



**King County Fire Protection District 10**  
**Board of Commissioners**  
**AGENDA BILL D10-2018-04**  
**March 21, 2018**

**SUBJECT: February Monthly Board Minutes & Financial Recap Approval**

**SUMMARY STATEMENT:** The Board Secretary submits completed minutes for the prior month's meetings to the Board for review prior to the regular board meeting. The Board acts upon the minutes first directing any needed changes to be noted on the document in ink, initialed by the Board Secretary, and then approving said minutes amended as noted.

District 10 utilizes the Auditing Officer Certification method (RCW 42.24.080) of approving normal and usual ongoing expenditures for payroll, utilities, and other goods and services, on behalf of the Board of Fire Commissioners. Monthly, those expenditures are provided for review and oversight by the Board pursuant to state law (RCW 42.24.180). Items requiring Board approval in advance of payment are presented on separate Agenda Bills to obtain approval and are included on the Consent Agenda when paid after said approval. Items paid, but rejected by the Board after they have been paid, will become receivables and immediate collection by the agency audit officer will commence.

**Expenditure Required:** \$570,479.53

**Amount Budgeted:** \$570,479.53

**Funds Utilized:** General Fund

**RECOMMENDED MOTION: Move to approve the Consent Agenda as presented.**

**ALTERNATIVE(S):** Approve the attached Consent Agenda stipulating any items rejected and ordering the collection thereof.

**EXHIBITS:** Prior month's Minutes, together with any hand-noted changes, as directed by the Board. Prior month's Financial Recap together with Accounting Certification. Prior month's Blanket Vouchers certified by an Agency Audit Officer.

**Originator:** JF

**Administrative Review:** 3/15/18

Action: *Approved as written*

Date: 3/21/18

Motion By: *Commissioner Hatcher-Mays* 2<sup>nd</sup>: *Commissioner Reade*

District Secretary: *[Signature]*

**ORIGINAL**

1                                   **KING COUNTY FIRE PROTECTION DISTRICT 10**  
2                                                           **Board of Commissioners**  
3                                                           **Regular Meeting Minutes**  
4                                                           **February 21, 2018**

5  
6 The regular meeting of the Board of Fire Commissioners of King County Fire District 10  
7 was held on February 21, 2018, at Eastside Fire & Rescue Headquarters, located at 175  
8 Newport Way NW, Issaquah, WA 98027.  
9

10 **Present:**     Chair Don Smith  
11                   Vice Chair Alan Martin  
12                   Commissioner Larry Rude  
13                   Commissioner Mike Mitchell  
14                   Commissioner Gloria Hatcher-Mays  
15                   Fire Chief Jeff Clark  
16                   Deputy Chief Greg Tryon  
17                   Deputy Chief Richard Burke  
18                   District Secretary Jamie Formisano  
19

20 **Audience:**   None  
21

22 **Absent:**       None  
23

24 **Call to Order, Roll Call, and Flag Salute:** Chair Smith called the meeting to order at  
25 4:00 p.m. Chair Smith led the flag salute.  
26

27 **Citizen Input:** None  
28

29 **The regular meeting of King County Fire District 10 was recessed at 4:02 p.m. to**  
30 **hold the Fire Benefit Charge (FBC) Appeal Hearing.**  
31

32 The Board reviewed Appeals #1 - #33 with the corresponding parcel and related  
33 documents. Discussion ensued.  
34

35 **Public Comment:**

- 36 1. Dave Chervenak, Mitchell Hill Resident, Petition No. 24 provided information related  
37 to his sprinkler system.  
38 2. Pam Mclane, questions on her FBC charge, no appeal submitted.  
39

40 **The Fire Benefit Charge Appeal Hearing was adjourned at 4:11 p.m.**  
41

42 **Consent Agenda:** Items listed below were distributed to the Board in advance for review  
43 and were enacted with one motion. IT WAS MOVED BY COMMISSIONER RUDE,  
44 SECONDED BY COMMISSIONER MITCHELL TO: Approve the Consent Agenda.  
45 MOTION CARRIED, 5 – 0.

- 46     • Agenda Bill D10-2018-02 Board Minutes and Financial Recap:  
47         • Regular Meeting Minutes  
48         • Financial Recap  
49

98 Issaquah City Council – 1<sup>st</sup> and 3<sup>rd</sup> Monday at 7 p.m., Issaquah City Hall  
99 Sammamish City Council – 1<sup>st</sup> and 3<sup>rd</sup> Tuesday at 6:30 p.m., Sammamish City Hall  
100 Carnation City Council – 1<sup>st</sup> and 3<sup>rd</sup> Tuesday at 7 p.m., Carnation City Hall  
101 North Bend City Council – 1<sup>st</sup> and 3<sup>rd</sup> Tuesday at 7 p.m., Mt. Si Senior Center

102

103 **Adjournment:** Chair Smith adjourned the meeting at 5:05 p.m.

