
AGENDA
OMAK CITY COUNCIL MEETING
Monday, September 16, 2024 – 7:00 PM

A. CALL TO ORDER

B. CITIZEN COMMENTS

C. CORRESPONDENCE AND MAYOR'S REPORT

D. CONSENT AGENDA

1. Approval of Minutes from September 3, 2024
2. Approval of 2024 Claims, August 2024 Manual Checks and Payroll

E. OLD BUSINESS

1. Res. 62-2024 - Approve Provisional Accredited Levee Agreement

F. NEW BUSINESS

1. Res. 63-2024 – Approve Purchase of Extrication Equipment
2. Res. 64-2024 – Approve Language Services Agreement
3. Res. 65-2024 – Approve the Purchase of Picnic Tables

G. OTHER BUSINESS

1. Council Committee Reports
2. Staff Reports



Action by City Council

Our Council Meetings are conducted in person in addition to Zoom Meetings. Meeting information is located on our website at omakcity.com. If you need support or accommodations, contact the City Clerk in advance by phone at 509-826-1170 or by e-mail clerk@omakcity.com for assistance.

MEMORANDUM

To: Cindy Gagné, Mayor

From: Todd McDaniel, City Administrator

Date: September 3, 2024

Subject: **Resolution No. 62-2024** Approving Provisional Levee Agreement

The Attached Resolution **62-2024, Approving a Provisional Accredited Levee Agreement**, is forwarded for your consideration.

FEMA is updating the Federal Flood Maps. During this process, the question of whether our Levee system meets Federal requirements. The answer to this question will have a significant impact on how the Flood hazard areas are designated within the city.

This agreement allows the city time to evaluate our levee system, review the updated flood event areas, and determine the appropriate actions to be taken.

I support this resolution and urge its adoption,

RESOLUTION NO. 62-2024

A RESOLUTION OF THE CITY COUNCIL OF OMAK, WASHINGTON, APPROVING A PROVISIONAL ACCREDITED LEVEE AGREEMENT

WHEREAS, The Federal Emergency Management Agency (FEMA) is in the process of performing a flood hazard study and producing an updated Flood Insurance Rate Maps (FIRM) and Flood Insurance Study Report within Okanogan County; and

WHEREAS, for this study to correctly identify flood hazard zones within our City, the City is required to confirm that the Omak Levee system meets the Federal regulatory requirements of 44CFR65.10, and

WHEREAS, as a provision of these upcoming changes, FEMA has prepared an agreement that will allow the city, until November 1, 2026, to confirm the regulatory compliance of the Omak Levee System.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Omak that the Provisional Accredited Levee Agreement, a copy of which is attached hereto as "Exhibit A," is approved. The Mayor is hereby authorized to execute the same for and on behalf of the City, and the City Clerk is authorized to attest her signature.

INTRODUCED AND APPROVED by the City Council of the City of Omak this _____ day of _____, 2024.

APPROVED:

Cindy Gagné, Mayor

ATTEST:

Connie Thomas, City Clerk

APPROVED AS TO FORM:

Michael D. Howe, City Attorney



FEMA

August 1, 2024

Ms. Cindy Gagné
Mayor
P.O. Box 72
Omak, WA 98841

Re: Initial Notification Letter for Levee Owner: PAL Category B: USACE Program Levee System

Dear Mayor Gagné:

The Federal Emergency Management Agency (FEMA) is in the process of performing a flood hazard study and producing an updated Flood Insurance Rate Map (FIRM) and Flood Insurance Study (FIS) report for Okanogan County, Washington, and the Confederated Tribes of the Colville Reservation. This mapping project is being undertaken as part of the FEMA Risk Mapping, Assessment, and Planning (Risk MAP) program.

This letter is in reference to the levee system(s) described in the table below, shown on the effective FIRM and in the effective FIS report, dated November 1982, for the City of Omak, and dated January of 2003, for Okanogan County, Unincorporated Areas.

