

From:Cram, Gail (MIL)
Sent:Wed, 27 Sep 2017 16:36:45 +0000
To:Sharlene Zacherle (LAW)
Cc:Alston, Michael A. (MIL);Gamboa, Dalton (MIL)
Subject:FW: New 16OPSG Colville Tribes agreement E17-202
Attachments:Form - Debarment Certification.pdf, E17-202 Confederated Tribes of the Colville Res 16OPSG.PDF, 16OPSG Reimbursement Workbook.xlsx, A#2511 CCT POLICE20170927073759.pdf

Sharlene,

As one more reminder, the missing documents still need to be sent to:

Attn: Kelly Van Drasek, Contracts
WA Military Department
1 Militia Drive / MS: TA-20
Camp Murray, WA 98430-5092

Thanks!

Gail

Gail Cram

work (253) 512-7472/ cell (253) 306-2813
Office Hours: Tuesday – Friday 6:30a-5:00p

From: Cram, Gail (MIL)
Sent: Wednesday, September 27, 2017 9:23 AM
To: Sharlene Zacherle (LAW) <Sharlene.Zacherle.law@colvilletribes.com>
Cc: Alston, Michael A. (MIL) <Michael.Alston@mil.wa.gov>; Gamboa, Dalton (MIL) <Dalton.Gamboa@mil.wa.gov>
Subject: FW: New 16OPSG Colville Tribes agreement E17-202

Hi Sharlene,

Thanks again for sending me the supporting documentation! I think I figured out what is going on.

Below is the original request we sent for 16OPSG with the required paperwork. Looks like we got all of the paperwork back (last attachment is what you sent to us) except for 2 documents:

- Grant agreement (contract)
- Debarment Certification

I have attached the missing documentation to this email for your reference.

Do you know if those documents were actually signed but were inadvertently missed being put in the envelope? We need to get the missing two documents as soon as quickly as possible.

When printing the grant agreement, please do **not** print double-sided. Our contracts office will not be able to accept an agreement in this format and will ask you to re-sign new copies.

Can you take a look into this and get back to me later today?

Thanks!

Gail

Gail Cram

Preparedness Grants Section

Emergency Management Division

20 Aviation Drive, Camp Murray, WA 98430-5122

work (253) 512-7472/cell (253) 306-2813| gail.cram@mil.wa.gov

Office Hours: Tuesday – Friday 6:30a-5:00p

<http://mil.wa.gov/emergency-management-division>

The Washington Military Department is open for normal business hours Tuesday through Friday.

From: Gamboa, Dalton (MIL)

Sent: Wednesday, May 10, 2017 9:02 AM

To: 'Sharlene Zacherle' <Sharlene.Zacherle@colvilletribes.com>; 'michael.henry@colvilletribes.com' <michael.henry@colvilletribes.com>

Cc: Alston, Michael A. (MIL) <Michael.Alston@mil.wa.gov>; Van Drasek, Kelly (MIL) <kelly.vandrasedk@mil.wa.gov>

Subject: New 16OPSG Colville Tribes agreement E17-202

LEGAL GRANT AGREEMENT DOCUMENTS ATTACHED

Attached for your review and signature is a copy of your grant agreement and required forms (Audit Certification, Debarment Certification, FFATA, Signature Authorization, and the W-9).

When printing the grant agreement, please do **not** print double-sided. Our contracts office will not be able to accept an agreement in this format and will ask you to re-sign new copies.

Please have one copy of the grant agreement and one copy each of the **Audit Certification, Debarment Certification, FFATA, Signature Authorization Form**, and the **W-9** signed by the appropriate authority in your organization and returned to:

**Attn: Kelly Van Drasek, Contracts
WA Military Department
1 Militia Drive / MS: TA-20
Camp Murray, WA 98430-5092**

When the signature process is complete you will receive a fully signed *scanned* copy by e-mail for your files.

If you prefer to receive an originally signed copy by mail, please submit *two* signed copies of the grant agreement.

TIMELINE:

If the signed documents are not returned within 45 days, the agreement is considered void and we may need to reissue your agency a new document. If your agency needs more than 45 days to complete the agreement please let the Program Coordinator or Program Manager know.

