

**INTERLOCAL AGREEMENT FOR
OLYMPIC REGIONAL TRIBAL PUBLIC HEALTH
MUTUAL AID AGREEMENT PROJECT**

This Interlocal Agreement for the Olympic Regional Tribal Public Health Mutual Aid Agreement Project ("Agreement") is entered into between the Kitsap County Health District, a health district formed pursuant to chapter 70.46 RCW ("Health District"), and the Quileute Tribe, a federally recognized Indian tribe ("Tribe").

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

1. Services. A representative(s) designated by the Tribe will participate in meetings with Kitsap County Health District, Clallam Health and Human Services, and other Tribes in the Olympic and Kitsap Peninsulas as part of a workgroup to create the Olympic Regional Tribal Public Health Mutual Aid Agreement. The purpose and scope of the Mutual Aid Agreement will be determined by the workgroup with final approval by jurisdictional decision-makers.

2. Compensation.

- a. The Health District agrees to reimburse the Tribe for expenses related to participating in this Agreement, including travel expenses.
- b. The total amount payable under this Agreement by the Health District to the Tribe shall not exceed \$5,000.
- c. The Tribe shall submit one invoice to the Health District. This invoice must be received by August 3, 2009.
- d. Subject to other provisions of this Agreement, the Health District generally will pay the invoice within thirty (30) days of receipt.

3. Period of Performance. The period of performance of this Agreement is January 1, 2009, through August 8, 2009.

4. Qualifications. The representative of the Tribe will be selected by the Tribal Chair to participate in the workgroup described in this Agreement. The work is undertaken with the understanding that the Tribal representatives do not have authority to bind their respective jurisdictions, and that final approval of any agreements will be the responsibility of the jurisdictional decision-makers.

5. Notices. Any notice, invoice, or payment required or permitted under this Agreement will be addressed as follows:

Health District
Kitsap County Health District
345 6th Street, Suite 300
Bremerton, WA 98337

Tribe
Quileute Tribe
PO Box 279
La Push, WA 98350

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6. Termination. This Agreement may be terminated by either party upon giving at least 30 days' advance written notice to the other party.

7. Entire Agreement. This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

8. Amendment. This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.

9. No Waiver. This failure of either party to insist upon strict performance of any term or condition of this Agreement will not be construed to be a waiver, unless expressly so stated in a writing signed by an authorized representative of that party.

10. Legal Effect. Each party warrants that it has taken all actions necessary for this Agreement to take legal effect and that the person signing on its behalf has full legal authority.

11. Legal Compliance. The parties agree to comply with all applicable federal, state, and local laws in the performance of this Agreement.

KITSAP COUNTY HEALTH DISTRICT

QUILEUTE TRIBE

By: _____

Scott W. Lindquist, MD, MPH
Director and Health Officer

By: _____

Carol Hatch
Tribal Chair

Date: _____

6-2-09

Date: _____

5-21-09