NLD System ID	Levee System Name	Flooding Source	From Location	To Location
5505000012	Omak Authorized Left Bank	Okanogan River	US Hwy 97 Bridge over the Okanogan River	Approximately 1.2 miles downstream of US Hwy 97
5505000013	Omak Authorized Right Bank	Okanogan River	Approximately 0.5 miles downstream of US Hwy 97	Emery Drive

As part of the mapping process, FEMA determined that the flood hazard information presented on the effective FIRM and in the effective FIS report is based, in some areas, on a flood hazard reduction provided by the Omak Authorized Left Bank Levee and the Omak Authorized Right Bank Levee. Based on the information available and on National Flood Insurance Program mapping standards at the time that the flood hazard study for the effective FIRM and effective FIS report was performed, FEMA recognized the levee systems as reducing the hazard posed by the base (one percent-annual-chance) flood, also referred to as accredited. The levee impacted area landward of the levee systems was designated Zone X (shaded) on the FIRM.

Mayor Gagné
August 1, 2024
Page 3

the Federal flood insurance coverage requirement does not apply in areas outside the Special Flood Hazard Area. Although the levee systems may reduce the base flood hazard; they do not eliminate the risk of flooding.

If the data and documentation required to comply with 44CFR65.10, including an existing operation and maintenance plan and record of an onsite inspection by a registered professional engineer, are readily available, please submit the data and documentation to this office within 30 days of the date of this letter. Upon receipt, FEMA will perform a completeness check of the data and documentation submitted to determine if the contents meet the criteria of the 44CFR65.10. If the minimum criteria cited in 44CFR65.10 have been met, the levee systems will continue to be mapped as accredited on the FIRM by reducing the flood hazard posed by the base flood.

If there are questions regarding the specific submittal requirements, please contact Dale Meck, at dale.meck@fema.dhs.gov or (202) 285-2671. You are also welcome to contact me directly, at (425) 213-9496.

We look forward to working with the City of Omak, Washington, and other community officials to address this important matter. If there is anything we can do to facilitate the submittal process, please let us know.

Sincerely,

RYAN O IKE

Digitally signed by RYAN O IKE
Date: 2024.08.02 07:42:31
-07'00'

Ryan Ike
Acting Director, Mitigation Division
FEMA Region 10

Enclosures

cc: Tyler Wells, Building Official, City of Omak, Washington
Amanda Richardson, Washington Department of Ecology, National Flood Insurance Program
Coordinator
Charles Ifft, P.E., USACE, Seattle District, Levee Safety Program Manager
Senator Patty Murray's Washington, DC, Office
Senator Maria Cantwell's Washington, DC, Office
Representative Dan Newhouse's, Washington, DC, Office

DM:vl

Colville Tribes and Okanogan County, Washington Draft Floodplains (as of July 16, 2024)

Overview
Initial draft flood hazard mapping for Okanogan County was released in 2020 and for the Colville Tribes in 2021. Since both releases, updates along the Okanogan River, Okanogan Tributary 2, Similkameen River, and city of Brewster revised the initial draft hazard releases.