For your reference, the following is a description of the five required forms:

Audit Certification Form – Indicates whether you are subject to the requirements of 2 CFR Part 200 and, if you are, certifies that you are complying with the audit requirements within the CFR.

Debarment Certification Form - This certifies that your organization will not use funding from this grant agreement to do business with any person or organization debarred from doing business with the U.S. government.

“Federal Funding Accountability and Transparency Act of 2006 (FFATA)” - This worksheet is required for any recipient of federal funds equal to, or in excess of \$25,000. If an award is below this amount initially yet later increased, the act is triggered. Due to this variability in compliance the Military Department requires this form to be filled out for each grant agreement. If your organization does not meet the criteria in section E, specifically identify each of the sub sections of (E) numbers 1 or 2 or both that is not met for your organization.

Signature Authorization Form - Identifies the persons in your organization who have authority to sign grant agreements, amendments, and requests for reimbursements.

W-9 Form - Completion of the IRS W-9 form is required for each agreement; including exempt entities. We are required to withhold twenty percent (20%) of any payment to an individual or company for which we do not have either a social security or a Federal Tax I.D. Number. If you believe payments to you by the WMD are exempt from the IRS reporting requirements, please provide an explanation of the exemption, with reference to the appropriate IRS regulations providing for such exemptions.

2016 OPSG Reimbursement Workbook - Please use this workbook for *all* reimbursements pertaining to your 16OPSG grant agreement.

If you have any questions please contact your program coordinator, Michael Alston, at (253) 512-7083

Thank you.

Dalton Gamboa

Homeland Security Program Assistant

Washington State Emergency Management Division

20 Aviation Drive, Camp Murray, WA 98430-5122

P: 253-512-7044 – dalton.gamboa@mil.wa.gov



Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

NAME		Doing business as (DBA)	
ADDRESS	Applicable Procurement or Solicitation #, if any:	WA Uniform Business Identifier (UBI)	Federal Employer Tax Identification #:
This certification is submitted as part of a request to contract.			

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____

Date: _____

Print Name and Title: _____

FEDERAL DEBARMENT, SUSPENSION INELIGIBILITY and VOLUNTARY EXCLUSION

(FREQUENTLY ASKED QUESTIONS)

What is “Debarment, Suspension, Ineligibility, and Voluntary Exclusion”?

These terms refer to the status of a person or company that cannot contract with or receive grants from a federal agency.

In order to be debarred, suspended, ineligible, or voluntarily excluded, you must have:

- had a contract or grant with a federal agency, and
- gone through some process where the federal agency notified or attempted to notify you that you could not contract with the federal agency.
- Generally, this process occurs where you, the contractor, are not qualified or are not adequately performing under a contract, or have violated a regulation or law pertaining to the contract.

Why am I required to sign this certification?

You are requesting a contract or grant with the Washington Military Department. Federal law (Executive Order 12549) requires Washington Military Department ensure that persons or companies that contract with Washington Military Department are not prohibited from having federal contracts.

What is Executive Order 12549?

Executive Order 12549 refers to Federal Executive Order Number 12549. The executive order was signed by the President and directed federal agencies to ensure that federal agencies, and any state or other agency receiving federal funds were not contracting or awarding grants to persons, organizations, or companies who have been excluded from participating in federal contracts or grants. Federal agencies have codified this requirement in their individual agency Code of Federal Regulations (CFRs).

What is the purpose of this certification?

The purpose of the certification is for you to tell Washington Military Department in writing that you have not been prohibited by federal agencies from entering into a federal contract.

What does the word “proposal” mean when referred to in this certification?

Proposal means a solicited or unsolicited bid, application, request, invitation to consider or similar communication from you to Washington Military Department.

What or who is a “lower tier participant”?

Lower tier participants means a person or organization that submits a proposal, enters into contracts with, or receives a grant from Washington Military Department, OR any subcontractor of a contract with Washington Military Department. If you hire subcontractors, you should require them to sign a certification and keep it with your subcontract.

What is a covered transaction when referred to in this certification?

Covered Transaction means a contract, oral or written agreement, grant, or any other arrangement where you contract with or receive money from Washington Military Department. Covered Transaction does not include mandatory entitlements and individual benefits.

