

Class IV Work Crew Master Agreement  
Between  
THE WASHINGTON STATE DEPARTMENT OF CORRECTIONS  
And  
CITY OF COLLEGE PLACE

This Master Contract Agreement is entered into by and between the State of Washington, Department of Corrections, hereinafter referred to as DOC, and, City of College Place located at 625 S. College Avenue, College Place, WA hereinafter referred to as the 'RECIPIENT OF THE SERVICES' or 'RECIPIENT'. Legal authority for this Master Contract Agreement is pursuant to RCW 72.09.100 and Chapter 137-80 WAC.

Offenders who provide services under this Agreement reside in a DOC prison and are under the jurisdiction of the Washington State Department of Corrections.

1. PURPOSE

The purpose of this Agreement is to provide the master terms and conditions between the parties for offenders to provide work crew services to the RECIPIENT. To be eligible to receive offender services, the RECIPIENT must be an agency of Washington State government, a local government or federally recognized Indian tribe within Washington State or a public benefit nonprofit as defined by the IRS; a 501(c)(3) Charitable Organization or a 501(c)(4) Social Welfare Organization. No public employees will be displaced as a result of this Agreement.

On January 1, 2016, the terms and conditions contained in this Master Agreement will replace and terminate any previous Work Crew Agreement and Work Project Descriptions between the Parties. For this Master Agreement to be valid it must be signed by the DOC Contracts Administrator or designee on behalf of DOC.

2. WORK PROJECT DESCRIPTIONS

Offender work crew projects are limited to those that can be properly supervised as determined by the Superintendent of the Institution or designee and the RECIPIENT's Contract Manager. Each project is subject to careful review for custody and security requirements. Each distinct project requires a separate Work Project Description that is signed by both parties to this Agreement. [See Attachment A] The Work Project Description will detail the work to be done by offenders, the cost to the RECIPIENT and other specifics of the particular project.

The Institution Superintendent or designee is authorized to sign Work Project Descriptions on behalf of DOC. A Work Project Description may be valid for up to one year but must end prior to or on the same date as this Master Contract Agreement. All services provided under each signed Work Project Description shall be performed pursuant to the terms of this Master Agreement.

3. TERM

The term of this Master Agreement shall begin January 1, 2016 and continue through November 30, 2019, unless terminated sooner as provided for herein.

#### 4. BILLING and PAYMENT

In consideration of the services provided hereunder, payment to DOC will be as follows:

- A. DOC will invoice the RECIPIENT for payment by the 20th of the month following each month in which offender services were provided. Invoices for payment will include all direct and indirect charges payable to DOC by the RECIPIENT that were negotiated between the Parties, except that payment for offender L&I insurance coverage will be paid directly to L&I by the RECIPIENT and will not appear on DOC invoices.
- B. Payment by the RECIPIENT, will be due to the DOC address indicated below within 30 calendar days of the date of the invoice. This DOC Master Agreement number and the location of the project for which payment is made must be included with each payment.
- C. Workers compensation insurance is required by law for offenders who provide services to the RECIPIENT under the terms of this Agreement. RECIPIENT will:
  - 1) Prior to contract execution, contact its L&I Account Manager to request/authorize the addition of Offender L&I Risk Classification 4908 to the RECIPIENT's L&I Account.
  - 2) Provide DOC with a copy of the Rate Notice received from L&I that confirms the addition of Risk Classification 4908 to the RECIPIENT's L&I Account. DOC advises RECIPIENT to include the L&I Rate Notice when returning this partially executed Agreement to DOC for final signature by DOC.
  - 3) Each quarter, for offender services provided to the RECIPIENT during the previous quarter, report to L&I the total number of offender hours worked and pay the total cost due for workers' compensation coverage directly to L&I for those offender hours.
- D. Addresses to use for Billing and Payment.
  - 1) **Billing** - Invoices for payment will be mailed to the address provided by the RECIPIENT:

City of College Place  
Attn: Sarah K. Killgore, Finance Director  
625 S. College Avenue  
College Place, WA 99324
  - 2) **Payment**
    - a. State Agencies Only - will pay using the following statewide vendor number: SWV0003872-01 [IAP Payment - DOC General Account]
    - b. All Other RECIPIENTS - will send payment to the address provided by the DOC facility from which offender services were provided.

