with WMS salary setting and recruitment assistance.

Personnel Resources Board or DOP Director Meeting Items – Provide advice and technical assistance with the preparation of State Personnel Resources Board items. Typical Board items include the establishment of new job classes or the revision of existing ones, for both classified and exempt jobs. The client agency typically prepares the Board Item package with our guidance and represents itself at Board meetings.

Using SAAU services

Because of the large number of client agencies, and the limited number of staff of the SAAU, client agencies are asked to designate one or two individuals within their organization to coordinate HR activities and questions with the SAAU staff.

Most agencies that use SAAU are small and are designated by statute or other authority as a “separate” agency, board, or commission. Typically, when an agency has between 75-100 employees it usually begins to consider, and often hires, its own human resource staff. When an agency hires its own full-time HR Manager it ceases using the DOP SAAU because it then has its own internal HR expert. The agency is then assigned a different prime contact within DOP.

Functions handled by the client agency

Each client agency handles many personnel functions on their own. Some of those functions are:

- ◆ Maintaining employee and position files
- ◆ Scheduling training activities
- ◆ Preparing employee appointment letters
- ◆ Developing and maintaining safety programs
- ◆ Conducting agency orientation sessions
- ◆ The agency head usually represents their agency at Personnel Resources Board meetings or the DOP Director meetings

Items SAAU refers to other DOP units or agencies

- ◆ Some diversity or affirmative action services
- ◆ Most labor relations matters - particularly for those agencies who have collective bargaining agreements.
- ◆ Sensitive issues or cases that require a legal opinion or may result in litigation will often be referred to an Assistant Attorney General or other expert.
- ◆ Agencies represent themselves or are sometimes represented by an Assistant Attorney General at Personnel Resources Board or Personnel Appeals Board hearings concerning employee issues. However, SAAU staff frequently provide guidance and assistance to the agency before the hearing date.

Cost

The services of the SAAU are included in the legislative appropriation to the Department of Personnel revolving fund. There is no additional charge to user agencies.

Department of Personnel – Small Agency Assistance Unit

Page 4 of 4

Client Agencies

Small Cabinet agencies that use the Small Agency Assistance Unit	Small Cabinet agencies that have their own personnel staff and do not use the DOP SAAU
<ul style="list-style-type: none">• Accountancy Board• African American Affairs• Arts Commission• Asian American Affairs• Blind, Services for the• Conservation Commission• Environmental Hearings Office• Growth Management Hearings Boards (3) - Eastern, Central, and Western• Hispanic Affairs• Human Rights Commission• Indeterminate Sentence Review Board• OMWBE• Outdoor Recreation Committee• Personnel Appeals Board• Pollution Liability Insurance• Public Disclosure Commission• Puget Sound Action Team• Tax Appeals Board• Traffic Safety Commission• Workforce Training & Education Coordinating Board	<ul style="list-style-type: none">• Administrative Hearings• Blind, School for the• Deaf, School for the• Indian Affairs, Gov's Office of• Industrial Insurance Appeals Board• Printing, Department of• Council for the Prevention of Child Abuse & Neglect (use DSHS Personnel Services)

The Small Agency Assistance Unit also provides personnel services to the following non-cabinet agencies:

Caseload Forecast Council; County Road Administration Board; Criminal Justice Training Commission; Economic & Revenue Forecast Council; Health Care Facilities Authority; Home Care Quality Authority; State Historical Society; Eastern Washington Historical Society; Horse Racing Commission; Public Employment Relations Commission; Sentencing Guidelines Commission; Transportation Improvement Board; Treasurer's Office; and the Volunteer Firefighters Board.

Please don't hesitate to call us if you have any questions about our services.

CUSTOMER SERVICE AGREEMENT

Customer / Contract Number:

1. PARTIES

THIS AGREEMENT is entered into between the Department of Information Services hereinafter "DIS", and hereinafter "Customer."

