

NEWPORT CITY COUNCIL AGENDA

October 07, 2024 AT 6:00 P.M.

INTRODUCTION

The City of Newport, Washington, is a Mayor/Council form of government and is a code city. Essentially, Newport conducts its day to day business within the State of Washington laws, RCW 35A, that govern optional municipal code cities. The Newport City Council is called to order by the **Mayor** and all business of the City is conducted in accordance with State of Washington laws and Newport Resolution number 10410 City Council Rules of Procedure, adopted January 04, 2010. If you require any reasonable accommodation to participate in the council meeting, please contact the City at (509) 447-6429 twenty-four (24) hours prior to the meeting.

YOUR ELECTED OFFICIALS

MAYOR KEITH CAMPBELL
COUNCILMEMBER KENNETH SMITH
COUNCILMEMBER ELIZABETH SPRING
COUNCILMEMBER JAMI SEARS
MAYOR PRO TEM MARK ZORICA
COUNCILMEMBER NATHAN LONGLY

CALL TO ORDER

ROLL CALL
PLEDGE OF ALLEGIANCE
AMENDMENTS & APPROVAL OF AGENDA &
09/16/24 COUNCIL MEETING MINUTES

MAYOR & COUNCIL COMMENTS:

AUDIENCE PARTICIPATION:

CITY ADMINISTRATOR COMMENTS:

NEW BUSINESS:

Creative District update – Leslie Maki

Motion to approve Agreement NP2024-08 with Association of Washington Cities for Drug and Alcohol Consortium Services – Abby Gribi, City Administrator

Motion to approve Agreement NP2024-09 with Association of Washington Cities to update the Employer Master Participation Agreement – Abby Gribi, City Administrator

BILLS & PAYROLL:

| | |
|--|-------------|
| CLAIMS CHECKS 66497-66525 | \$57,610.30 |
| CLAIMS EFT 10/07/2024 Run 1-4 | \$4,046.98 |
| CLAIMS DIRECT PAY 10/01/2024 Run 1 | \$6,223.40 |
| PAYROLL E-CHECKS 1725-1733; Dir Deposit Run 09/25/2024 | \$86,517.21 |

ADJOURNMENT:

WORKSHOP:

Main Extension Code Workshop

MINUTES OF THE NEWPORT CITY COUNCIL MEETING ON
September 16, 2024

A meeting of the Newport City Council was held on September 16, 2024, at 6:00 PM in Council Chambers, City Hall, 200 S. Washington Avenue, Newport, Washington, with the following present:

| | | |
|------------------|----------------|------------------------|
| | Keith Campbell | Mayor |
| | Abby Gribi | City Administrator |
| | Tiffany Hansen | Deputy Clerk/Treasurer |
| Kenneth Smith | | Councilmember |
| Elizabeth Spring | | Councilmember |
| Jami Sears | | Councilmember |
| Mark Zorica | | Mayor Pro Tem |
| Nathan Longly | | Councilmember |

At 6:00 PM, Mayor Campbell called the meeting to order followed by roll call and the pledge of allegiance.

APPROVAL OF AGENDA & MINUTES:

Councilmember Zorica moved to approve the agenda and the minutes from the September 03, 2024, Council Meeting; Councilmember Sears seconded. Motion carried.

MAYOR AND COUNCIL COMMENTS:

Mayor Campbell said that the Autumn Bloom race is coming up and encouraged people to come to the event. He mentioned that the check in is before 7:30am. He said he appreciates all the work on the roads and encouraged patience with the dust and that the reward will be great roads.

Councilmember Longly gave a shout out to Brownell's restaurant stating that they were highlighted by America's Best Restaurant.

Councilmember Zorica thanked all the attendees of the Kalispel Tribe of Indians Better Together Celebration. He mentioned the food was phenomenal. Mayor Campbell also said that it was a great event and thanked the Kalispel Tribe of Indians.

CITY ADMINISTRATOR COMMENTS:

An event, In Her Shoes, hosted by the Family Crisis Network, will be held October 5 at Quail Run Ranch. It is free and RSVP by the 20th. A flyer is available with a QR code if you are interested.

Last Wednesday the City had a Sanitary Health Survey by the Department of Health. They did not indicate any deficiencies. Administrator Gribi talked to them about the upcoming projects. The next day they brought the funding person by to meet us.

Administrator Gribi met with RCAC and showed them the reservoirs. She is almost done with the application for funding. At the next meeting she should have the amount to ask Council for funding.

Administrator Gribi will be working on Nuisance and Animal codes and will get drafts to Council.

The Fire Department remodel is almost complete.