#### 5. TERMINATION

When in its own best interest, either party may terminate this Agreement, in whole or in part, upon 30 days' written notice to the other party, beginning on the second day after mailing such notice. If

this Agreement is so terminated each of the parties shall be liable only in accordance with the terms of this Agreement for services rendered prior to the effective date of termination.

## 6. SELECTION OF OFFENDERS

The Institution will select the offenders for each work crew. Selection criteria will conform to DOC Policy 700.400, CLASS IV OFF-SITE WORK CREW, DIRECTIVE III, Offender Eligibility, as now written or hereafter revised.

## 7. HAZARD ASSESSMENT AND MITIGATION

- A. In accordance with the DOC Office of Risk Management, work generally considered to be dangerous or hazardous may not be performed by offenders.
- B. Before DOC offenders may provide services at any new and distinct project location, the RECIPIENT will assess the location for hazardous conditions and/or materials. (See Attachment B)
- C. The RECIPIENT's assessment must be performed in accordance with WAC 296-800-160 and provided to DOC using DOC Form 03-247 or other similar hazard assessment and PPE selection worksheet. The RECIPIENT will inform DOC promptly, in writing, if hazardous conditions or materials are found at the new project site.
- D. Once notified, DOC at its own discretion, may a) identify, with the RECIPIENT, the protective equipment or clothing that is needed for offenders and correctional officers to mitigate the effects of the on-site hazard(s); or b) request that the RECIPIENT remove or otherwise mitigate the hazard before offenders perform the contracted work crew services at that site; or c) withdraw from the project.
- E. If hazardous conditions or materials are discovered while offenders are working at RECIPIENT's site, then offender work will be suspended immediately and RECIPIENT will make appropriate regulatory notifications and request further assessment.

## 8. TOOLS, EQUIPMENT AND SUPPLIES

### A. In General

- 1) DOC will provide offenders with basic work attire, such as boots, gloves, goggles and rain gear, that may be needed for any project;
- 2) If the Parties to this Agreement do not negotiate otherwise, the RECIPIENT will provide any additional tools, equipment and supplies that offenders need to accomplish the Recipient's specific work project. This will include any Personal Protective Equipment (PPE) e.g. bump hats, specialized goggles or gloves, hearing and eye protective devices, etc. and any specialized safety equipment (SSE) necessary to protect offenders and correctional officers from hazards at the project site.
- 3) The specific tools, equipment and supplies necessary for each project, and the party to the Agreement responsible for providing each item, will be designated in the Work Project Description for that project.

9. TRAINING

- A. The RECIPIENT will train offenders regarding the work to perform as well as any safety requirements specific to the project site and the use of any specialized equipment.
- B. The RECIPIENT will ensure that all safety training is in compliance with all applicable laws and regulations including, but not limited to, Division of Occupational Safety and Health (DOSH) regulations and the Washington Industrial Safety and Health Act (WISHA).

10. PRISON RAPE ELIMINATION ACT (PREA) and SEXUAL MISCONDUCT

PREA requirements shall apply to any person having contact with offenders under DOC jurisdiction. This includes, but is not limited to, governmental entities, contractors and their employees; Recipients of offender work crew services, vendors and their employees, student interns and volunteers, hereinafter referred to collectively as 'contractor'. Contractors may obtain electronic access to the documents cited below in Section 1, Authorities, from the DOC website.

A. Authorities

In the performance of services under this Contract, Contractors shall comply with all federal and state laws and DOC policies regarding sexual misconduct including, but not limited to:

**Federal Law:**

- Prison Rape Elimination Act of 2003 (PREA);

**State Law, Washington:**

- RCW 72.09.225, Sexual misconduct by state employees, contractors;
- RCW 9A.44.010, Definitions;
- RCW 9A.44.160 Custodial sexual misconduct in the first degree;
- RCW 9A.44.170, Custodial sexual misconduct in the second degree;

**DOC Policy:**

- DOC 490.800, Prison Rape Elimination Act (PREA) Prevention and Reporting;
- DOC 490.820, Prison Rape Elimination Act (PREA) Risk Assessments and Assignments;
- DOC 490.850, Prison Rape Elimination Act (PREA) Response;
- DOC 490.860, Prison Rape Elimination Act (PREA) Investigation; and
- DOC 610.025, Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault.

B. Contractor Requirements include, but are not limited to:

1. Zero tolerance toward all forms of sexual abuse and sexual harassment;
2. Familiarization and compliance with PREA law, relevant Washington State laws and DOC policies regarding PREA and sexual misconduct;
3. Ensuring that anyone who may have contact with DOC offenders complete DOC PREA/Sexual Misconduct training and comply with all PREA standards.