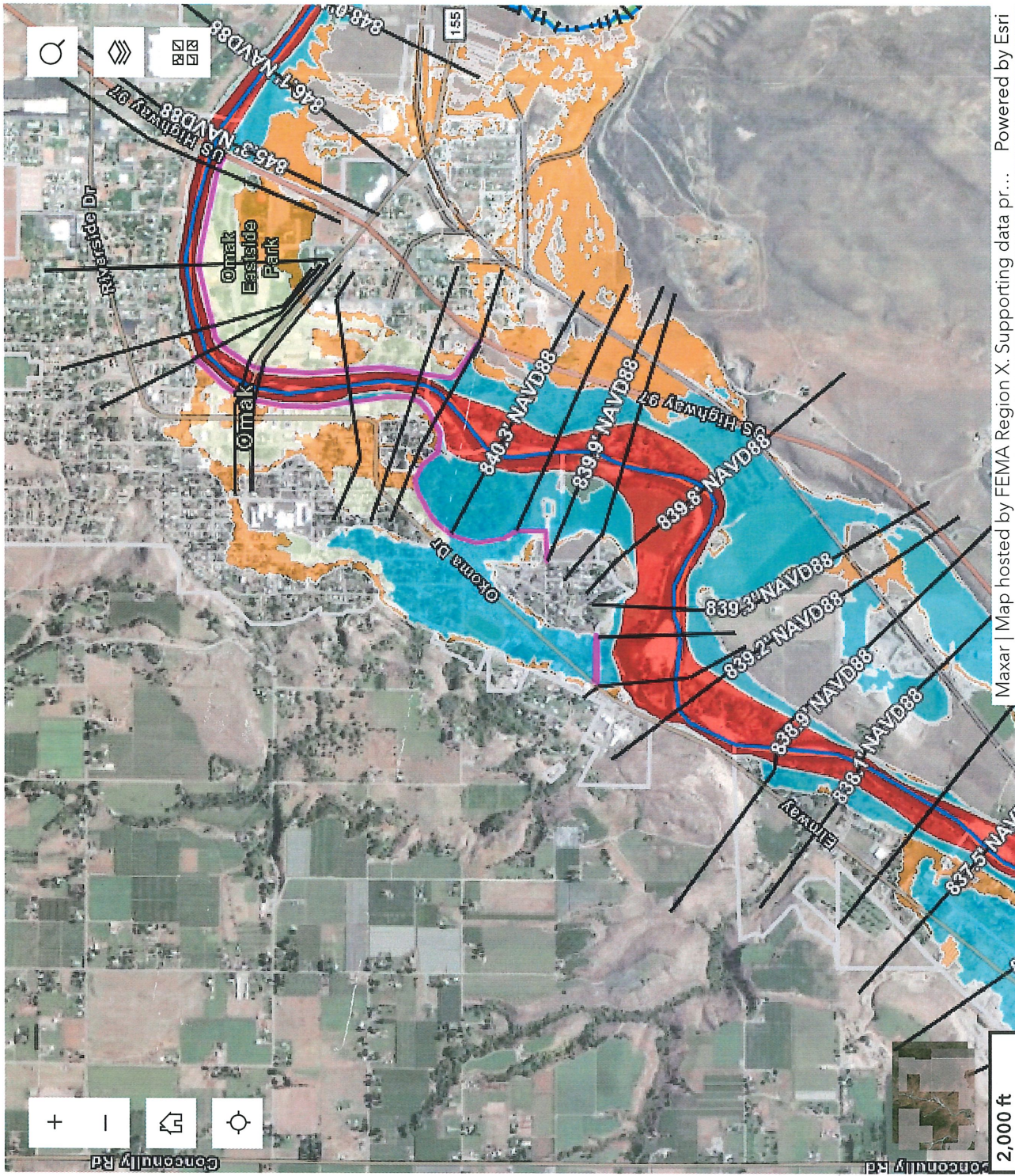
Proposed areas are grouped by risk, flood zone, and flood frequency as follows:

Area of High Flood Risk

- Zone A | 1% Annual Chance Flood Event
- Zone AE | 1% Annual Chance Flood Event
- Zone AE (Floodway) | 1% Annual Chance Flood Event
- Zone AH | 1% Annual Chance Flood Event

Draft 1-Percent Annual Chance Water Surface Elevation (as of July 16, 2024)

Draft 1-Percent Annual Chance Base Flood Elevation (as of July 16, 2024)



**PROVISIONALLY ACCREDITED LEVEE AGREEMENT
FOR LEVEE OWNER,
CATEGORY B: USACE PROGRAM LEVEE SYSTEM**

Letter of Agreement and Request for Provisionally Accredited Levee Designation and Agreement to Provide Adequate Compliance with the Code of Federal Regulations, Title 44, Chapter 1, Section 65.10 (44CFR65.10)

Omak Authorized Left Bank and Omak Authorized Right Bank

We, the undersigned, have received the letter from the U.S. Department of Homeland Security’s, Federal Emergency Management Agency (FEMA) dated August 1, 2024, and the enclosed copy of 44CFR65.10, titled “Mapping of Areas Protected by Levee Systems.” We understand that FEMA is in the process of providing an updated flood map, termed a Flood Insurance Rate Map (FIRM) and a Flood Insurance Study (FIS) report, for the City of Omak, the Confederated Tribes of the Colville Reservation, and Okanogan County, Unincorporated Areas and that the impacted area of the levees listed in the table below will be identified as a Provisionally Accredited Levee.