2. PURPOSE

DIS is authorized under Chapters 43.105 and 39.34 RCW to provide information services. This Customer Service Agreement sets out the terms and conditions under which DIS provides and Customer receives service. This Agreement governs two types of transactions: Customer purchases of goods and services from DIS; and Customer purchases of goods and services from third party vendors through master contracts executed and administered by DIS.

3. GENERAL TERMS AND CONDITIONS

3.1 DURATION

This Agreement is effective on the date of execution by both parties and remains in full force and effect until terminated by either party in accordance with the TERMINATION provision herein.

3.2 TERMINATION

3.2.1 TERMINATION FOR CONVENIENCE - Either party may terminate this Agreement or any Service Level Agreement/Order Supplement hereunder upon 90 days written notice to the other.

3.2.2 TERMINATION FOR CAUSE - If for any cause, Customer or DIS does not fulfill in a timely and proper manner its performance obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will correct the violation or failure within 15 working days. If the failure or violation is not corrected, this Agreement may be terminated immediately by written notice from the aggrieved party to the other party.

Upon termination of this Agreement, Customer will pay for services rendered prior to the effective date of the termination.

3.2.3 TERMINATION OF A SERVICE LEVEL AGREEMENT/ORDER SUPPLEMENT - Services specified in a Service Level Agreement/Order Supplement may be terminated by either party for the reasons and in the manner outlined above, unless provided otherwise therein.

3.2.4 TERMINATION FOR LOSS OF NON-PROFIT STATUS - Prior to initiating services, if Customer seeks to qualify as a public benefit non-profit organization, Customer shall provide to DIS proof of its government funding and a copy of its Internal Revenue Service form showing current tax exempt status, that meets the requirements of RCW 43.105.052 and RCW 24.03.005. Customer shall notify DIS within five (5) business days of loss of tax exempt status or loss of all government funding.

3.3 PAYMENT

3.3.1 SERVICE CHARGES - Charges for products and services provided by DIS will be based either on the then current published DIS rate schedule, or on specific quotation described in Service

Level Agreements/Order Supplements. Rate schedules are subject to change. The current rate schedule supersedes and replaces all previous published rate schedules.

3.3.2 MASTER CONTRACT AND NEGOTIATED AGREEMENT FEES - Contract administration fees are charged to customers for use of DIS-established master contracts and negotiated agreements. Specific fees are established for each master contract and negotiated agreement as a means for DIS to recover costs associated with the establishment, maintenance, and administration of the contracts and agreements. The fee shall be paid directly to the master contract vendor along with the purchase payment.

3.3.3 ESTIMATES - DIS may provide, upon Customer request, an estimate of cost for proposed products and services. Specific agreements addressing costs, schedules, and other factors will be described in the associated Service Level Agreement/Order Supplement. Customer is responsible for paying the agreed amount set forth in the Service Level Agreement/Order Supplement.

3.3.4 TAXES - If DIS is required to pay sales or use tax in order to provide service under this Agreement, such taxes will be added to the Customer invoice.

3.3.5 INVOICES AND LATE PAYMENT - DIS will invoice Customer monthly detailing charges for services rendered during the preceding month. Payment is due upon receipt of invoice by Customer and becomes delinquent 30 days thereafter.

A late payment charge may be applied to any remaining balance 60 days after invoice. Late payment charges, if any, will be imposed on the unpaid balance at the rate of 1% per month. Agreements with balances more than 90 days past due may be terminated under the TERMINATION FOR CAUSE provision of this Agreement, and services discontinued.

Amounts disputed by Customer under Section 3.5 are not subject to late payment charges.

3.3.6 PREPAYMENT - DIS may require Customer to pre-pay estimated charges if Customer has previously made late payments on outstanding balances.

3.4 LIMITATION OF LIABILITIES AND REMEDIES

3.4.1 NON-CONFORMING SERVICES - For any DIS-provided services which fail to conform to the specifications of this Agreement or a Service Level Agreement/Order Supplement hereto, and such failure is caused solely by the negligence of DIS, no charge will be invoiced. If both parties are negligent, they agree to apportion between them the damage attributable to the actions of each. Customer is solely responsible for any damage caused in whole or in part by inaccurate or inadequate data, programs, or software furnished by Customer to DIS.