4. All personnel under this contract, with access to DOC offenders, must certify that they have not:
    - Engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997;
    - Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
    - Been civilly or administratively adjudicated to have engaged in the activity described above.
  5. Providing sexual misconduct disclosure forms to DOC (DOC Form #03-502), completed by each person providing services, retaining a copy of the same in each individual personnel record.
  6. Submitting to a criminal background check, performed by DOC, at least once every five years.
  7. Compliance with the affirmative duty to report personnel with any conviction or adjudication of a violation of any of the offenses listed in #4, above.
- C. Investigations. DOC will investigate any allegation of the contractor's failure to comply with DOC PREA policies or the PREA standards.
- D. Consequences of a Contractor's failure to conform with DOC PREA policies include, but are not limited to:
1. Contractor removal from proximity to offenders;
  2. Contractor removal from contract work at DOC;
  3. Contract termination.

## 11. CONTRACT MANAGEMENT

The contract manager(s) for each of the Parties shall be responsible for and shall be the contact person(s) for all communications regarding the performance of this Agreement. Either party may, with written notice to the other, designate different contact persons.

RECIPIENT: Patrick H. Reay, City Administrator, (509) 394-8506, [preay@ci.college-place.wa.us](mailto:preay@ci.college-place.wa.us)

DOC: Janet Leroue, Local Business Advisor, (509) 323-5307, [janet.leroue@doc.wa.gov](mailto:janet.leroue@doc.wa.gov)

## 12. SUPERVISION

- A. The Work: RECIPIENT will supervise the work performed by offenders and maintain daily oversight of the project until completed, RECIPIENT will provide adequate worksite instruction and direction to all offenders, to ensure safe work performance and proper project outcome.
- B. Security and Custody: A first aid qualified Correctional Officer will supervise offenders at all times. Such DOC supervision shall only be for the security and custody of the offenders and the safety of the public at large.

Correctional Officers may not supervise the work performed by offenders or be responsible for project outcomes.

- C. On-Site Illness/Accidents: In the event of offender illness or injury, DOC will provide the appropriate first aid. If necessary, emergency medical assistance will be called, or the offender will be transported to the nearest medical facility for treatment.

1) Expenses:

- a) Illness. DOC will pay all expenses related to treatment of offender illness.
- b) Injury. The cost of treatment provided to offenders beyond first aid for any and all work related injuries will be paid in accordance with Title 51 RCW.
- c) The RECIPIENT's L&I account number, 138,675-00, will be the account number used by offenders, DOC and medical providers when reporting offender work related injury.

### 13. PUBLIC INFORMATION

Neither party shall arrange for news media coverage without the consent of the other party, nor shall either party release information to the news media without the consent of the other party.

### 14. WORK PRODUCT and PERFORMANCE

A. Washington State and DOC, including its agents and/or employees:

- 1) Are not responsible for, and do not guarantee, the quality of the work performed or products produced by offenders on work crews;
- 2) Shall not be required to pay other workers to re-do or repair the work performed by the offenders; and
- 3) Are not responsible for damages to third parties resulting from the work performed or products produced by offenders on work crews.

### 15. INDEMNIFICATION

A. RECIPIENT, its agents, and/or employees:

- 1) Are responsible for any damages resulting from the negligence of the RECIPIENT, its agents, and/or employees; and
- 2) Do indemnify, defend, and hold harmless DOC for claims arising from the negligent acts or omissions of the RECIPIENT, its agents, and/or employees.

B. DOC, its agents, and/or employees:

- 1) Are responsible for damages that arise out of DOC, its agents, and/or employees' negligent security supervision of offenders.

- C. In accordance with the laws of the state of Washington and to the extent permitted by law, if both parties to this Agreement are negligent and jointly liable, each party will assume responsibility for its own negligent acts or omissions.

#### 16. TRANSPORTATION

The DOC Facility has sole responsibility to transport offenders to and from the work project site.

#### 17. DISPUTES

Should the parties hereto be unable to informally resolve any dispute concerning the terms of this Agreement, the dispute will be settled in binding arbitration by an arbitrator chosen by consent of both parties.