The Ford 550 truck blew its engine. The low quote amount is \$18,501.33 to replace the engine. Administrator Gribi asked for authorization to spend the funds to fix the truck. Councilmember Longley asked what type of problem. It's a known problem – a thrown rod. Councilmember Zorica asked what the turn around time would be for repair. That is not known currently. Councilmember Sears asked about a warranty on the work. The work would be guaranteed. Councilmember Longley asked if it would be new or refurbished. It would be a new engine.

Councilmember Sears moved to approve the replacement of the engine in the Ford 550 in the amount of \$18,501.33; Councilmember Spring seconded. Motion Carried.

NEW BUSINESS:

Introduction of Madi Campbell, Greater Newport Area Chamber President

Mayor Campbell welcomed Madi Campbell. Madi said the next meeting will be at Kelly's October 2nd at 5:30pm and invited all to attend. She said the New Interim Chamber Board and the new owners of Kelly's would be there as well as Jessica Garza with EDC. She said she would love to have quarterly updates between the Chamber and the City. She mentioned upcoming events – Halloween and the Tree Lighting. She mentioned they are actively recruiting Board Members.

Introduction of South Pend Oreille Fire Chief Stocking

Chief Stocking said that this is his first month, he started 9/1/2024 and that he is excited to join SPOFR. He said there is lots going on in the County and City. The new location will be mutually beneficial and will provide great coverage from a central location. They will do a ribbon cutting when the building is complete. He talked about being from Florida and California but that he has long standing family ties to the area. He said the Chief's door is always open and wants to work closely with all of us. He will have full time Fire and EMS protection in the City. He said that they are discussing options for ALS coverage. It is difficult to get and pay for paramedics. The goal is to get a full-time paramedic in the City of Newport but there is no time frame currently.

A financial report was given to the Council for their review.

BILLS & PAYROLL:

Councilmember Sears moved to approve the bills and payroll; Councilmember Longley seconded. Motion carried.

| | |
|--|-------------|
| 2024 CLAIMS CHECKS 66455-66496(Check 66460 Void) | \$87,402.21 |
| 2024 CLAIMS EFT 09/16/2024 Run 1-12 | \$33,240.28 |
| 2024 CLAIMS DIRECT PAY 09/11/2024 Run 1-10 | \$15,493.18 |
| PAYROLL E-CHECKS 1716-1724; Dir Deposit Run 09/03/2024 | \$88,144.44 |

ADJOURNMENT:

The meeting was adjourned at 6:24 PM.

Attest: 
Tiffany Hansen
Deputy Clerk/Treasurer

By: _____
Keith Campbell
Mayor

NP 2024-08



AGREEMENT

For Drug and Alcohol Consortium services

Association of Washington Cities

This agreement is made between the Association of Washington Cities, hereafter referred to as AWC, and the below named city or public agency, hereafter referred to as "Agency". The Agency desires to have AWC, through its affiliation with a testing provider of its choice, provide drug and alcohol testing services.

The Agency shall pay AWC a membership fee and appropriate per employee fees for random testing as specified in the [annual member price](#) list prior to testing services being provided. PROCOM will bill the Agency directly and the Agency is responsible for all other testing costs incurred on behalf of the Agency. The Agency agrees to submit payment for the non-random tests to PROCOM within forty-five (45) days of the date billed. Interest on unpaid accounts will accrue at twelve percent (12%) per month from the date until paid.


The Agency agrees to provide AWC with a copy of its adopted alcohol and drug testing policy and procedures prior to implementation of the testing program. The Agency agrees to comply with and be responsible for all requirements of federal, state, and local laws and regulations relating to substance abuse testing, including without limitation proper specimen collection and handling. The Agency is responsible for any damages resulting from acts or omissions of the Agency under the Agency's alcohol and drug testing policy.

The AWC agrees to indemnify, defend and hold the Agency, its directors, officers, agents and employees harmless from any claim, loss, cost and/or expense (including court costs and attorneys' fees) arising out of or resulting from any act, error, or omission of AWC involving information it receives in connection with this agreement.

The term of the agreement shall be one (1) year, effective September 24, 2024. The agreement will be renewed automatically each year at the end of the term upon receipt of payment of the annual fee and appropriate random testing fees as determined by AWC, unless either party notifies the other, in writing, of its intent not to renew. Failure to pay the appropriate fees by the first of January each year will result in automatic termination of the agreement.

This agreement shall not be assignable by either party without the written consent of the other.