NLD System ID	System Name	Flood Source	From Location	To Location
5505000012	Omak Authorized Left Bank	Okanogan River	US Hwy 97 Bridge over the Okanogan River	Approx. 1.2 miles downstream of US Hwy 97
5505000013	Omak Authorized Right Bank	Okanogan River	Approx. 0.5 miles downstream of US Hwy 97	Emery Drive

To the best of our knowledge, the levee systems known as the Omak Authorized Left Bank and Omak Authorized Right Bank meet the requirements of 44CFR65.10. We hereby submit to FEMA, within 90 days (before November 1, 2024 (91st Day Following Date of the Initial Notification Letter), our agreement to provide FEMA with necessary data and documentation to show that the levee systems known as the Omak Authorized Left Bank and Omak Authorized Right Bank comply with 44CFR65.10.

We understand that the data and documentation will be required before November 1, 2026 (Second Anniversary of 91st Day Following the Initial Notification Letter). The data and documentation will allow FEMA to move forward with the updated FIRM and FIS report for Okanogan County, Washington, and the Confederated Tribes of the Colville Reservation. We fully understand that if complete data and documentation to comply with 44CFR65.10 are not provided within the designated timeframe of 24 months, FEMA will initiate a MAP revision to redesignate the levee impacted area as Special Flood Hazard Area, designated Zone AE, on the FIRM.

Community Chief Executive Officer: _____(signature)

_____ (print)

Date: _____

Other (if applicable): _____(signature)

_____ (print)

Date: _____

MEMORANDUM

TO: Mayor Gagne
Omak City Council

From: Jeremy Patrick, Fire Chief

Subject: Resolution 63-2024, Approving Purchase of New Extrication Equipment

Date: September 16, 2024

Attached Resolution 63-2024 Approving Purchase of Extrication Equipment and Accessories.

The current extrication equipment is not in NFPA compliance and was purchased in the 1990's. This new equipment is lighter in weight, battery powered and meets NFPA standards. This will make for faster and easier extrication of patients from vehicle accidents when needed.

RESOLUTION NO. 63-2024

A RESOLUTION OF THE OMAK CITY COUNCIL APPROVING PURCHASE OF EXTRICATION EQUIPMENT AND ACCESSORIES

WHEREAS, the Fire Chief has determined the need to replace/update the departments extrication equipment; and

WHEREAS, Holmatro spreader, Cutter, Ram, and accessories, provided by West Coast Fire & Rescue, was selected to provide equipment needs; and

WHEREAS, The League of Oregon Cities operates a cooperative purchasing program through NNPGOV, a nationwide cooperative public procurement organization; and

WHEREAS, the City of Omak entered into cooperative agreement with the League of Oregon Cities by resolution 32-2021; and

WHEREAS, the Revised Code of Washington, Chapter 39.34 encourages the use of cooperative agreements to increase the efficiencies of local governments.

NOW, THEREFORE, BE IT RESOLVED BY THE OMAK CITY COUNCIL, that the purchase Agreement with West Coast Fire & Rescue, attached hereto as Exhibit "A", for the purchase of Spreader, Cutter, Ram, and needed accessories, is hereby approved, and the mayor is authorized to effect all necessary action for the purchase of this equipment.

DATED this _____ day of _____, 2024.

