

AGREEMENT KC-050-24

This Agreement is entered into between Kitsap County Department of Human Services and Olympic Educational Service District 114, for School Based Behavioral Health Services.

I. Purpose

This Agreement is for the appropriation of \$600,000 for the purpose of augmenting state and federal funding of mental health, chemical dependency and therapeutic court programs and services with the goal of preventing and reducing the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data driven programs for a continuum of recovery-oriented systems of care per RCW 82.14.460 for the time period January 1, 2024 – December 31, 2024. Funding must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. No funding provided under this contract may be used to supplant existing funding for these programs.

II. Collaboration and Collective Impact

Olympic Educational Service District 114 shall take the initiative to work with other systems to reduce fragmentation or duplication and to strengthen working relationships utilizing collective impact strategies. Olympic Educational Service District 114 will provide quarterly updates on collaborative efforts and outreach activities that will include issues mutually identified by Olympic Educational Service District 114 and respective systems that can be addressed through collective impact strategies. Examples of such systems include: mental health, veterans, adult protection and welfare, education, criminal justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse and mental health services.

All entities providing services to working age adults and youth shall establish a connection with the local WorkSource system to ensure people have access to employment training and placement services.

III. Identification and Coordination of Available Funding Sources

Olympic Educational Service District 114 is required to identify and coordinate all available funding resources to pay for the mental health and chemical dependency services funded by this contract, including Federal (Medicaid and Affordable Care Act, etc.), State, local, private insurance and other private sources. The 1/10th of 1% funding should be utilized as a Payor of Last Resort.

IV. Project Description

This project will provide behavioral health services within the Prevention, Early Intervention and Training level of the continuum of care and addresses the following strategic goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

The Behavioral Health Counseling Enhancement Project (BHCEP) is designed to provide school-based behavioral health services for mental health and substance abuse. The purpose of this project is to promote emotional health and reduce the incidences and severity of chemical dependency and mental illness as identified in the 2021 Kitsap County Behavioral Health Strategic Plan. Mental Health Therapists (MHT) and Student Assistance Professionals (SAP) will provide school-based behavioral health services to four hundred and six (406) high-risk students at targeted elementary middle and high schools. Services include individual therapy, group, and family therapy. Support groups offered include Substance Use Early Intervention Children of Substance Abusing Parents, Coping Skills, Social Skills, Grief and Loss, and Recovery Support. Counseling techniques will include trauma informed care assessments and treatment planning; Cognitive Behavioral Therapy and Dialectical Behavioral Therapy which has shown to reduce symptoms of anxiety and depression and builds emotional regulation skills in children; and the Motivational Interviewing approach which has also shown to improve treatment engagement and encourages proactive movement towards healthier behaviors.

V. Project Activities

Activity #1: Provide prevention/early intervention services at the greatest need elementary schools. A part-time Mental Health Therapist (MHT) will be housed at each school. The level of service will vary with each student, with some needing just a few sessions and others needing to meet with the MHT all year. The MHT carries an average case load of fifteen (15) new clients, additional students will be added throughout the year as students stabilize. Primary referrals will come from school staff that will be trained on warning signs and provided with referral forms. Parents will also be able to refer.

Activity #2: Provide prevention/early intervention services at Identified middle and high schools that currently do not have behavioral health services in place. A part-time Student Assistance Professional (SAP) will be housed at each of these schools (Eagle Harbor on Bainbridge is combined with the Bainbridge high school). The level of service will vary with each student similar to the MHT at the elementary schools. The SAP generally serves a total of 30 students per year. Staff will provide behavioral health screenings, referrals and linkages to both school and community resources; provide individual counseling and facilitate multiple support groups.

VI. Project Design

Each project goal and activity described will be based on evidence-based research. The MHT will use the Daily Living Activities (DLA) tool for Youth/Children for pre-and posttest to measure improvement in student's life domains. This is a validated, reliable, and standardized tool. The MHT counseling techniques will include trauma informed care assessments and treatment planning; *Cognitive Behavioral Therapy* which has shown to reduce symptoms of anxiety and depression and builds emotional regulation skills in children; and the *Motivational Interviewing* approach which has also shown to improve treatment engagement and encourages proactive movement towards healthier behaviors.