This agreement shall be governed by and construed under the laws of the State of Washington.

| | |
|---|---|
|  _____ Authorized signature | <u>9.24.24</u> _____ Date |
| <u>City of Newport</u> _____ City or agency name (please print) | <u>509-447-5611</u> _____ Phone |
| <u>200 S. Washington Ave</u> _____ Address | _____ Fax # |
| <u>Newport</u> _____ City | <u>WA</u> _____ State |
| <u>Nickole North</u> _____ Contact person name | <u>99156</u> _____ Zip |
| | <u>509-447-6429</u> _____ Telephone |

Employer policies

Coverage start date, pick one

First day of the month after date of hire.

If the employee's hire date is the first day, or first working day of the month, start the employee's coverage:

The first day of that month

The first of the month following date of hire

Employees are retroactively covered back to the first day of the month in which they are hired.

Employees have a probationary period and then are covered the first of the month following the date probationary period is complete.

How long is the probationary period? _____

Coverage termination date

Yes No First of the month following date of termination/retirement. If no, explain below:

Varying group policies

Yes No We have different coverage start and/or termination policies for different groups within our organization. If yes, explain below:

Spouse/Domestic Partners

Yes No Spouse/Domestic Partners are eligible to be covered on the employer's plan

Yes No We have a more generous Domestic Partner policy than required by Washington state law (RCW 48.44.900).

Same and opposite gender

Same gender only

Opposite gender only

Number of employees eligible for any employer-sponsored plan

| | Full-time employees* | Part-time employees** | Seasonal employees | Elected officials*** | LEOFF 1's |
|----------------------|----------------------|-----------------------|--------------------|----------------------|-----------|
| Medical | 18 | 0 | 0 | 0 | 1 |
| Dental | 18 | 0 | 0 | 0 | |
| Vision | 18 | 0 | 0 | 0 | |
| Long-term disability | 18 | 0 | 0 | 0 | |
| Life | 18 | 0 | 0 | 0 | |
| EAP | 18 | 0 | 0 | 0 | |

* The minimum hours for full-time eligibility are: 40

**The minimum hours for part-time eligibility (must be at least 20 hours/week): 24

***Elected officials include Mayor Council Other _____

Legal agreements

Changes to the Master Participation Agreement: I understand I may make changes to this document to be effective the first day of any month when adequate notice is provided:

- For addition of plan(s), or a change from one plan to another, an updated copy of the Master Participation Agreement should be sent to the AWC Trust office 45-60 days prior to the desired addition/change effective date.
- For termination of a single line of coverage, an updated copy of the Master Participation Agreement should be sent to the AWC Trust office 60 days prior to the desired termination date.
- **Fees:** Cities, towns and non-city entities must be members of the Association of Washington Cities, paying an annual membership fee. AWC Trust rates and requirements are subject to review and/or change by the AWC Trust Board of Trustees at any time.

Life and long-term disability

- We hereby (1) elect to participate in the group life and/or disability insurance coverage under the Association of Washington Cities Employee Benefit Trust (Trust) group life and disability insurance policies issued by Standard Insurance Company; (2) agree to remit premiums on or before the premium due date; (3) agree to be bound by the coverages available to all present and future eligible employees; (4) agree to make the elected coverage available to all present and future eligible employees.
- We understand that the group insurance policies contain limitations and exclusions not described in this Master Participation Agreement. We understand that Certificates of Insurance giving a complete description of the insurance coverage(s) will be provided. We agree to distribute those certificates to insured participants. We agree not to distribute any other description of the terms of insurance coverage(s) without prior written approval of Standard Insurance Company.
- We understand that no insurance coverage for any participant will be in effect prior to the latest of: (a) requested effective date; (b) approval by Standard Insurance Company; and (c) approval of evidence of insurability, if required.

Employer acknowledgement and signature

The AWC Employee Benefit Trust is maintained and administered in accordance with the Trust Agreement (as amended periodically), the terms of which are incorporated by reference into this Master Participation Agreement. Employers should review the Trust Agreement, including specifically its terms regarding joining, participating, and terminating participation in the Trust. A copy will be provided to you upon joining the Trust, and an updated copy will be reissued when the Trust Agreement is amended and restated. Additional agreements are outlined within the Interlocal Agreement required by the AWC Trust.

Premium payments are due on or before the 10th of the month in which coverage is active. Payment may be submitted online or by paper check, mailed to the address indicated on your bill.