Sample Debarment, Suspension, Ineligibility, Voluntary Exclusion Contract Provision

Debarment Certification. The Contractor certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any Federal department or agency. If requested by Washington Military Department, the Contractor shall complete a Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion form. Any such form completed by the Contractor for this Contract shall be incorporated into this Contract by reference.

FFY 2016 OPSG REIMBURSEMENT INSTRUCTIONS

Reimbursement Spreadsheet

1. Open the Reimbursement Spreadsheet tab *(cream colored cells are for entering data)*
2. Enter Header info (Agency/Jurisdiction and grant agreement contract #)
3. Check whether or not this is the final request for payment.
4. Under Certifications, check box as applicable.
5. Progress Report - select status from drop down menu. Add comments as necessary.
6. For each item for reimbursement:
 - Enter the jurisdiction or agency.
 - Select the budget category.
 - For Equipment items, include a short description of what was purchased.
 - Enter the amount.
 - Enter the date purchased or the date range, if applicable.
 - Enter amount and date for M&A and Indirect costs.

A-19

7. Open A-19 tab
8. Enter information *(cream colored cells are for entering data)*
9. Print A-19 form and have an authorized person sign (person listed on Signature Authority Form).

Submission

10. Scan the A-19 and email scanned document and the Excel workbook to: Reimbursements@mil.wa.gov
11. File all paperwork with grant agreement documents

*Please do **not** mail hard-copies of the reimbursement request - this creates confusion and duplication of effort.*

FINAL REIMBURSEMENT: Please check the box on the Reimbursement Spreadsheet and complete the FINAL Report tab. The report is required *before* the final reimbursement can be paid.

If you have questions, please contact:

Dalton Gamboa	Program Assistant	253-512-7044	dalton.gamboa@mil.wa.gov
Michael Alston	Program Coordinator	253-512-7083	michael.alston@mil.wa.gov
Zoie Choate	Program Coordinator	253-512-7461	zoie.choate@mil.wa.gov
Deborah Henderson	Program Coordinator	253-512-7470	deborah.henderson@mil.wa.gov
Tirzah Kincheloe	Program Coordinator	253-512-7456	tirzah.kincheloe@mil.wa.gov
Matt Robbins	Program Coordinator	253-512-7472	matt.robbs@mil.wa.gov
Gary Stumph	Program Coordinator	253-512-7483	gary.stumph@mil.wa.gov

16OPSG REIMBURSEMENT SPREADSHEET

revised as of: 12/19/16

AGENCY/JURISDICTION
 YEAR & GRANT 16OPSG
 GRANT AGREEMENT CONTRACT #

CURRENT REQUEST: \$0.00
 PERSONNEL: \$0.00

Final Reimbursement?

CERTIFICATIONS

Please check box as applicable.

☐ Travel: Rates for per diem and mileage are reasonable and consistent with the Subrecipient's established travel policy. If the Subrecipient does not have a written travel policy, per diem and mileage expenditures included are under the maximum allowances established by GSA. All other travel-related costs included are actual and necessary.

PROGRESS REPORT - Status of Work Plan/Operations Order

Please select status

REMINDERS


All back-up documentation for this reimbursement request should be on kept on file and made available upon request.
 All expenditures included within this request have not been included in any other previous request for reimbursement.
 All expenditures included within this request have been obligated within the Grant Agreement performance period.
 All expenditures included within this reimbursement request were not included within the local or tribal budget.

Item #	Jurisdiction/Agency	Budget Category	For Equipment Items only	\$ Amount	Date Purchased or Date Range
<i>Information must be entered in each column. Failure to comply will result in delay of reimbursement.</i>					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
<i>Please insert more lines by highlighting the row above this comment (row 39), right click, and choose insert.</i>					
			M&A-Personnel costs		
			M&A-NonPersonnel costs		
			INDIRECT		
			REIMBURSEMENT TOTAL	\$ -	

Total Expenditures

OOT/Fringe	\$ -
Equipment	\$ -
Mileage	\$ -
Fuel	\$ -
Maintenance	\$ -
Travel	\$ -
M&A	\$ -
Indirect	\$ -
TOTAL	\$ -

