

**PEND OREILLE COUNTY
NEWPORT, WASHINGTON**

RESOLUTION NO. 2020- 64

**IN THE MATTER OF EXECUTING AN AMENDMENT TO THE AGREEMENT TO
PROVIDE FLOWERING RUSH CONTROL AND BOAT SERVICES IN THE BOUNDARY
REACH OF THE PEND OREILLE RIVER**

WHEREAS, pursuant to the provisions of RCW 36.32.120(6), the Board of County Commissioners of Pend Oreille County, Washington (“the Board”) has the care of county property and the management of county funds and business; and

WHEREAS, Diversified Diver Specialties has the expertise in and equipment for aquatic weed survey and diver assisted treatment implementation; and

WHEREAS, The Pend Oreille County Weed Board, through a separate agreement with Seattle City Light, holds the responsibility for noxious weed control in and around the Boundary Reservoir; and

WHEREAS, the Board feels that the best interest of the public will be served by entering into said amended agreement with Diversified Diver Specialties to specify the budget for year 2020.

NOW, THEREFORE, BE IT HEREBY RESOLVED, by the Pend Oreille County Board of Commissioners that the amended Agreement between Diversified Diver Specialties and the Pend Oreille County Noxious Weed Control Board for Flowering Rush Control and Boat Services , which is attached hereto and incorporated herein, is approved.

BE IT FURTHER RESOLVED, by the Board that the Amended Agreement between Diversified Diver Specialties and the County may be executed by the Chair, or a majority of the Board.

[executed page with signatures is attached]

ADOPTED this 3 day of August, 2020.

**BOARD OF COUNTY COMMISSIONERS
PEND OREILLE COUNTY, WASHINGTON**



Mike Manus, Chairman



Stephen Kiss, Vice-Chairman



Karen Skoog, Member

ATTEST:



Crystal Zieske, Clerk of the Board
Christine RATHOUN

2020 AMENDMENT TO THE AGREEMENT TO PROVIDE FLOWERING RUSH CONTROL AND BOAT SERVICES IN THE BOUNDARY REACH OF THE PEND OREILLE RIVER

1. Pursuant to the terms of Agreement 2018-42, Pend Oreille County Noxious Weed Control Board hereby agrees to amend the budget for the referenced services to \$36,500, including tax for year 2020;
2. The parties further agree to add the following language to the parties agreement as federal funding may be expended for this work: **CERTIFICATION REGARDING SUSPENSION, DEBARMENT, INELIGIBILITY OR VOLUNTARY EXCLUSION-** The Contractor certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any Federal department or agency. Further, the Contractor shall complete a Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion form that shall be incorporated into this Agreement by reference. Contractor will notify the Pend Oreille County Noxious Weed Board immediately should certification status change.
3. All other terms and conditions of the existing Agreement remain in full force and effect.
4. This Amendment shall be effective upon execution by both parties.

IN WITNESS WHEREOF, the parties have executed this Agreement this 3 day of August 2020.

CONTRACTOR:
DIVERSIFIED DIVER SPECIALTIES

COUNTY:
POC Board of Commissioners



 Randall K. Polito,
 President



 Mike Manus, Chairman

603412520 073900160
 UBI Number DUNS Number



 Stephen Kiss, Vice-Chairman

ATTEST:


 Crystal Zieske, Clerk of the Board
 Christine RAHOUN



 Karen Skoog, Commissioner

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (Pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

(Before completing certification, read instructions on Page 2)

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (*Federal, State or Local*) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (*Federal, State or Local*) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (*Federal, State or Local*) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME Diversified Diver Specialties	PR/AWARD NUMBER OR PROJECT NAME Seattle City Light Flowering Rush Removal and Boat Services
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Randall K Polito, President	
 SIGNATURE	7/29/2020 DATE (MM-DD-YYYY)



DIVEDIV-01

MCASE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliant Insurance Services, Inc. 818 W Riverside Ave Ste 800 Spokane, WA 99201	CONTACT NAME: Maeriah Case, CRIS	FAX (A/C, No): (509) 456-0294	
	PHONE (A/C, No, Ext): (509) 789-2330	E-MAIL ADDRESS: mcase@alliant.com	
INSURED Diversified Diver Specialties Randell Polito 4444 W Industrial Loop Suite C Coeur D Alene, ID 83815	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Atlantic Casualty Insurance Company		42846
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		L221001948	5/15/2020	5/15/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Underwater Salvage

Pend Oreille County Noxious Weed Control Board is included as additional insured as required by written contract and permitted by the policy. Coverage is primary and non-contributory.

CERTIFICATE HOLDER

CANCELLATION

Pend Oreille County Noxious Weed Control Board
PO Box 5085
Newport, WA 99156

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION - PRIMARY AND NON-CONTRIBUTORY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Pendoreille County
Noxious Weed Control Board
P.O.Box 5085

NEWPORT

WA 99156

- A. **Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. This insurance is Primary and Non-Contributory, but only for the Additional Insured shown in the schedule and only for liability arising from the Insured's negligence for ongoing operations.
- C. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



Pend Oreille County Weed Board

P.O. Box 5085
227 S Garden Avenue Suite B
Newport, WA 99156
Phone (509) 447-2402
Fax (509) 447-6477
Sharon Sorby, Coordinator
noxweedinfo@pendoreille.org

www.pendoreilleco.org/your-government/noxious-weed-department/

Pend Oreille County Weed Board COVID 19 Sanitation Compliance Protocol

In the field:

1. One person per vehicle whenever possible, KN95 masks will be worn if travelling together.
2. Cloth or KN95 masks will be worn when working outside unless alone with no chance of casual encounters with the public. Masks may be temporarily removed to eat, drink or communicate with the hard of hearing.
3. Disinfectant spray and/or wipes will be carried in all vehicles. All touch surfaces will be disinfected after each person's use
4. All public fixtures or surfaces touched will be treated with disinfectant.

In the office:

1. Cloth or KN95 masks will be worn to move throughout the building – you don't have to wear it while sitting at your desk in your office. Masks may be temporarily removed to drink or communicate with the hard of hearing. Please eat alone in your office.
2. Extra disposable masks are available near the door, hanging next to the hand sanitizer dispenser for visitors who do not have masks.
3. There is a Clorox squirt bottle and a non-chlorine disinfectant squirt bottle in the kitchen. Every common fixture you or visitors touch is to be immediately disinfected – door handles, light switches, faucets – use a paper towel to flip the hook, turn out the light and open the bathroom door after spraying them down. There are disinfectant sprays and wipes in the bathroom.
4. Only one visitor at a time will be allowed into the building, please ask them to sig-in, otherwise we will meet with multiple clients outside.
5. Gloves are only necessary when exchanging paperwork or currency with the public.

WASHINGTON STATE BOATER EDUCATION CARD



00068169
Boater EC Number

RANDELL K POLITO
28646 NORTH LINZY LANE
ATHOL ID 83801-8747

Date of Issue
12/20/2010



Sex	Eyes	Hair
M	BLU	BRN

Date of Birth
05/04/1960