By signing below, I acknowledge and represent the following on behalf of the employer:

- The employer has received a copy of the Trust Agreement and agrees to abide by all applicable terms and conditions therein.
- The employer provides its answers on this form as part of the procedure required by the Trust to provide or change Trust-sponsored coverage, with the understanding that the Trust relies on this information to ensure compliance with underwriting rules. All information completed on this form is true, correct, and complete.
- The employer is responsible for the accuracy of all employee and dependent enrollment information that the employer submits to the Trust on behalf of its employees, and has received any necessary approvals to submit or make changes to such information on behalf of its employees.
- The employer understands that it is a crime to knowingly provide false, incomplete, or misleading information for the purposes of defrauding the Trust, a health plan, or an insurance company, with penalties including denial of coverage, fines, and/or imprisonment. In addition, the Trust will have the right to collect any claims payments or other damages.



Signature

Mayor

Title

Keith Campbell

Printed name

9/3/24

Date

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit Newport Employees # employees eligible 18

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical

enrolled 18

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only

- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only

- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental

enrolled 18



Delta Dental of Washington



Willamette Dental Group

- Delta Dental of Washington**
- | Dental | Orthodontia |
|--|-----------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan I |
| <input type="checkbox"/> Plan B | <input type="checkbox"/> Plan II |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan III |
| <input checked="" type="checkbox"/> Plan D | <input type="checkbox"/> Plan IV |
| <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan V |
| <input type="checkbox"/> Plan F | |
| <input type="checkbox"/> Plan G | |
| <input type="checkbox"/> Plan J | |

- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

Employee Assistance Program

enrolled 18



- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
 - Employees with no other AWC Trust coverage
 - 1-3 session
 - 1-5 session
 - 1-8 session

Vision

enrolled



- Vision Service Plan**
- \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay

Second pair option rider

Tax favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit Newport Employees

Life* # enrolled 18



The Standard

- Basic life
 - Flat rate amount: \$ 100000
 - Salary based: _____ x salary, up to a maximum of \$ _____
- Accidental Death & Dismemberment
- Dependent Life
 - Option 1: \$1,000
 - Option 2: \$2,000
 - Option 3: \$5,000
 - Option 4: \$10,000
- Employee additional life
- Spouse additional life

Long-term disability* # enrolled 18



The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day
- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward their LTD coverage? Yes No

If yes,
 Amount employee pays _____ %
 Amount employer pays _____ %

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No
 If yes, include an attachment with name, date of birth, & last four of SSN.

Other non-AWC plan offerings

| | Name of plan/sponsor | # employees eligible | # employees enrolled |
|---------------------------------------|----------------------|----------------------|----------------------|
| Medical | | | |
| Dental | | | |
| Vision | | | |
| Life | | | |
| Long-term disability | | | |
| EAP | | | |
| Tax-favored account(s) HSA/HRA/FSA | | | |

CITY OF NEWPORT
VOUCHER REPORT

DATE: October 7, 2024 (First Council Meeting Run)

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

Claims Checks 66497-66525 \$57,610.30

EFT 10/07/2024: 1-4 \$4,046.98

Direct Pay 10/1/2024: 1 \$6,223.40

Grand Total of all Claims \$67,880.68

Deputy City Clerk/Treasurer: J. Hansen 10/1/24

Voucher Directory

Fiscal : 2024 - October
 Council Date : 2024 - October - 1st Council Meeting

| Vendor | Number | Reference | Account Number | Description | Amount |
|---|--------------|-----------------|--|------------------------------|-------------------|
| Albeni Falls Building Supply | 66497 | 09/25/2024 | 2024 - October - 1st Council Meeting | | |
| | | | Albeni Falls Statement | | |
| | | | 001-000-000-522-50-48-00 | Repair & Maintenance | \$51.68 |
| | | | 001-000-000-576-80-31-00 | Operating Supplies | \$80.55 |
| | | | 101-000-000-543-30-31-00 | Operating Supplies | \$80.55 |
| | | | 410-000-000-534-34-31-00 | Office & Operating Supplies | \$97.41 |
| | | | 410-000-000-534-34-48-00 | Repair & Maintenance | \$134.26 |
| | | | Total 09/25/2024 Albeni Falls Statement | | \$444.45 |
| Total Albeni Falls Building Supply | 66497 | | | | \$444.45 |
| Albeni Machine Shop | 66498 | Invoice - 22173 | 2024 - October - 1st Council Meeting | | |
| | | | 101-000-000-542-63-48-00 | Street Light Repair & Maint. | \$1,700.00 |
| | | | Repair Light posts | | |
| | | | 101-000-000-543-30-48-00 | Equipment Repair & Maint | \$263.31 |
| | | | Chip Spreader parts | | |
| | | | Total Invoice - 22173 | | \$1,963.31 |
| Total Albeni Machine Shop | 66498 | | | | \$1,963.31 |
| Barr Tech LLC | 66499 | Invoice - 9903 | 2024 - October - 1st Council Meeting | | |
| | | | 411-000-100-535-35-41-03 | Prof Services Sludge Hauling | \$2,773.45 |
| | | | Total Invoice - 9903 | | \$2,773.45 |
| Total Barr Tech LLC | 66499 | | | | \$2,773.45 |
| Big John's Spraying | 66500 | Invoice - 81285 | 2024 - October - 1st Council Meeting | | |
| | | | 001-000-000-576-80-41-01 | Professional Services | \$538.50 |
| | | | RV Park | | |
| | | | RV Park Lawn Weed | | |
| | | | Total Invoice - 81285 | | \$538.50 |