Charge Code	Budget Category	Amount
Personnel - 763GZ	OOT/Fringe	\$0.00
NonPersonnel - 763GB	Equipment	\$0.00
	Mileage	\$0.00
	Fuel	\$0.00
	Maintenance	\$0.00
	Travel	\$0.00
	Indirect	\$0.00
M&A Personnel - 763GF	Salaries & Benefits	\$0.00
M&A NonPersonnel - 763GA	Other	\$0.00
TOTAL		\$0.00 <i>all expenditures allocated to a charge code</i>

<div>FORM</div> <div>A-19-1A (REV.12/96)</div>				<div></div> <div>STATE OF WASHINGTON</div> <div>INVOICE VOUCHER</div>				<div>AGENCY USE ONLY</div> <table><tr><td colspan="4">AGENCY NO.</td><td colspan="4">AGREEMENT #</td><td colspan="4">GRANT/YEAR</td></tr><tr><td colspan="4">2450</td><td colspan="4">E17-202</td><td colspan="4">16OPSG E17-202</td></tr></table> <div>INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.</div> <div>By my signature below, I certify that the costs documented in this form are necessary, reasonable, allocable, and allowable under the grant. Furthermore, Federal funds may not replace (supplant) funds that have been appropriated for the same purpose.</div> <div>By: <div></div><div>(SIGN IN INK)</div><div></div><div>(TITLE)</div><div>(DATE)</div></div>												AGENCY NO.				AGREEMENT #				GRANT/YEAR				2450				E17-202				16OPSG E17-202			
AGENCY NO.				AGREEMENT #				GRANT/YEAR																																			
2450				E17-202				16OPSG E17-202																																			
<div>AGENCY NAME</div> <div>Emergency Management Division Washington State Military Department ATTN: Preparedness Grants Section Reimbursements@mil.wa.gov 20 Aviation Drive, Building 20 Camp Murray, Washington 98430-5122</div> <div>VENDOR OR CLAIMANT (Warrant is to be payable to)</div> <div>Send Payments to:<div><div>Colville Tribe P.O. Box 617 Nespelem, WA 99115-0617</div></div></div>																																											
<div>FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)</div> <div>91-xxxxxxx</div>																																											
Agreement No:				E17-202				16OPSG																																			
<div>Total Reimbursement Request \$ -</div> <div>Requests for Reimbursements (SF A-19-1A) must be accompanied by the Reimbursement Spreadsheet.</div> <div>All back-up documentation will be kept by the submitting agency.</div>																																											
PREPARED BY												TELEPHONE NUMBER				DATE																											
AGENCY APPROVAL																DATE																											
DOC. DATE		PMT. DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NO.		VENDOR MESSAGE				USE TAX	UBI NUMBER																												
REF DOC SUF	TRANS CODE	MOD	Fund	MASTER INDEX		SUB OBJ	SUB SUB OBJ	ORG INDEX	WORK CLASS	COUNTY	CITY / TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE																											
				#NAME?	PROGRAM INDEX																																						
					763GZ										\$ -																												
					763GB										\$ -																												
					763GF										\$ -																												
					763GA										\$ -																												
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL		WARRANT NO.																											

16OPSG REIMBURSEMENT SPREADSHEET

revised as of: 12/15/2016

AGENCY/JURISDICTION
 YEAR & GRANT
 GRANT AGREEMENT CONTRACT #

CURRENT REQUEST: \$15,469.57
 PERSONNEL: \$2,005.03

Final Reimbursement?

CERTIFICATIONS

Please check box as applicable.

☒ Travel: Rates for per diem and mileage are reasonable and consistent with the Subrecipient's established travel policy. If the Subrecipient does not have a written travel policy, per diem and mileage expenditures included are under the maximum allowances established by GSA. All other travel-related costs included are actual and necessary.

PROGRESS REPORT - Status of Work Plan/Operations Order

On-Target

REMINDERS

All back-up documentation for this reimbursement request should be on kept on file and made available upon request.
 All expenditures included within this request have not been included in any other previous request for reimbursement.
 All expenditures included within this request have been obligated within the Grant Agreement performance period.
 All expenditures included within this reimbursement request were not included within the local or tribal budget.