3.4.2 LOSS OR DAMAGE TO CUSTOMER SUPPLIED DATA - For any loss or damage to Customer supplied data or programs due to negligence of DIS, DIS' liability shall be limited to the replacement or regeneration of lost or damaged data from Customer's supporting material. Customer will retain sufficient supporting material, as specified in Service Level Agreements/Order Supplements, to enable DIS to regenerate card, tape, or disc files, printer output, or any other data furnished to DIS by Customer.

3.4.3 EQUIPMENT DAMAGE - For any equipment damaged as the result of negligence by either party, that party will be obligated to pay for repair or replacement of that equipment. If both parties are negligent, the parties agree to apportion between them the damage attributable to the actions of each.

3.4.4 SOFTWARE - Computer application programs and other software systems furnished to

Customer by DIS at no charge to Customer are furnished on an "as is" basis with no representations or warranties regarding use or results.

3.4.5 DAMAGES - Neither party will seek damages, either direct, consequential, or otherwise against the other in addition to the remedies stated herein.

3.4.6 THIRD PARTY CLAIMS - In the event that either party is found liable for damages to third parties as a result of the performance of services under this Agreement, each party will be financially responsible for the portion of damages attributable to its own acts and responsibilities under this Agreement.

3.5 DISPUTES

3.5.1 NOTICE OF DISPUTE - Customer will promptly notify DIS of disputes regarding invoices, or of services which Customer believes do not conform with the agreed upon terms of this Agreement or a Service Level Agreement/Order Supplement, within 30 days of receipt of invoice or performance of services whichever occurs later. Failure to give written notice within 30 days after receipt of invoice or performance of services constitutes waiver of any objection to services or invoices.

3.5.2 DISPUTE RESOLUTION - When a dispute arises concerning provision of information technology goods or services, the parties will first attempt to negotiate a mutually satisfactory solution. In the event the dispute cannot be resolved between the parties, they may agree to an alternative dispute resolution process. The parties agree to proceed diligently with the performance of services requested under any Service Level Agreement/Order Supplement while any dispute is pending.

Neither party will sue the other for claims arising from disputes arising under this Agreement, except that DIS may pursue collection actions if necessary to recover charges for services, and if such action is taken, venue lies in Thurston County Superior Court. This agreement is governed by the laws of the State of Washington.

3.6 DISCLOSURE OF CUSTOMER DATA - DIS is subject to the requirements of RCW 42.17, which requires the disclosure of certain records in its possession. Records, documents, or other property of Customer, in any medium, furnished by Customer to DIS, may be subject to that law. If DIS receives a request for these records from a third party, DIS will not disclose or make available this material without prior notice to Customer. DIS will utilize reasonable security procedures and protections to assure that Customer material is not erroneously disclosed to third parties.

3.7 ASSIGNMENT - This Agreement may not be assigned by either party to a third party without the prior written consent of DIS and Customer.

3.8 WAIVER - If a breach of a provision of this Agreement is waived for a particular transaction or occurrence, waiver for a similar breach in a subsequent similar transaction or occurrence may not be implied.

3.9 SEVERABILITY - If any term or condition of this Agreement or application thereof is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application.

3.10 NOTICES - All notices and communications which may be required by this Agreement shall be in writing and sent:

If to DIS, to:

and if to Customer, to:

Department of Information Services

Attention: Contracts Coordinator

PO Box 42445

Olympia, WA 98504-2445

Phone: (360) 902 3551

Phone:

Fax: (360) 586-5885

Fax:

E-Mail:DISCSA@DIS.WA.GOV

E-Mail:

3.11 AMENDMENTS/MODIFICATIONS - This Agreement may be modified or amended by the mutual written consent of the parties. Terms and conditions specified in an amendment will have precedence over the terms and conditions specified in this Agreement.