Vendor Number Reference Account Number Description Amount

001-000-000-576-80-41-01 Professional Services \$86.16
 TJ Kelly Lawn Weeds
Total Invoice - 81286 \$86.16
 Invoice - 81287
 001-000-000-576-80-41-01 Professional Services \$53.85
 Veterans Park Lawn Weed
Total Invoice - 81287 \$53.85
Total 66500 \$678.51
Total Big John's Spraying \$678.51

Canon Solutions America 66501
2024 - October - 1st Council Meeting
 Invoice - 35124636
 001-000-000-513-10-48-01 Maintenance Copier \$30.61
 001-000-000-521-20-48-01 Maintenance Copier \$18.55
 001-000-000-591-18-70-01 1/4 Copier Lease \$69.89
 001-000-000-591-21-70-02 Police Copier Lease \$124.06
 101-000-000-543-30-48-01 Maintenance Copier \$30.61
 101-000-000-591-47-70-01 1/4 Copier Lease \$69.89
 410-000-000-534-34-49-03 Maint. Agrmt- Copier Machine \$30.61
 410-000-000-591-34-70-01 1/4 Copier Lease \$69.90
 411-000-100-535-35-49-03 Maint Agrmt. - Copier Machine \$30.61
 411-000-100-591-35-70-01 1/4 Copier Lease \$69.89
Total Invoice - 35124636 \$544.62
Total 66501 \$544.62
Total Canon Solutions America \$544.62

ControlFreek Inc 66502
2024 - October - 1st Council Meeting
 Invoice - 6515
 410-000-000-534-34-41-00 Professional Services \$344.99
 wellhouse control panel UPS service call
Total Invoice - 6515 \$344.99
Total ControlFreek Inc \$344.99

Day Wireless Systems, Inc 66503
2024 - October - 1st Council Meeting
 Invoice - INV840844
 001-000-000-521-20-41-00 Professional Services \$893.91
 Repair radios in 74301D, 65911D, 65910D
Total Invoice - INV840844 \$893.91
Total 66503 \$893.91
Total Day Wireless Systems, Inc \$893.91

Vendor Number Reference Account Number Description Amount

| Vendor | Number | Reference | Account Number | Description | Amount |
|--|-------------|---|--------------------------|---|-------------------|
| Dept of Ecology | 66504 | | | 2024 - October - 1st Council Meeting | |
| | | Tim Kemp Waste Water Operator Fee | 411-000-100-535-35-49-00 | Miscellaneous Expenditures | \$75.00 |
| | | | | Application fee WW operator license | \$75.00 |
| | | Total Tim Kemp Waste Water Operator Fee | | | \$75.00 |
| Total Dept of Ecology | Total 66504 | | | | |
| Dr. Locksmith LLC | 66505 | | | 2024 - October - 1st Council Meeting | |
| | | Invoice - 6824 | 410-000-000-534-34-41-00 | Professional Services | \$494.34 |
| | | | | Keys and Locks for water tanks | |
| | | Total Invoice - 6824 | | | \$494.34 |
| | | Invoice - 6826 | 001-000-000-576-80-41-01 | Professional Services | \$25.00 |
| | | | | Rekey bathroom to master key | |
| | | Total Invoice - 6826 | | | \$25.00 |
| Total Dr. Locksmith LLC | Total 66505 | | | | \$519.34 |
| Ergon Asphalt | 66506 | | | 2024 - October - 1st Council Meeting | |
| | | Invoice - 9403290912 | 101-000-000-542-61-41-05 | TIB Chip Seal Project | \$1,700.00 |
| | | | | TIB Chip Seal 2024 | |
| | | Total Invoice - 9403290912 | | | \$1,700.00 |
| | | Invoice - 9403297529 | 101-000-000-542-61-41-05 | TIB Chip Seal Project | \$1,000.00 |
| | | | | TIB Chip Seal 2024 | |
| | | Total Invoice - 9403297529 | | | \$1,000.00 |
| Total Ergon Asphalt | Total 66506 | | | | \$2,700.00 |
| Etter, McMahon, Lamberson, Van Wert, Oreskovich PC - EFT | | | | 2024 - October - 1st Council Meeting | |
| | | EFT Payment 10/7/2024 8:23:42 AM - 1 | | Prof Services - City Attorney | \$436.05 |
| | | | | Prof Svc City Atty | \$866.40 |
| | | | | Prof Services City Attorney | \$892.05 |
| | | Total 08/31/2024 EMLVO Statement | | | \$2,194.50 |
| | | Total EFT Payment 10/7/2024 8:23:42 AM - 1 | | | \$2,194.50 |
| Total Etter, McMahon, Lamberson, Van Wert, Oreskovich PC - EFT | | | | | \$2,194.50 |