Item #	Jurisdiction/Agency	Budget Category	For Equipment Items only	\$ Amount	Date Purchased or Date Range
Information must be entered in each column. Failure to comply will result in delay of reimbursement.					
1	Border County Sheriff's Office	Mileage		\$ 1,452.00	Jan-Mar 2016
2	Border County Sheriff's Office	Equipment	Night vision goggles	\$ 9,999.00	3/30/2016
3	Local City PD	OOT/Fringe		\$ 1,452.58	Feb-16
4	Local City PD	Mileage		\$ 102.69	Mar-16
5	Local City PD	Travel		\$ 452.85	Apr-16
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Please insert more lines by highlighting the row above this comment (row 39), right click, and choose insert.					
		M&A-Personnel costs		\$ 552.45	Jan-Mar 2016
		M&A-NonPersonnel costs			
		INDIRECT		\$ 1,458.00	Jan-Mar 2016
		REIMBURSEMENT TOTAL		\$ 15,469.57	

Total Expenditures

OOT/Fringe	\$ 1,452.58
Equipment	\$ 9,999.00
Mileage	\$ 1,554.69
Fuel	\$ -
Maintenance	\$ -
Travel	\$ 452.85
M&A	\$ 552.45
Indirect	\$ 1,458.00
TOTAL	\$ 15,469.57

----- For EMD Use Only -----

Charge Code	Budget Category	Amount
Personnel - 763GZ	OOT/Fringe	\$1,452.58
NonPersonnel - 763GB	Equipment	\$9,999.00
	Mileage	\$1,554.69
	Fuel	\$0.00
	Maintenance	\$0.00
	Travel	\$452.85
	Indirect	\$1,458.00
M&A Personnel - 763GF	Salaries & Benefits	\$552.45
M&A NonPersonnel - 763GA	Other	\$0.00

TOTAL

\$15,469.57 *all expenditures allocated to a charge code*

FFY16 Operation Stonegarden (OPSG) Final Report

Please answer the questions below with a short response (1-3 sentences). Responses will be compiled and reported to FEMA as part of the FFY16 grant closeout.

OPSG Purpose: The U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA) is providing funds to boost the capability of state and local units of government to prevent, deter, respond to, and recover from catastrophic and/or terrorist events through the Operation Stonegarden Program (OPSG). ***The OPSG Grant Program supports enhanced cooperation and coordination among local, Tribal, territorial, State, and Federal law enforcement agencies in a joint mission to secure the United States' borders along routes of ingress, to include travel corridors along the Canadian and international water borders.***

County / Jurisdiction:	Colville Tribe
Grant Agreement Contract Number:	E17-202
Grant Agreement Start Date:	Please enter date
Grant Agreement End Date:	Please enter date
Final reimbursement and final report due by:	Please enter date
Summarize completed operations described in the approved Operations Order/FRAG Order(s) ANNEX, and how those operations supported the above-described purpose of OPSG.	
If Operations were not completed, explain what changed and why the change(s) were made.	
How has your agency's relationship with Custom Border Patrol and other jurisdictions improved as a result of the OPSG funding?	
What is the impact of the funding? (i.e., are borders more secure, etc.?)	
What challenges did you have during the grant performance period?	
Do you anticipate challenges in the future?	

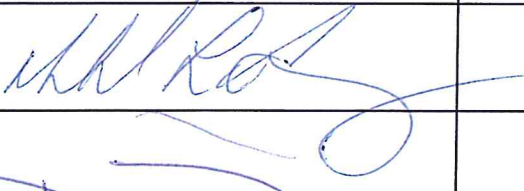
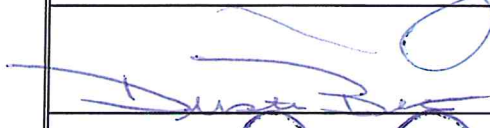
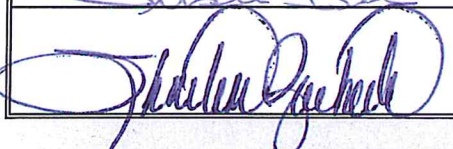
SIGNATURE AUTHORIZATION FORM

WASHINGTON STATE MILITARY DEPARTMENT
Camp Murray, Washington 98430-5122


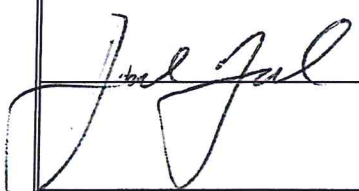
Please read instructions on reverse side before completing this form.