APPROVED:

Cindy Gagné, Mayor

ATTEST:

APPROVED AS TO FORM:

Connie Thomas, City Clerk

Michael D. Howe, City Attorney



18322 9th St E
 Lake Tapps, WA 98391
 Phone: 253-826-9852
 Fax: 253-826-9850
 E-Mail: thoffman@tx3.net

September 4, 2024

Chief Jeremy Patrick
 Omak Fire Department
 16 N Ash
 Omak, WA 98841

Qty	Item	List Price	Disc Price	Ext Price
1	Holmatro Pentheon PSP40 Spreader: Package: Includes 2 batteries & charger	\$ 17,595.00	\$ 14,500.00	\$ 14,500.00
1	Holmatro Pentheon PCU50 Cutter Package: Includes 2 batteries & charger	\$ 16,714.00	\$ 13,900.00	\$ 13,900.00
1	Holmatro Pentheon PTR50 Telescopic Ram Package: Includes 2 batteries & charger	\$ 14,932.00	\$ 12,500.00	\$ 12,500.00
2	Daisey Chain battery charger connector	\$ 17.00	\$ 15.00	\$ 30.00
1	Pulling Tips & Chains	\$ 1,971.00	\$ 1,700.00	\$ 1,700.00
1	Cross Ram Support Set	\$ 999.00	\$ 850.00	\$ 850.00
1	Horizontal Mount for Spreader	\$ 350.00	\$ 315.00	\$ 315.00
1	Horizontal Mount for Cutter	\$ 350.00	\$ 315.00	\$ 315.00
1	Horizontal Mount for Ram	\$ 350.00	\$ 315.00	\$ 315.00
	Subtotal 1	\$ 53,322.00	Subtotal 1	\$ 44,425.00
	Shipping & Insurance			\$ 450.00
	Subtotal 2		Subtotal 2	\$ 44,875.00
	Sales Tax Code:2407		8.5%	\$ 3,814.38
	GRAND TOTAL			\$ 48,689.38

Prices good 90 days then subject to change without further notice

Sincerely,

Tracy Hoffman
 West Coast Fire & Rescue

Holmatro Tools Are Made in The USA



Product Specifics

Holmatro, known for hydraulic rescue equipment and system solutions, designs, develops, produces, and tests tools in-house. Some products on contract include:

- Full line of CORE hose hydraulic rescue equipment and accessories
- Full line of CORDLESS hydraulic rescue equipment and accessories
- Vehicle stabilization products
- Collapse rescue shoring products
- USAR/RIT focused products
- USAR heavy lifting products
- Full range of lifting bags and accessories

Lead Public Agency: League of Oregon Cities
RFP #1910

CONTRACT TERM
CONTRACT NUMBER: PS20035

Effective Date: 04/05/2020

Initial expiration: 04/05/2023

Possible extensions through: 04/05/2026

Pricing Details

This contract provides a 4% discount off list price. Quantity discounts also available. For pricing and details, log in to nppgov.com.

NPPGov

NPPGov is a national cooperative procurement organization based in Seattle, WA offering publicly solicited contracts to government entities nationwide. Our contracts are created through a public solicitation by a Lead Public Agency. Access to our cooperative contracts is free and there are no purchasing obligations.

Contract Details

- Log into nppgov.com
- Forms, legal documentation, price lists and other information can be found on the Holmatro vendor page
- Sign the Intergovernmental Agreement (IGA) and keep for your records
- Provide your NPPGov member number on the purchase order

Benefits of cooperative contracts:

- Competitively bid, no additional RFP necessary
- Saves time and money in your procurement process
- Live contract support



INTEROFFICE MEMORANDUM

TO: MAYOR GAGNÉ
OMAK CITY COUNCIL

FROM: FINANCE DEPARTMENT & MUNICIPAL COURT

SUBJECT: RES. 64-2024 – AGREEMENTS WITH THE LANGUAGE EXCHANGE

DATE: SEPTEMBER 16, 2024

The attached **Resolution 64-2024, a Resolution Approving a Service Agreement with The Language Exchange for Interpreting Services**, is forwarded for your consideration.