Vendor Number Reference Account Number Description Amount

Excess Portable Toilets, LLC 66507

2024 - October - 1st Council Meeting
 08/30/2024 Excess Portable Toilets Statement
 001-000-000-576-80-47-00 Utilities \$400.00
 Portable moved from water plant to park
 Total 08/30/2024 Excess Portable Toilets Statement \$400.00
 Total Excess Portable Toilets, LLC \$400.00

66508
 2024 - October - 1st Council Meeting
 Invoice - 9237973806
 410-000-000-534-34-48-00 Repair & Maintenance \$267.91
 bulkhead tank fitting
 Total Invoice - 9237973806 \$267.91
 Invoice - 9243757888
 411-000-100-535-35-48-00 Repair & Maintenance \$56.16
 Total Invoice - 9243757888 \$324.07
 Total 66508 \$324.07

iFiber Communications - AUTOPAY
 EFT Payment 10/7/2024 8:23:42 AM - 2
 October 2024 iFiber Statement
 001-000-000-514-20-42-00 Communications \$22.50
 Internet
 001-000-000-521-20-42-00 Communications \$85.00
 001-000-000-576-80-42-00 Communications \$89.95
 RV Park
 001-000-000-576-80-42-00 Communications \$31.92
 101-000-000-543-30-42-00 Communications \$54.42
 410-000-000-534-34-42-00 Communications \$145.38
 411-000-100-535-35-42-00 Communications \$118.27
 Total October 2024 iFiber Statement \$547.44
 Total EFT Payment 10/7/2024 8:23:42 AM - 2 \$547.44
 Total iFiber Communications - AUTOPAY \$547.44

Interwest Communications
 66509
 2024 - October - 1st Council Meeting
 Invoice - 24897
 001-000-000-514-20-42-00 Communications \$14.54
 Install new phone in Planning room
 001-000-000-558-50-42-00 Communications \$14.54
 101-000-000-543-30-42-00 Communications \$14.54
 410-000-000-534-34-42-00 Communications \$14.54

| Vendor | Number | Reference | Account Number | Description | Amount |
|--------|--------|--------------------------------|--------------------------------------|---|-------------|
| | | Total Invoice - 24897 | 411-000-100-535-35-42-00 | Communications | \$14.54 |
| | | Invoice - 24912 | | | \$72.70 |
| | | | 001-000-000-514-20-42-00 | Communications | \$93.83 |
| | | | Install new phone in planning room | | |
| | | | 001-000-000-558-50-42-00 | Communications | \$93.83 |
| | | | 101-000-000-543-30-42-00 | Communications | \$93.82 |
| | | | 410-000-000-534-34-42-00 | Communications | \$93.83 |
| | | | 411-000-100-535-35-42-00 | Communications | \$93.83 |
| | | Total Invoice - 24912 | | | \$469.14 |
| | | | | | \$541.84 |
| | | | | | \$541.84 |
| | | Total 66509 | | | |
| | | Total Interwest Communications | | | |
| | | JUB Engineers | | | |
| | | 66510 | | | |
| | | Invoice - 0175889 | | | |
| | | | 411-000-100-535-35-41-06 | DOE Funding - Sewer Master Plan Waste Water Sewer Plan | \$2,669.60 |
| | | | Task #3, PR #1 | | |
| | | Total Invoice - 0175889 | | | \$2,669.60 |
| | | Invoice - 0176028 | | | |
| | | | 411-000-100-535-35-41-06 | DOE Funding - Sewer Master Plan Waste Water Sewer Plan | \$2,117.30 |
| | | | Task #4, PR #1 | | |
| | | Total Invoice - 0176028 | | | \$2,117.30 |
| | | Invoice - 0176652 | | | |
| | | | 411-000-100-535-35-41-06 | DOE Funding - Sewer Master Plan Waste Water Sewer Plan | \$5,087.00 |
| | | | Task #3, PR #1 | | |
| | | Total Invoice - 0176652 | | | \$5,087.00 |
| | | Invoice - 0176686 | | | |
| | | | 411-000-100-535-35-41-06 | DOE Funding - Sewer Master Plan Waste Water Sewer Plan | \$21,399.70 |
| | | | Task 4 PR#1 | | |
| | | Total Invoice - 0176686 | | | \$21,399.70 |
| | | Total 66510 | | | |
| | | Total JUB Engineers | | | |
| | | Minuteman Press | | | |
| | | 66511 | | | |
| | | Invoice - 13170 | | | |
| | | | 2024 - October - 1st Council Meeting | | |
| | | | 001-000-000-514-20-31-00 | Office & Operating Supplies | \$70.47 |
| | | | 101-000-000-543-30-31-00 | Operating Supplies | \$70.47 |
| | | | 410-000-000-534-34-31-00 | Office & Operating Supplies | \$281.88 |