NAME OF ORGANIZATION Colville Tribe Police Department	DATE SUBMITTED
PROJECT DESCRIPTION OPSG16	CONTRACT NUMBER



1. AUTHORIZING AUTHORITY

SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE
	Michael Henry	Chief of Police
	Dustin Best	Assistant Chief of Police
	Sharlene Zacherle	Police Administrator

2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS

SIGNATURE	PRINT OR TYPE NAME	TITLE
	Michael Marchand	CBC Chairman
	Joel Boyd	Law & Justice Chair
	Francis Someday	Executive Director

3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT

SIGNATURE	PRINT OR TYPE NAME	TITLE
	William Nicholson, II	CFO
	Erica A Deleon	Accounting Financial Officer

INSTRUCTIONS FOR SIGNATURE AUTHORIZATION FORM

This form identifies the persons who have the authority to sign contracts, amendments, and requests for reimbursement. It is required for the management of your contract with the Military Department (MD). Please complete all sections. One copy with original signatures is to be sent to MD with the signed contract, and the other should be kept with your copy of the contract.

When a request for reimbursement is received, the signature is checked to verify that it matches the signature on file. **The payment can be delayed if the request is presented without the proper signature.** It is important that the signatures in MD's files are current. Changes in staffing or responsibilities will require a new signature authorization form.

1. **Authorizing Authority.** Generally, the person(s) signing in this box heads the governing body of the organization, such as the board chair or mayor. In some cases, the chief executive officer may have been delegated this authority.
2. **Authorized to Sign Contracts/Contract Amendments.** The person(s) with this authority should sign in this space. Usually, it is the county commissioner, mayor, executive director, city clerk, etc.
3. **Authorized to Sign Requests for Reimbursement.** Often the executive director, city clerk, treasurer, or administrative assistant have this authority. It is advisable to have more than one person authorized to sign reimbursement requests. **This will help prevent delays in processing a request if one person is temporarily unavailable.**

If you have any questions regarding this form or to request new forms, please call your MD Program Manager.

FFATA FORM

Subrecipient Agency: Colville Tribe Police Department				
Grant and Year: OPSG16		Agreement Number:		
Completed by:	Michael Henry	Chief of Police	509-634-2468	
	Name	Title	Telephone	
Date Completed: 7/14/2017				
STEP 1				
Is your grant agreement less than \$25,000?	YES <input type="checkbox"/>	STOP, no further analysis needed, GO to Step 6	NO <input checked="" type="checkbox"/>	GO to Step 2
STEP 2				
In your preceding fiscal year, did your organization receive 80% or more of its annual gross revenues from federal funding?	YES <input type="checkbox"/>	GO to STEP 3	NO <input checked="" type="checkbox"/>	STOP, no further analysis needed, GO to Step 6
STEP 3				
In your preceding fiscal year, did your organization receive \$25,000,000 or more in federal funding?	YES <input checked="" type="checkbox"/>	GO to STEP 4	NO <input type="checkbox"/>	STOP, no further analysis needed, GO to Step 6
STEP 4				
Does the public have access to information about the total compensation* of senior executives in your organization?	YES <input checked="" type="checkbox"/>	STOP, no further analysis needed, GO to step 6	NO <input type="checkbox"/>	GO to STEP 5
STEP 5				
Executive #1	Name:			
	Total Compensation amount: \$			
Executive #2	Name:			
	Total Compensation amount: \$			
Executive #3	Name:			
	Total Compensation amount: \$			
Executive #4	Name:			
	Total Compensation amount: \$			
Executive #5	Name:			
	Total Compensation amount: \$			
STEP 6				
If your organization does not meet these criteria, specifically identify below <u>each</u> criteria that is not met for your organization: <u>For Example: "Our organization received less than \$25,000."</u>				

Signature: MJE Mark

Date: 7-31-17

* Total compensation refers to:

- Salary and bonuses
- Awards of stock, stock options, and stock appreciation rights
- Other compensation including, but not limited to, severance and termination payments
- Life insurance value paid on behalf of the employee

Additional Resources:

<http://www.whitehouse.gov/omb/open>

<http://www.hrsa.gov/grants/ffata.html>

<http://www.gpo.gov/fdsys/pkg/FR-2010-09-14/pdf/2010-22705.pdf>

<http://www.grants.gov/>

FFATA PROVISIONS AND INSTRUCTIONS
For Compliance With The
Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282) (FFATA)