The SAP will follow the Office of Superintendent of Public Instruction Washington Student Assistance Prevention-Intervention Services Program Manual. The manual is based on the National Endorsed Student Assistance Professional model for the National Association for Addiction Professionals. Staff will also use the Global Appraisal of Individual Needs Short Screener, which is a validated, reliable, and standardized screening tool; counseling techniques for mental health and substance use issues will include motivational interviewing, cognitive and dialectical behavioral therapy.

VII. Project Outcomes and Measurements

Olympic Educational Service District 114 will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are reviewed by the Citizens Advisory Committee and monitored by the Human Services Department. Olympic Educational Service District 114 will have an evaluation plan with performance measures developed in partnership with Kitsap Public Health District Epidemiologist. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations. Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs)
- Level of change occurring among participants (outcomes)
- Return-on-investment or cost-benefit (system savings) if evidence-based
- Adherence to the model (fidelity)
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report on)

Data will be collected to monitor the following goals and objectives identified by the Contractor:

Goal #1: Increase the overall health and well-being of program participants.

Objective #1: By December 31, 2024, at least 406 students will receive services at targeted elementary, middle, and high schools measured by project data.

Objective #2: 75% of elementary students completing 8 or more sessions with the Mental Health Therapist will have improvement in overall health and wellbeing by the end of the school year (6/30/24).

Objective #3: 50% of elementary students completing 8 or more sessions will show improvement in Hope Score, compared to baseline.

Objective #4: For secondary students completing 8 or more sessions, there will be a 20% decrease in the percentage of students who feel unhappy, sad or depressed most of the time or all of the time.

Objective #5: For secondary students completing 8 or more sessions, there will be a 20% decrease in the percentage of students feeling they can't stop or control their worrying a lot of the time, most of the time, or all of the time.

Strategy: Refer students with behavioral health needs to supportive groups and individual services.

Goal 2: Decrease substance use among program participants.

Objective #6: At end of program service, 50% of middle and high school students with an identified substance use reduction goal for services will show a 50% reduction* in substance use (cigarettes, alcohol, binge alcohol, marijuana, vape) compared to baseline as measured by the LGAN pre/post self-report tool.

Strategy: Screen all students for specific substance use, Refer students to specific intervention services, Assess overall impact of program services on student's substance use.

VIII. Data Collection and Reporting

Olympic Educational Service District 114 will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, and October 31, 2024; and January 31, 2025 each year funding is received under this grant, detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition,

outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

IX. Billing and Payment

Payments to the Olympic Educational Service District 114 shall be requested using an invoice form, which is supplied by the County. Olympic Educational Service District 114 invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Olympic Educational Service District 114 is authorized to receive payments in accordance with the cost reimbursable budget included under this agreement. The Olympic Educational Service District 114 will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Olympic Educational Service District 114 must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of the year-to-date budgeted total.

All payments to be made by the County under this agreement shall be made to:

Business Office
Olympic Educational Service District
105 National Avenue North
Bremerton, WA 98312

The agreement shall not exceed the total amount indicated on the cover sheet of this agreement and any other modifications hereof.

X. Duration

This agreement is in effect from January 1, 2024 – December 31, 2024.

XI. Amendments

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

XII. Attachments

The parties acknowledge that the following attachments, which are attached to this agreement, are expressly incorporated by this reference:

KC-050-24

This Agreement shall be effective January 1, 2024.

Dated this ___ day of _____, 2024.

Dated this 12 day of feb, 2024.

OLYMPIC EDUCATIONAL SERVICE DISTRICT 114

DocuSigned by:
Dr. Aaron Leavell 1/10/2024
090EB4826DF04FD...
Dr. Aaron Leavell, Superintendent

DocuSigned by:
Tina Schultz 1/10/2024
A0D718E8D44C43E...
Tina Schultz, Executive Assistant to the Superintendent

DocuSigned by:
Jason Rhoads 1/10/2024
5FAAC1759C0047F...
Jason Rhoads, Assistant Superintendent Of Business and Operations
DocuSigned by:
Kristin Schutte 1/10/2024
489B520662B54E6...
Kristin Schutte, Student Services Executive Director

KITSAP COUNTY BOARD OF COMMISSIONERS

NOT PRESENT
KATHERINE T. WALTERS, Chair
Christine Folfes
CHRISTINE FOLFES, Commissioner
Charlotte Garrido
CHARLOTTE GARRIDO, Commissioner