Performance Systems Integration
66516

2024 - October - 1st Council Meeting

Invoice - 12630276

001-000-000-576-80-31-00 Operating Supplies \$34.82

101-000-000-543-30-31-00 Operating Supplies \$34.81

410-000-000-534-34-31-00 Office & Operating Supplies \$34.82

Total Invoice - 12630276 **\$104.45**

\$104.45

\$104.45

Total Performance Systems Integration

Pitney-Bowes -AUTO PAY

EFT Payment 10/7/2024 8:23:42 AM - 3

Invoice - 3319713033

001-000-000-591-18-70-02 1/4 Postage Machine Lease \$132.47

101-000-000-591-47-70-02 1/4 Postage Lease \$132.47

410-000-000-591-34-70-02 1/4 Postage Machine Lease \$132.48

411-000-100-591-35-70-02 1/4 Postage Machine Lease \$132.48

Total Invoice - 3319713033 **\$529.90**

Total EFT Payment 10/7/2024 8:23:42 AM - 3 **\$529.90**

Total Pitney-Bowes -AUTO PAY **\$529.90**

POVMS DBA Newport Equipment

66517

Invoice - 1099

411-000-100-535-35-48-00 Repair & Maintenance \$2,108.83

Shoreline reinforcement

Total Invoice - 1099 **\$2,108.83**

\$2,108.83

\$2,108.83

Procom LLC

66518

Invoice - 111230

001-000-000-576-80-41-01 Professional Services \$39.00

101-000-000-543-30-41-02 Professional Services \$39.00

K Butcher preemployment screen

Total Invoice - 111230 **\$78.00**

\$78.00

\$78.00

PumpTech Inc. - LB001124

66519

Invoice - 0209605-IN

411-000-100-535-35-48-00 Repair & Maintenance \$5,975.04

Vendor Number Reference Account Number Description Amount

Total 66519
 Total PumpTech Inc. - LB001124
 Salesky Service Center
 66520

2024 - October - 1st Council Meeting

Invoice - 2024-20390
 001-000-000-521-20-48-00 Repair & Maintenance Equipment
 XMT 74301D oil change \$106.03
 Total Invoice - 2024-20390 \$106.03

Total Salesky Service Center
 SCJ Alliance - DIRECT PAY

Direct Pay Payment 10/1/2024 8:24:51 AM - 1
 Invoice - 78089
 001-000-000-558-50-41-00 Professional Services
 General Planning \$6,223.40
 Total Invoice - 78089 \$6,223.40
 Total Direct Pay Payment 10/1/2024 8:24:51 AM - 1 \$6,223.40
 Total SCJ Alliance - DIRECT PAY \$6,223.40

Six Robbles' Inc.
 66521

2024 - October - 1st Council Meeting
 Invoice - 05P62005
 001-000-000-576-80-31-00 Operating Supplies \$89.81
 101-000-000-543-30-31-00 Operating Supplies \$89.81
 410-000-000-534-34-31-00 Office & Operating Supplies \$89.82
 Total Invoice - 05P62005 \$269.44
 Invoice - 05P62007
 001-000-000-576-80-31-00 Operating Supplies \$129.04
 101-000-000-543-30-31-00 Operating Supplies \$129.03
 410-000-000-534-34-31-00 Office & Operating Supplies \$387.11
 Total Invoice - 05P62007 \$656.55
 Total 66521 \$656.55
 Total Six Robbles' Inc. \$656.55