#### 18. INSURANCE

RECIPIENT will provide DOC with proof of current general liability insurance coverage when signing and returning this Agreement for final signature by DOC. RECIPIENT must maintain its policy of general liability insurance throughout the term of this Agreement and provide renewed proof of such coverage to DOC annually with each new Work Project Description.

RECIPIENT'S liability insurance coverage must have a limit of not less than \$1,000,000 per each occurrence with an aggregate limit of at least \$2,000,000.

#### 19. PUBLIC BENEFIT NON-PROFIT

In order to utilize offender work crew services, RECIPIENTS that are non-profits, must be public benefit non-profits, as defined by the federal Internal Revenue Service (IRS). Those that are public benefit non-profits must provide proof to DOC of official IRS designation as a (501(c)(3) Charitable Organization or a (501(c)(4) Social Welfare Organization.

The RECIPIENT must provide DOC with proof of its IRS public benefit non-profit designation, with this partially signed Agreement when returning this partially signed Agreement to DOC Contracts and Legal Affairs for the final signature by DOC.

#### 20. CHANGES AND MODIFICATIONS

Changes or modifications to this Agreement shall not be binding unless agreed to in writing by the parties hereto prior to such change or modification. Only the DOC Secretary or designee has the authority to alter, amend, modify, or waive any clause or condition of this Agreement for DOC.

#### 21. WAIVER

Waiver of any breach or default on any occasion shall not be deemed to be a waiver of any subsequent breach or default. Any waiver shall not be construed to be a modification of the terms and conditions of this Agreement.

#### 22. SEVERABILITY

If any term or condition of this Agreement is held invalid by any court, such invalidity shall not affect the validity of the other terms and conditions of this Agreement.

23. INTEGRATION

This Agreement contains all the terms and conditions agreed upon by the parties. No understandings or otherwise regarding the subject matter of this Agreement shall be deemed to exist or to bind either of the parties hereto. As used herein, reference to the Agreement shall include this Master Agreement, fully executed amendments to this Agreement, and any Work Project Descriptions executed and attached hereto.

THIS Agreement, consisting of eight (8) pages and one (1) attachment, is executed by the persons signing below who warrant that they have the authority to execute the Agreement.

CITY OF COLLEGE PLACE

Patrick W. Reay  
(Signature)  
PATRICK W. REAY  
(Printed Name)  
CITY ADMINISTRATOR  
(Title)  
12/21/15  
(Date)

DEPARTMENT OF CORRECTIONS

Gary Banning  
(Signature)  
Gary Banning  
(Printed Name)  
Contracts Administrator  
(Title)  
12/25/15  
(Date)

Approval on file.  
This contract format was approved  
by the Office of the Attorney General.

Approved as to Form:  
By Tim Lang, Sr. Assistant Attorney General  
December 8, 2015



WASHINGTON STATE DEPARTMENT OF CORRECTIONS  
Corrections Center  
Prisons Division CLASS IV Work Project Description

Contract Number: K\_\_\_\_\_

RECIPIENT: \_\_\_\_\_

RECIPIENT L&I Account Number: \_\_\_\_\_

RECIPIENT is:  Government Entity       State Agency       Public Benefit Nonprofit

RECIPIENT Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOC offenders will: *(describe the work)*.

Number of offenders on crew: *(insert number)*.

Project Location: \_\_\_\_\_

Project Period *(One year maximum)*: \_\_\_\_\_ through \_\_\_\_\_

Projected Total Number of Crew Hours: \_\_\_\_\_

Approximate Work Hours: Arrive at \_\_\_\_\_ a.m.      Depart at \_\_\_\_\_ p.m.

Special Payment Terms. RECIPIENT will pay DOC:

1. Offender gratuity of \$\_\_\_\_\_ per offender/per hour for services provided;
2. Transportation Costs:
  - a. \$\_\_\_\_\_ to transport offenders; includes mileage, vehicle wear and tear, fuel, Tacoma Narrows Bridge toll, etc.
3. Other direct and indirect costs \$\_\_\_\_\_; to include

PPE, Tools and Equipment Provided by:

RECIPIENT: \_\_\_\_\_

DOC: \_\_\_\_\_

Hazard Assessment and PPE Selection Worksheet attached?  Y  N

Additional Terms:

RECIPIENT

DEPARTMENT OF CORRECTIONS

SAMPLE - DO NOT SIGN

SAMPLE - DO NOT SIGN

Signature

Signature of Superintendent

Title

Institution

Date

Date