104

105 **Signing of Documents:**

106

107  \_\_\_\_\_

108 Commissioner

109

110  \_\_\_\_\_

111 Commissioner

112

113  \_\_\_\_\_

114 Commissioner

115

116  \_\_\_\_\_

Commissioner

 \_\_\_\_\_

Commissioner

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Commissioner

 \_\_\_\_\_

Attestation: District Secretary

**King County Fire District 10  
FINANCIAL RECAP  
March 14, 2018**

Blanket Voucher Nc	Paid Date	Description	Amount
<b>General Fund - 100100010</b>			
2018-05	March 12, 2018	weekly invoice payments	\$ 532.53
			<b>Totaling: \$ 532.53</b>
			<b>Blanket Voucher Totals: \$ 532.53</b>

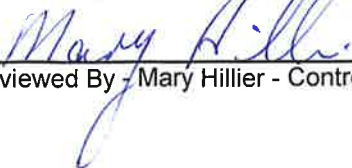
ACH Transfers	Paid Date	Description	Amount
<b>General Fund - 100100010</b>			
2018-06	March 7, 2018	Mar 2018 Parntership Contribution payment	\$ 568,369.64
2018-07	March 7, 2018	Reimburse ESFR revolving fund check#3636	\$ 225.00
2018-08	March 16, 2018	Pay Mar 2018 Commissioner and sleeper pay	\$ 1,352.36
			<b>Totaling: \$ 569,947.00</b>
			<b>ACH Transfer Totals: \$ 569,947.00</b>

<b>FINANCIAL RECAP</b>	<b>\$ 570,479.53</b>
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Acknowledgement to the Board of Commissioners:

I have reviewed the consent agenda and believe it represents a complete disclosure of all expenditures within the current period. I will reconcile this consent agenda with the King County Treasury report as it becomes available and report and identify any discrepancy to you.

  
 Prepared By - James Craft - Gl Accountant

  
 Reviewed By - Mary Hillier - Controller



# Special District Voucher Approval Document

2018-05

Scheduled Payment Date: 03/12/2018  
 Total Amount: \$532.53  
 Control Total: 2  
 Payment Method: WARRANT

District Name: King County Fire District 10  
 File Name: AP\_KCFIRE10\_APSUPINV\_20180306110918.csv  
 Fund #: 100100010

**CONTACT INFORMATION**

Preparer's Name: Melissa Krutson Email Address: keprinting@esf-r.org

**PAYMENT CERTIFICATION** RCW (42.24.080)

I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered, the labor performed as described, or that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim(s) is(are) just, due and unpaid obligation against the above-named governmental unit, that I am authorized to authenticate and certify to said claim(s).

Authorized District Signature(s) for Payment of Claims (Auditing Officer(s) or Board Member(s)):

<u>Mary Hill</u> Authorized District Signature	<u>3-6-18</u> Date	<u>[Signature]</u> Authorized District Signature	<u>3/6/18</u> Date
_____ Authorized District Signature	_____ Date	_____ Authorized District Signature	_____ Date
_____ Authorized District Signature	_____ Date	_____ Authorized District Signature	_____ Date

**SUBMIT SIGNED DOCUMENT TO:**

King County Accounts Payable  
 Attn: Special Districts  
 401 5th Avenue, Room 323  
 Seattle, WA 98104

Email: SpecialDist:AP@kingcounty.gov  
 Fax: (206) 263-3767

**KING COUNTY FINANCE USE ONLY:**

Batch Processed By: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_



King County

# Special District Voucher Approval Document

KC-V2.0

District Name: King County Fire District 10

File Name: AP\_KCFIRE10\_APSUPINV\_20180306110918.csv

Payee (Vendor Name)	Vendor No.	Vendor Site	Invoice No.	Invoice Date	Inv. Amount	Description
KING COUNTY FINANCE			180301001	03/12/2018	\$461.13	2100054
STATE AUDITOR'S OFFICE WASHINGTON			180301002	03/12/2018	\$71.40	L123929

# SPECIAL DISTRICT JOURNAL ENTRY FORM



Department of Executive Services  
**Finance & Business Operations Division**  
 Financial Management Section  
 ADM-ES-0653  
 500 4th Ave  
 Seattle, WA 98104  
 GL.OracleEBS@kingcounty.gov

Please complete the form, print, sign, scan a copy, and send it to GL.OracleEBS@kingcounty.gov.

## ACCOUNT INFORMATION

Ledger  Category  Source   
 Currency  Accounting Date (MM/DD/YYYY)

## REQUESTOR INFORMATION

Line	Fund (9 digits)	Project (7 digits)	Cost Center (6 digits)	Account (5 digits)	Bars (7 digits)	Future (5 digits)	Disbursement	Receipt
1	100100010	0000000	000000	24206	0000000	00000	568,369.64	
2	101100010	0000000	000000	17275	0000000	00000		568,369.64
3		0000000	000000		0000000	00000		
4		0000000	000000		0000000	00000		
5		0000000	000000		0000000	00000		
6		0000000	000000		0000000	00000		
Total							\$568,369.64	\$568,369.64

Note: Amounts must be positive numbers. The total debit must equal the total credit.