The Omak Municipal Court along with City staff on several occasions have found the need for on-demand interpreting services to communicate with customers. The Language Exchange will offer On-Demand phone, video and document translation services in accordance with their rates. The equipment will be purchased through our current phone provider, Intrigue Communications. The high end estimated for equipment is \$830 which includes two phones and installation and because these will run off our current phones there is no monthly fee.

The Language Exchange recommends we execute two agreements, one for the Municipal Court and one for City Hall. This will allow separate access numbers and separate billings. This service can be used by all City departments.

This agreement can be terminated with thirty days' written notice. The agreement has been reviewed by City Attorney Howe and he finds it acceptable.

I support this Resolution.

RESOLUTION NO. 6X-2024

A RESOLUTION OF THE OMAK CITY COUNCIL, APPROVING A LANGUAGE SERVICES AGREEMENT BETWEEN THE CITY OF OMAK, OMAK MUNICIPAL COURT AND THE LANGUAGE EXCHANGE, INC. FOR INTERPRETING SERVICES

WHEREAS, the City of Omak and the Omak Municipal Court has the need for linguists to perform over-the-phone language services; and

WHEREAS, making this service available will allow individuals with Limited English Proficiency improved communication with staff; and

WHEREAS, language access is critical to local government services across all departments.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Omak that the Language Services Agreement between the City of Omak, Omak Municipal Court and The Language Exchange, Inc., a copy of which is attached hereto as Exhibit "A", for Interpreting Services, is approved.

INTRODUCED AND APPROVED by the City Council of the City of Omak this _____ day of _____, 2024.

APPROVED:

Cindy Gagné, Mayor

ATTEST:

Connie Thomas, City Clerk

APPROVED AS TO FORM:

Michael D. Howe, City Attorney



**Translation and Interpreting 200+ Languages and Growing
Rate Sheet**

Interpreting Rates – Consecutive

On-site or Virtual (your platform)

Tier 1 Languages: Spanish (US/Latin America)	\$80	Per Hour
Tier 2 Languages	\$90	Per Hour
Tier 3 Languages*	\$105	Per Hour

**2-hour minimum charge*

Interpreting Rates – Simultaneous

On-site or Virtual (your platform)

Seminars/Group/Meeting/IEPs Interpreting

Tier 1 Languages: Spanish (US/Latin America)	\$90	Per Hour
Tier 2 Languages	\$100	Per Hour
Tier 3 Languages	\$110	Per Hour
Sign Language	\$140	Per Hour

**2-hour minimum charge*

**Simultaneous interpreting lasting more than 1 hour will automatically be assigned a second interpreter*

Court Interpreting Rates

	On-Site, Virtual (your platfor)	Depositions & Trials	Unit
Tier 1 Languages: Spanish (US/Latin America)	\$100	\$120	Per Hour
Tier 2 Languages	\$150	\$170	Per Hour
Tier 3 Languages	\$205	\$223	Per Hour
Sign Language	\$150	\$160	Per Hour

**2-hour minimum charge*

**Trials have a 7-hour minimum for full days and 3.5 hours for half days*

**Simultaneous interpreting lasting more than 1 hour will automatically be assigned a second interpreter*



Over-the-Phone Interpreting Rates On-Demand & Scheduled

Spanish	\$2.20	Per Minute
All Other Languages	\$2.50	Per Minute

**15-minute minimum On-Demand*

**30-minute minimum for Pre-Scheduled*

**Prescheduled calls canceled with 24 hours will incur fee*

Video Interpreting Rates On-Demand On-Demand & Scheduled (our platform)

Spanish	\$3.10	Per Minute
American Sign Language (ASL)	\$3.35	Per Minute
All Other Languages	\$3.35	Per Minute

**30-minute minimum On-Demand*

**60-minute minimum for Pre-Scheduled*

**Prescheduled interpreting canceled within 24 hours will incur fees*

Interpreting Equipment

Headset and Receivers (Minimum 20)	\$11	Per Unit
Transmitter	\$155	Per Unit

**Other equipment will be quoted as needed*

Equipment Rental Terms

100 % of equipment fee will be charged within 10 days of the event.