The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website. Federal awards include grants, subgrants, loans, awards, cooperative agreements and other forms of financial assistance as well as contracts, subcontracts, purchase orders, task orders, and delivery orders. The legislation does not require inclusion of individual transactions below \$25,000 or credit card transactions before October 1, 2008. However, if an award is initially below this amount yet later increased, the act is triggered. Due to this variability in compliance Subrecipients are required by the Military Department to be familiar with the FFATA requirements and complete this Worksheet for *each contract* for the State's submission in to the FFATA portal.

ADDITIONAL PROVISIONS

- A. This contract (subaward) is supported by federal funds, requiring compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act) and Office of Management and Budget Guidance (OMB). Public Law 109-282 as amended by section 6202(a) of Public Law 110-252 (see 31 U.S.C. 6101 note). By entering into this contract, contractor agrees to provide all applicable reporting information to the Washington Military Department (WMD) required by FFATA and OMB Guidance.
- B. The FFATA requires the OMB to establish a publicly available online database (USASpending.gov) containing information about entities that are awarded Federal grants, loans, and contracts. As required by FFATA and OMB Guidance, certain information on the first-tier subawards related to Federal contracts and grants, and the executive compensation of awardees, must be made publicly available.
- C. For new Federal grants beginning October 1, 2010, if the initial subaward is equal to or greater than \$25,000, reporting of the subaward and executive compensation information is required. If the initial subaward is below \$25,000 but subsequent grant modifications result in a total subaward equal to or over \$25,000, the subaward will be subject to the reporting requirements as of the date the subaward exceeds \$25,000. If the initial subaward equals or exceeds \$25,000 but funding is subsequently de-obligated such that the total award amount falls below \$25,000, the subaward continues to be subject to the reporting requirements of the Transparency Act and OMB Guidance.
- D. As a Federal grant subawardee under this contract, your organization is required by FFATA, OMB Guidance and this contract to provide the WMD, as the prime grant awardee, all information required for FFATA compliant reporting by WMD. This includes all applicable subawardee entity information required by FFATA and OMB Guidance, subawardee DUNS number, and relevant executive compensation data, as applicable.
 - 1. Data about your organization will be provided to USASpending.gov by the WMD. System for Award Management (SAM) is a government wide registration system for organizations that do business with the Federal Government. SAM stores information about awardees including financial account information for payment purposes and a link to D&B for maintaining current DUNS information, www.sam.gov. WMD requires SAM registration and annual renewal by your organization to minimize unnecessary data entry

and re-entry required by both WMD and your organization. It will also reduce the potential of inconsistent or inaccurate data entry.

2. Your organization must have a Data Universal Numbering System (DUNS) number obtained from the firm Dun and Bradstreet (D&B) (www.dnb.com). A DUNS number provides a method to verify data about your organization. D&B is responsible for maintaining unique identifiers and organizational linkages on behalf of the Federal Government for organizations receiving Federal assistance.
- E. The WMD, as the prime awardee, is required by FFATA to report names and total compensation of the five (5) most highly compensated officers of your organization (as the subawardee) if:
1. Your organization (the subawardee), in the preceding fiscal year, received 80 percent or more of its annual gross revenues from Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards; and
 2. The public does not have access to this information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986.

“Total compensation” for purposes of this requirement generally means the cash and non-cash value earned by the executive during the past fiscal year and includes salary and bonus; awards of stock, stock options and stock appreciation rights; and other compensation such as severance and termination payments, and value of life insurance paid on behalf of the employee, and as otherwise provided by FFATA and applicable OMB guidance.

- F. If (1) in the preceding fiscal year your organization received 80 percent or more of its annual gross revenues from Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards, and (2) the public does not have access to this information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986, insert the names and total compensation for the five most highly compensated officers of your organization as identified in Step 5 of the FFATA Form.