## Explanation/Description


ACH 2018-07 Mar 2018 Partnership Contributions

## CONTACT INFORMATION

Contact Name  Organization   
 Email  Phone #  Ext

## AUTHORIZATION

Certification for Payment (By Authorized Signer) RCW 42.24.080  
 I hereby certify that I have the authority over the funds listed above and authorize the transaction.

Approved by  Title  Date   
 Print Name  Phone #  Email

## FOR OFFICIAL USE ONLY

Date Entered  Entered By  Document #   
 033012

# ELECTRONIC PAYMENT REQUEST FORM



Department of Executive Services  
**Finance & Business Operations Division**  
 ADM-ES-0600  
 500 4th Ave  
 Seattle, WA 98104  
 Email: cash.management@kingcounty.gov  
 Tel: 206-296-7310 or 206-296-7312

Payment Settlement Date Mar 7, 2018

## PAYMENT INFORMATION

ACH Credit Pay Code (BENXX, GENXX, PAYXX) \_\_\_\_\_  ACH Debit Pay Code (COLXX) \_\_\_\_\_  Automatic Withdrawal  
 Book Transfers (Last 4 digits of the account) From \_\_\_\_\_ To \_\_\_\_\_  Wire Repetitive Wire Code \_\_\_\_\_

Line	Explanation/Description	Fund (9 digits)	Project (7 digits)	Cost Center (6 digits)	Account (5 digits)	Bars (7 digits)	Future (5 digits)	Amount
1	Reimburse check#3636	100100010			24219		00000	225.00
2							00000	
3	ACH 2018-06						00000	
4							00000	
5							00000	
6							00000	
<b>Total</b>								<b>\$225.00</b>

## PAYEE INFORMATION

Company Eastside Fire & Rescue Address 175 Newport Way NW City Issaquah State WA Zip 98027

## BANK INFORMATION FOR WIRE PAYMENTS

Bank Name US Bank Name on Bank Account ESF&R Revolving Fund  
 Bank Routing # 123000848 Bank Account # 153910684239 City Seattle State Washington

## CONTACT INFORMATION Typed or Printed

Contact Name JIM CRAFT Organization EASTSIDE FIRE & RESCUE  
 Email JCRAFT@ESF-R.ORG Phone # 425-313-3272 Ext  Fax # 425-391-8764

## AUTHORIZATION Certification for Payment (By Authorized Signer) RCW 42.24.080

I, the undersigned, do hereby certify under penalty of perjury, that the payment is due and payable and that the payment is just, due and unpaid obligation, and that I am authorized to authenticate and certify to said payment.

Signature *[Signature]* Title Budget and Finance Analyst Date 3/5/18

Print Name Scott Fairres Phone # 425-313-3211 Email SFairres@esf-r.org



# SPECIAL DISTRICT JOURNAL ENTRY FORM



Department of Executive Services  
**Finance & Business Operations Division**  
 Financial Management Section  
 ADM-ES-0653  
 500 4th Ave  
 Seattle, WA 98104  
 GL.OracleEBS@kingcounty.gov

Please complete the form, print, sign, scan a copy and send it to **GL.OracleEBS@kingcounty.gov**.

## ACCOUNT INFORMATION

Ledger  Category  Source   
 Currency  Accounting Date (MM/DD/YY)

## REQUESTOR INFORMATION

Line	Fund (9 digits)	Project (7 digits)	Cost Center (6 digits)	Account (5 digits)	Bars (7 digits)	Future (5 digits)	Disbursement (Enter Amount)	Receipt (Enter Amount)
1	100100010	0000000	000000	24206	0000000	00000	1,352.36	
2	101100010	0000000	000000	17275	0000000	00000		1,352.36
3		0000000	000000		0000000	00000		
4		0000000	000000		0000000	00000		
5		0000000	000000		0000000	00000		
6		0000000	000000		0000000	00000		
Total							1,352.36	1,352.36

Note: Amounts must be positive numbers. The total debit must equal the total credit.

*Mar*

ACH 2018-08 Pay Comm&76 sleeper pay ~~Feb~~-2018

## CONTACT INFORMATION Typed or Printed

Contact Name  Organization   
 Email  Phone #  Ext

## AUTHORIZATION

**Certification for Payment (By Authorized Signer) RCW 42.24.080**  
 I hereby certify that I have the authority over the funds listed above and authorize the transaction.

Approved by  Title  Date

Print Name  Phone #  Email

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Date Entered  Entered By  Document #