Vendor Number Reference Account Number Description Amount

State Auditor's Office 66522
2024 - October - 1st Council Meeting
 Invoice - L163223
 001-000-000-514-20-41-02 Prof. Services- Audit Fees \$695.50
 101-000-000-543-30-41-01 Prof. Services- Audit Fees \$695.50
 410-000-000-534-34-41-02 Prof Svc - Audit Fees \$695.50
 411-000-100-535-35-41-02 Prof Services Audit Fees \$695.50
Total Invoice - L163223 \$2,782.00
Total State Auditor's Office \$2,782.00

The Bunker 66523
2024 - October - 1st Council Meeting
 Invoice - INV/2024/01511
 001-000-000-521-20-31-01 Clothing/Uniforms \$105.61
Total Invoice - INV/2024/01511 \$105.61
Total The Bunker \$105.61

USA Bluebook 66524
2024 - October - 1st Council Meeting
 Invoice - INV00492257
 411-000-100-535-35-31-00 Office & Operating Supplies \$395.10
Total Invoice - INV00492257 \$395.10
 Invoice - INV00492436
 411-000-100-535-35-31-00 Office & Operating Supplies \$42.81
Total Invoice - INV00492436 \$42.81
 Invoice - INV00492474
 411-000-100-535-35-31-00 Office & Operating Supplies \$42.81
Total Invoice - INV00492474 \$42.81
Total USA Bluebook \$480.72

Vimly Benefit Solutions, Inc. - EFT
 EFT Payment 10/7/2024 8:23:42 AM - 4
2024 - October - 1st Council Meeting
 October 2024 LEOFF1
 001-000-000-521-20-20-03 Leoff | Med Insur/LifeFlight \$775.14
Total October 2024 LEOFF1 \$775.14
Total EFT Payment 10/7/2024 8:23:42 AM - 4 \$775.14
Total Vimly Benefit Solutions, Inc. - EFT \$775.14

| Vendor Number | Reference | Account Number | Description | Amount |
|--------------------------------------|-------------------------|--------------------------|--------------------------------------|-------------|
| Western Records Destruction 66525 | | | | |
| | Invoice - 0717016 | | 2024 - October - 1st Council Meeting | |
| | | 001-000-000-514-20-41-00 | Professional Services | \$15.00 |
| | | 101-000-000-543-30-41-02 | Professional Services | \$15.00 |
| | | 410-000-000-534-34-41-00 | Professional Services | \$15.00 |
| | | 411-000-100-535-35-41-04 | Professional Services | \$15.00 |
| | Total Invoice - 0717016 | | | \$60.00 |
| | Total 66525 | | | \$60.00 |
| Total Western Records Destruction | | | | \$60.00 |
| Grand Total | | Vendor Count | 33 | \$67,880.68 |

CITY OF NEWPORT
PAYROLL CHECK REGISTER
PAYDAY: September 25, 2024

We, the undersigned Council of the City of Newport, Washington, do hereby certify that the merchandise or services hereinafter specified have been received and that Check No. 1725 through No. 1733 as well as the Direct Deposit run 9/25/2024 for employees are approved for payment in the amount of \$86,517.21 this 7th day of October 2024.

Councilmember _____

Councilmember _____

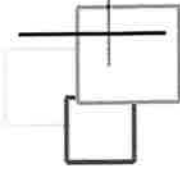
Councilmember _____

Councilmember _____

Councilmember _____

City Deputy Clerk/Treasurer J. Hansen 9/18/24

Register



| Number | Name | Fiscal Description | Classified | Amount |
|-----------------------------|-------------------------------------|--|------------|--------------------|
| 1725 | Dept of Labor & Industry | 2024 - September - 2nd Council Meeting | | \$2,984.81 |
| 1726 | Dept of Retirement - Def Comp | 2024 - September - 2nd Council Meeting | | \$1,027.50 |
| 1727 | Dept of Retirement Systems | 2024 - September - 2nd Council Meeting | | \$8,444.11 |
| 1728 | EFTPS | 2024 - September - 2nd Council Meeting | | \$13,385.57 |
| 1729 | Employment Security | 2024 - September - 2nd Council Meeting | | \$113.78 |
| 1730 | Employment Security - LTC | 2024 - September - 2nd Council Meeting | | \$270.12 |
| 1731 | Employment Security - PMFL | 2024 - September - 2nd Council Meeting | | \$317.00 |
| 1732 | Idaho State Tax | 2024 - September - 2nd Council Meeting | | \$750.00 |
| 1733 | Vimly Benefit Solutions, Inc. - EFT | 2024 - September - 2nd Council Meeting | | \$16,449.01 |
| | Payroll Vendor | 2024 - September - 2nd Council Meeting | | \$42,775.31 |
| Direct Deposit Run - | | | | |
| 9/25/2024 | | | | |
| | | | | \$86,517.21 |