3.12 CONFLICTS - In the case of a conflict between this Agreement and Service Level Agreements/Order Supplements issued hereunder, the terms of the Service Level Agreement/Order Supplement will prevail.

4. DIS SERVICES

DIS will provide services according to Service Level Agreements/Order Supplements signed by Customer and DIS under the general terms of this Agreement. Each Service Level Agreement/Order Supplement includes a description of the specific services to be provided, the term, the cost of such services from quotation or from the published rate schedule, and any other terms and conditions applicable to that service. All Service Level Agreements/Order Supplements are incorporated as addenda to this Customer Service Agreement.

5. MASTER CONTRACT LEASES AND PURCHASES

5.1 COOPERATIVE PURCHASING - Pursuant to Chapter 39.34 RCW and to other provisions of law, DIS and Customer hereby agree to cooperative governmental leasing and purchasing. DIS, in contracting for the lease and purchase of information technology goods and services, agrees to contract also on behalf of Customer, to the extent permitted by law and agreed upon by the parties in exchange for the fee described in Section 3.3.2 of this Agreement.

5.2. COMPLIANCE WITH LAWS AND REGULATIONS - DIS will contract for the lease and purchase of goods and services according to applicable laws and regulations. Customer accepts responsibility for compliance with any additional or varying laws and regulations governing leases and purchases by or on behalf of Customer.

5.3 TERMS OF MASTER CONTRACTS - A Master Contract is a competitively acquired contract executed by DIS and a vendor enabling DIS and other public sector entities that are parties to this Customer Service Agreement to purchase goods and services from that vendor. When DIS contracts to lease or purchase goods and services on behalf of customers in general, or the undersigned Customer, Customer may lease or purchase goods and services covered by the contract on the same terms and conditions as DIS. Such a lease or purchase by Customer may be accomplished by a purchase order directed by Customer to the third party vendor. DIS is not responsible for vendor performance of any lease or purchase contracts, nor is DIS responsible for payment by Customer.

5.4 CONVENIENCE RATHER THAN MANDATORY BUY - Customer may contract independently for the lease or purchase of any particular class of goods and services.

6. TREATMENT OF ASSETS

6.1 PROPERTY TITLE - Title to all property furnished by DIS shall remain in DIS. Title to all property purchased by the Customer for which the Customer is entitled to be reimbursed as a direct item of cost under this contract shall pass to and vest in DIS upon completion, termination, or cancellation of this contract.

6.2 USE OF PROPERTY - Any property of DIS furnished to the Customer shall, unless otherwise provided in this contract, or approved by the owner, be used only for the performance of this contract.

6.3 LOSS OR DAMAGE - The Customer shall be responsible for any loss or damage to property of DIS which results from negligence of the Customer or which results from the failure on the part of the Customer to maintain and administer the property in accordance with sound management practices.

6.4 NOTIFICATION - If any DIS property is lost, destroyed, or damaged, the Customer shall immediately notify DIS and shall take all reasonable steps to protect the property from further damage.

6.5 SURRENDER OF PROPERTY - The Customer shall surrender to DIS all property of DIS prior to settlement upon completion, termination, or cancellation of this Agreement.

6.6 CUSTOMER EMPLOYEES OR AGENTS - All reference to the Customer under this clause shall include any of his or her employees or agents.

7. RIGHTS IN DATA

Unless otherwise provided in a Service Level Agreement/Order Supplement describing specific services, data which originates from this contract shall be "works for hire" as defined by the U.S. Copyright Act of 1976, and shall be owned by DIS. Data shall include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, film, tapes, and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights. Customer shall notify DIS promptly, in writing, of each notice or claim of copyright infringement received by the Customer with respect to any data delivered under this contract. In the event that DIS provides application development services to Customer, Customer will enjoy a perpetual royalty-free license to use any custom application code developed exclusively for it.