There will be a delivery fee applied to the Equipment Rental, which is determined at time of shipment.

Equipment rentals must be returned within 24-hours of the meeting. A prepaid mailing label will be included with the equipment.

If the equipment is not returned within 24-hours, a full day of usage will be charged for each day the equipment has not been returned after the 24-hours.



Terms for Interpreting

Time billed: The noted minimum or time reserved, whichever is greater, will be billed.

After-hour fees: An additional \$25 per hour fee will be applied for all hours booked on holidays or outside of our business day (Monday – Friday, 8:00 AM – 5:00 PM)

Rush fee: An additional \$25 per hour fee will be applied for all hours booked on any request made for the next business day following the request.

Additional Charges: Travel time will be billed at the hourly interpreting rate or Mileage will be billed at the current IRS rate, round trip from interpreter's location to site. Parking fees, toll, entrance fees, ferry fees to be reimbursed at cost.

Increments: Any additional time spent beyond the booked hours of an assignments is billed at the applicable hourly rate in 15-minute increments.

Any appointment requiring a court interpreter will be billed at the court rate with a 2-hour minimum or the time requested, whichever is greater.

Cancellation and Consumer/Provider No-Show Policy: 100% Cancellation Fee will apply if the appointment is canceled less than 24 hours (business day) before the appointment. All Sign Language appointments have a 48-hours (business days) cancellation policy.

Rate Exceptions: Depending upon the availability of interpreters, rates may need to be altered accordingly. Rate for On-Site interpreters may vary depending on the language, location and availability of interpreters. Every effort is made to keep within the rates mentioned above.

Additional Terms for Sign Interpreting

Requires at least 2 business days' notice of cancellation

If less than 2 business days' notice of cancellation is received, billing will be for 2-hour minimum or the amount of time requested and travel time reserved, whichever is greater.

Additional Terms for Court Interpreting (non-trial)

Requires at least 2 business days' notice of cancellation

If less than 2 business days' notice of cancellation is received, billing will be for 2-hour minimum or the amount of time requested and travel time reserved, whichever is greater.

Additional Terms for Court Interpreting (Trials)

All trials, either jury or non-jury, requires 5 business days' notice of cancellation for each day scheduled.



Translation and Localization Rates – Standard

Translation, Edit and Proofreading (TEP)

Service	Rate	Unit
Tier 1 Languages: Spanish (US/Latin America)	\$0.19	Per Source Word
Tier 2 Languages	\$0.28	Per Source Word
Tier 3 Languages*	\$0.38	Per Source Word
Document Translation – Project Minimum	\$130	Per Language
Desktop Publishing/Formatting/Editing	\$75	Per Hour
Consultation, Copywriting, Original Design or Illustration	\$150	Per Hour
Audio Transcription (Voice)	\$13	Per Minute

**Korean & Portuguese will fall under Tier 2 Rates*

Rush Translation:

Delivery within 1 business day	100%	Per Project
Delivery within 2 business days	50%	Per Project
Delivery within 3 business days	25%	Per Project

Additional Services:

Voice Over Recording, Director, Training	Price Available Upon Request
Subtitling, SRT creation, Embedding	
Website Localization	
Support Site Localization	
Marketing Collateral Localization	
Content Transcreation	
International SEO	
eLearning Localization	
Audio & Video	
Mobile Apps	
Cultural Consultation	

Terms for Translation and Localization

Prices are based on documents received in an editable format. Prices are subject to change.

Standard turn-around time for most languages is within 5 business days (applies to projects up to 7,000 words)

Source word – the language which the material is written when submitted for translation

Legal/Technical text may have a per word surcharge of \$0.05

In most cases our Standard Translation (TEP) rates will apply. In some cases we may recommend a different workflow to match your content type, e.g. a single translation pass or a Machine Translation + Human Review solution may be adequate/appropriate for some content types.