ATTEST: Dana Daniels
Dana Daniels, Clerk of the Board



Attachment A: Budget

Mental Health, Chemical Dependency and Therapeutic Court Program 2024 Special Project Budget Form

Agency Name: Olympic Educational Service District 114

Project: BHCEP

Enter the estimated costs associated with your project/program	2023			2024		
	Award	Expenditures Thru June 30	%	Request	Modifications	%
Personnel						
Managers	\$ 38,421.00	\$ 2,438.10	6%	\$ 5,228.00	\$ (33,193.00)	-86%
Staff	\$ 363,724.00	\$ 89,058.93	24%	\$ 209,168.00	\$ (154,556.00)	-42%
Total Benefits	\$ 205,726.00	\$ 46,395.38	23%	\$ 115,510.00	\$ (90,216.00)	-44%
SUBTOTAL	\$ 607,871.00	\$ 137,892.41	23%	\$ 329,906.00	\$ (277,965.00)	-46%
Supplies & Equipment						
Equipment	\$ -		#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ 5,500.00	\$ 4,537.69	83%	\$ 1,675.00	\$ (3,825.00)	-70%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 5,500.00	\$ 4,537.69	83%	\$ 1,675.00	\$ (3,825.00)	-70%
Administration						
Advertising/Marketing	\$ 1,500.00	\$ -	0%	\$ -	\$ (1,500.00)	-100%
Audit/Accounting	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Insurance/Bonds	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Postage/Printing	\$ 1,000.00	\$ 475.92	48%	\$ 399.00	\$ (601.00)	-60%
Training/Travel/Transportation	\$ 2,400.00	\$ 581.15	24%	\$ 1,196.00	\$ (1,204.00)	-50%
% Indirect (Limited to 5%) 3.25%	\$ 47,551.00	\$ 14,320.45	30%	\$ 19,568.00	\$ (27,983.00)	-59%
Other (Describe): Fingerprinting	\$ -	\$ 156.00	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 52,451.00	\$ 15,533.52	30%	\$ 21,163.00	\$ (31,288.00)	-60%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Debit Service (space & occupancy, network s	\$ 5,050.00	\$ 1,611.64	32%	\$ -	\$ (5,050.00)	-100%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 5,050.00	\$ 1,611.64	32%	\$ -	\$ (5,050.00)	-100%
Sub-Contracts						
Organization: KMHS	\$ 545,848.00	\$ 209,821.34	38%	\$ 247,256.00	\$ (298,592.00)	-55%
Organization: KPHD	\$ 16,642.00	\$ 2,726.49	16%	\$ -	\$ (16,642.00)	-100%
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 562,490.00	\$ 212,547.83	38%	\$ 247,256.00	\$ (315,234.00)	-56%
Other						
Other (Describe): GOOGLE VOICE	\$ 2,945.00	\$ 208.58	7%	\$ -	\$ (2,945.00)	-100%
Other (Describe):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 2,945.00	\$ 208.58	7%	\$ -	\$ (2,945.00)	-100%
Total Project Budget	\$ 1,236,307.00	\$ 372,331.67	30%	\$ 600,000.00	\$ (636,307.00)	-51%

NOTE: Indirect is limited to 5%

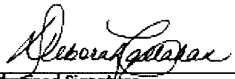
**OLYMPIC EDUCATIONAL SERVICE DISTRICT 114
BEHAVIORAL HEALTH COUNSELING ENHANCEMENT PROJECT
STAFF DISTRIBUTION AND FUNDING SOURCE FOR 2024**