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Confederated Tribes of the Colville Reservation

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☒ Other (see instructions) ▶ **Tribal Government**
- ☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

POB 150

6 City, state, and ZIP code

Nespelem WA 99155

7 List account number(s) here (optional)

Requester's name and address (optional)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

Fed Tax ID or SSN

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here

Signature of
U.S. person ▶

Date ▶

7-31-17

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

2 CFR Part 200 Subpart F Audit Certification Form
Audits of States, Local Governments, Indian Tribes, and Non-Profit Organizations

Contact Information

Subrecipient Name (Agency, Local Government, or Organization): Colville Confederated Tribes of the Colville Reservation

Authorized Chief Financial Officer (central accounting office): William Nicholson, II

Address: POB 150 - Nespelem WA 99155

Email: billy.nicholson.act@colvilletribes.com

Phone #: 509-634-2857

Purpose: As a pass-through entity of federal grant funds, the Washington Military Department/Emergency Management Division (Department) is required by 2 CFR Part 200 Subpart F to monitor activities of subrecipients to ensure federal awards are used for authorized purposes and verify that subrecipients expending \$750,000 or more in federal awards during their fiscal year have met the 2 CFR Part 200 Subpart F Audit Requirements. Your entity is a subrecipient subject to such monitoring by MIL/EMD because it is a non-federal entity that expends federal grant funds received from the Department as a pass-through entity to carry out a federal program. 2 CFR Part 200 Subpart F should be consulted when completing this form.

Directions: As required by 2 CFR Part 200 Subpart F, non-federal entities that expend \$750,000 in federal awards in a fiscal year shall have a single or program-specific audit conducted for that year. If your entity is not subject to these requirements, you must complete Section A of this Form. If your entity is subject to these requirements, you must complete Section B of this form. When completed, you must sign, date, and return this form with your grant agreement and every fiscal year thereafter until the grant agreement is closed. Failure to return this completed Audit Certification Form may result in delay of grant agreement processing, withholding of federal awards or disallowance of costs, and suspension or termination of federal awards.

SECTION A: Entities NOT subject to the audit requirements of 2 CFR Part 200 Subpart F

Our entity is not subject to the requirements of 2 CFR Part 200 Subpart F because (check all that apply):

- ☐ We did not expend \$750,000 or more of *total* federal awards during the fiscal year.
- ☐ We are a for-profit agency.
- ☐ We are exempt for other reasons (describe):

However, by signing below, I agree that we are still subject to the audit requirements, laws and regulations governing the program(s) in which we participate, that we are required to maintain records of federal funding and to provide access to such records by federal and state agencies and their designees, and that WMD/EMD may request and be provided access to additional information and/or documentation to ensure proper stewardship of federal funds.

SECTION B: Entities that ARE subject to the audit requirements of 2 CFR Part 200 Subpart F

(Complete the information below and check the appropriate box)

- ☐ We completed our last 2 CFR Part 200 Subpart F Audit on [enter date] _____ for Fiscal Year ending [enter date] _____. There were no findings related to federal awards from WMD/EMD. No follow-up action is required by WMD/EMD as the pass-through entity.

A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is either provided electronically to contracts.office@mil.wa.gov or provide the state auditor report number: _____

- ☒ We completed our last 2 CFR Part 200 Subpart F Audit on [enter date] _____ for Fiscal Year ending [enter date] _____. There were findings related to federal awards.

A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is either provided electronically to contracts.office@mil.wa.gov or provide the state auditor report number: _____

- ☐ Our completed 2 CFR Part 200 Subpart F Audit will be available on _____ [enter date] for Fiscal Year ending _____ [enter date]. We will provide electronic copy of the audit report to contracts.office@mil.wa.gov at that time or provide the state auditor report number: _____

I hereby certify that I am an individual authorized by the above identified entity to complete this form. Further, I certify that the above information is true and correct and all relevant material findings contained in audit report/statement have been disclosed. Additionally, I understand this Form is to be submitted every fiscal year for which this entity is a subrecipient of federal award funds from the Department until the grant agreement is closed.

Signature of Authorized Chief Financial Officer: William Nicholson II

Date: 7-31-17

Print Name & Title: William Nicholson, II - Chief Financial Officer of the Colville Confederated Tribes of the Colville Reservation

Redaction Log

Total Number of Redactions in Document: 1

Redaction Reasons by Page

Page	Reason	Description	Occurrences
20	Fed Tax ID or SSN	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1): Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number).	1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
Fed Tax ID or SSN	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1): Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number).	20(1)