8. AFFIRM AGREEMENT

I, hereby declare that I have the authority to bind Customer to this Agreement, and acknowledge that by clicking on "I Accept" below, I have read, understand and accept this Agreement, and that this Agreement constitutes the entire agreement between Customer and DIS and supersedes all other communications, written or oral, relating to the subject matter of this Agreement. Customer agrees that DIS Services provided to Customer are subject to the terms of this Agreement.

Agreement affirmed electronically by (Signature Authority) at (Time) on (Date).

The Washington State Attorney General's office reviewed and approved this Customer Service Agreement as to form on October 2, 2000.

If you are ready to continue in order to execute a customer service agreement with DIS, click 'Continue' below

CONTINUE

PREVIOUS SCREEN

RETURN TO TECHMALL



LEOFF BOARD

Combined central services agency
approach to support the new LEOFF
Board

Department of Information Services Office of Financial Management
Department of General Administration

Board Assistance

DIS can provide reliable secure state government network connections and telecommunications services.

GA can provide assistance in space planning and lease contracts and agreements.

OFM can provide assistance with accounting, budgets and payroll services.

How can we support the Board ?

Department of Information Services

DIS provides telecommunications, computing and digital services to more than 700 Washington state agencies, boards and commissions, local governments, tribal organizations, qualifying nonprofits and local governments.

Government-to-government collaboration

DIS Small Agency Client Services provides information technology leadership for small governmental clients through innovative and fiscally prudent technology solutions.

The Department of General Administration

- We contract for supplies, food, equipment and services.
- We deliver mail within state government.
- We rent cars so state employees can do their work.
- We manage office buildings.
- We maintain the 33 buildings on the Capitol Campus.
- We manage public-works projects.
- We help schools and public agencies save energy.
- We distribute surplus equipment and furniture.
- We help food banks get meals to those in need

The Office of Financial Management

- Plays a central role in budget planning, policy development, and fiscal administration for the executive branch.
- Prepares the executive budget proposal and monitors budget implementation.
- Maintains state government's statewide accounting systems, central books of accounts, and financial databases while also providing accounting services to state agencies.
- Oversees statewide personal service contracting activities.
- Conducts executive policy research and develops legislation to support the Governor's policy goals.
- Provides estimates of state and local population, monitors changes in the state economy and labor force, and conducts research on a variety of issues affecting the state budget and public policy.
- Provides a comprehensive risk management program for all state agencies.

What We learned with other projects

Service agencies must help to strengthen small boards, commissions, and agencies IT systems to build more effective government through fast, convenient connections between citizens and government.

It is essential for service agencies to communicate differently with each customer segments.

The individual cost savings for small boards, commissions, and agencies may seem small, but the cumulative total is significant.

Individual boards, commissions, and small agencies can benefit by combining resources, and leveraging off of other state government investments

We provide customer service...

- ❖ New best practices for co-location are replicated in other agency environments.
- ❖ Small boards, commissions, and agencies access state government e-mail, data and online applications.
- ❖ Small boards, commissions, and agencies now have a DIS consultant to call for help with Information Technology advice and GA Real Estate Agent for space acquisition.

We save money...

\$20,000 cost savings in co-location and network sharing with the Eastern Washington Growth Board and the Dept. of Labor & Industries in Yakima.

\$30,000 cost savings in co-location and network sharing with the Central Washington Growth Board and the Attorney General's Office in Seattle.

\$42,000 cost savings in co-location and network sharing with the Asian American, Hispanic, African American Affairs Commissions, Elected Officials Salary Commission, and the Administrator's Office of the Courts.

We have a proven record...

63 used laptops transferred to the School for the Deaf, Services for the Blind, Washington State Dept. of Veterans Affairs:

- ❖ make learning easier and build technology proficiency.
- ❖ help field staff ensure timely submission of federal reporting requirements.

21 out of 36 members of the Governor's Small Agency Cabinet received technology funding totaling \$455,000.

We tracked a 300% increase in small agency IT Portfolio compliance as a result of targeted training.