SOUTH KITSAP				
School	FTE	Funding Source 1/1/2024 – 6/31/2024	FTE	Funding Source 9/1/2024 – 12/31/2024
South Kitsap High School	.50 FTE	1/10 th of 1% County funding	.50 FTE	1/10 th of 1% County funding
Marcus Middle School	.50 FTE	1/10 th of 1% County funding	.50 FTE	1/10 th of 1% County funding
Cedar Middle School	1.0 FTE	C/O ESSER Funding	Reduced to .50 FTE	1/10 th of 1% County funding
Sedgwick Middle School	Cut/No Services thru June 2024	-	.50 FTE	1/10 th of 1% County funding
East Port Orchard	.50 FTE	1/10 th of 1% County funding		1/10 th of 1% County funding
Sidney Glenn	.50 FTE	1/10 th of 1% County funding		1/10 th of 1% County funding
Ollala Elementary	Cut/No Services	-	Cut/No Services	-
Burley Elementary	Cut/ No Services	-	Cut/ No Services	-
BREMERTON				
Bremerton Middle School	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County Funding
Armin Jhar	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County Funding
View Ridge	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County Funding
CENTRAL KITSAP				
Klahowya Secondary	1.0 FTE	C/O ESSER Funding	** .50 FTE or 1.0 FTE 6-12	1/10 th of 1% County funding
Olympic High School	1.0 FTE	C/O ESSER Funding	.50 FTE	1/10 th of 1% County funding
Central Kitsap High School	Services on call	C/O ESSER Funding	.50 FTE	1/10 th of 1% County funding
Ridgetop Middle School	.50 FTE	C/O ESSER Funding	.50 FTE	1/10 th of 1% County funding
Fairview Middle School	.50 FTE	C/O ESSER Funding	.50 FTE	1/10 th of 1% County funding
Central Kitsap Middle School	Cut/No Services	-	**0.0 FTE or combined with Klahowya at .50 FTE	If services are provided will be 1/10 th of 1% County funding
Woodlands	.50 FTE	C/O ESSER Funding	.50 FTE	1/10 th of 1% County funding
PineCrest	.50 FTE	C/O ESSER Funding	.50 FTE	1/10 th of 1% County funding

NORTH KITSAP				
School	FTE	Funding Source 1/1/2024 – 6/31/2024	FTE	Funding Source 9/1/2024 – 12/31/2024
North Kitsap High School	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County funding
Kingston Middle School	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County funding
Poulsbo Middle School	Cut/No Services	-	Cut/No Services	-
Squamish	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County funding
Poulsbo	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County funding
BAINBRIDGE ISLAND				
Bainbridge Island High School	.50 FTE	1/10 th of 1% County funding	Same no change	1/10 th of 1% County funding
Woodrow	Cut/No Services	-	Cut/No Services	-



**Evidence of Coverage –
General Certificate**

<p>This Evidence of Coverage is issued as a matter of information only and confers no rights upon the evidence holder. This evidence does not amend, extend, or alter the coverage afforded by the coverage agreement below and is subject to all the terms, exclusions and conditions of such coverage agreement. As a statutorily authorized and self-funded public entity interlocal cooperative among school and educational service districts, there is no insurance policy involved. Because WSRMP is not an insurance company, we cannot grant "additional insured" status (WAC 200-100-02005 and 02007). <u>This is to certify that the coverage listed below has been issued to the named Covered Member for the period indicated.</u></p>	
Coverage Afforded By:	Covered Member:
Washington Schools Risk Management Pool PO Box 88700 Tukwila, WA 98138-2700	Olympic ESD 114 105 National Ave N Bremerton, WA 98312 Member #: 18114
Coverage Agreement #:	COV 2023-2024
Coverage Period:	September 1, 2023 through August 31, 2024
Effective Date of Evidence of Coverage:	September 1, 2023
Expiration Date of Evidence of Coverage:	August 31, 2024
Limits Available General Liability Per Occurrence:	\$1,000,000
Limits Available Property:	\$1,000,000
Limits Available Auto Liability:	\$1,000,000
Description of Operations/Locations/Vehicle:	
Activities under the direct supervision of personnel as respects coverage period September 1, 2023 through August 31, 2024.	
Evidence of Coverage Holder:	Issue Date: September 1, 2023
To Whom It May Concern	 _____ Authorized Signature

Cancellation: Should the above described coverage agreement be cancelled before the expiration date, WSRMP will send 30 days written notice to the evidence of coverage holder named above.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Olympic Educational Service District 114</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ Political Subdivision of Washington State</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 105 National Ave N</p> <p>6 City, state, and ZIP code Bremerton, WA 98312</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
9	1	-	0	9	1	9	9	2	7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 3/23/23
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Debarred Contractors List

A debarred contractor may not bid on, or have a bid considered on, any public works contract. You can search and filter this list using the options presented below.

Company Name: Principal: From: To:

WA UBI Number: RCW: Penalty Due: Wage Due:

License Number:

[Download all debarment data](#)

Company Name	UBI	License	Principals	Status	RCW	Debar Begins	Debar Ends	Penalty Due	Wages Due
There are no records that match your search criteria.									