DISCLAIMER: This price list is to be used as reference. The prices here are based on normal turnaround time and general content. The actual price might vary according to each job's requirements, locations, content, availability of interpreters and requested turnaround time

200+ Languages and Growing

Tier 1 Language:				
Spanish (US/Latin America)				

Sign Language Tier:				
American Sign Language (ASL)	Tactile	Certified Deaf Interpreter (DCI)		

Tier 2 Languages:					
Arabic (Egyptian)	Arabic (Iraqi)	Arabic (Modern Standard)	Arabic (Moroccan)	Arabic (Sudanese)	Arabic (Yemen)
Chinese Cantonese	Chinese Mandarin	Croatian	Czech	Danish	Dutch
Estonian	Finnish	Flemish	French	French Canadian	French Creole
Georgian	German	Greek	Hungarian	Italian	Latvian
Lithuanian	Macedonian	Norwegian	Polish	Romanian	Russian
Serbian	Sicilian	Slovak	Slovene	Spanish (Spain)	Swedish

Tagalog (Filipino)	Taiwanese	Ukrainian	Vietnamese		
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Tier 3 Languages:					
Acehnese	Acholi	Afghani	Afrikaans	Akan	Akateco
Albanian	Amharic	Anuak	Armenian	Ashanti	Assyrian
Azeri	Bahasa (Malaysian)	Bambara	Bashkir	Basque	Bassa
Belarusian	Bengali	Bosnian	Bulgarian	Burmese	Cambodian
Cape Verde Creole	Carolinian	Catalan	Cebuano	Chaldean	Chamorro
Chao-Chow	Cherokee	Chin	Chin (Falam)	Chin (Hakha)	Chin (Lai)
Chin (Mizo)	Chin (Tedim)	Chin (Zo, Zomi)	Chin (Zophei)	Choujo	Chuukese
Cotocoli (Tem)	Dari	Dinka	Dioula	Edo	Ewe
Farsi	Foochow (Fuzhou)	Fukiense	Fulani	Fulde	Fuzhou
Ga	Garre	Guarani	Gujarati	Hainanese	Haitian Creole
Hakka (Chinese)	Harar	Hassaniya	Hausa	Hebrew	Hindi
Hmong	Hokkien	Icelandic	Igbo	Ilocano	Ilonggo
Indonesian	Japanese	Jarai	Jiangsu	K'iche' (Quiché)	Kannada
Karen	Karen (PWO)	Karenni (Kayah)	Kazakh	Khmer	Kikongo
Kikuyu	Kinyamulenge	Kinyarwanda	Kirundi	Kituba	Kizigua (Kizigula)
Korean	Krahn	Krio	Kunama	Kurdish	Kurdish (Bahdini)
Kurdish (Kurmanji)	Kurdish (Sorani)	Kyrgyz	Lao	Lautu	Lingala
Lorma	Luganda	Luo	Maay-Maay	Malay	Malayalam
Mam	Mandinka	Mara	Marathi	Kyrgyz	Marshallese
Matu	Mbay	Mende	Mien	Mina	Mixteco (Alto)
Mixteco (Bajo)	Moldovan	Mongolian	Montenegrin	More	Mushunguli
Navajo	Nepali	Nuer	Oromifa	Oromo	Pashto
Patois (Jamaican)	Pidgin (Nigerian)	Ponapean / Pohnpeian	Portuguese (Brazilian)	Portuguese (European)	Portuguese Creole
Pulaar	Punjabi	Q'anjob'al	Rohingya	Samoan	Sango
Senthang	Shanghaiese	Pidgin (Cameroonian)	Shona	Sichuan	Sinhalese
Siyin	Somali	Somali Bantu	Soninke	Soninke (Sarahuli)	Soninke (Sarahole)
Sorani (Kurdish)	Sousou	Swahili	Sylheti	Tajik	Tamil
Telugu	Temne	Teochew	Thai	Tigrinya	Toisanese
Tongan	Tosk	Trukese / Chuukese	Turkish	Twi	Urdu
Uzbek	Visayan	Wolof	Xhosa	Yiddish	Tibetan
Yoruba	Yup'ik	Zulu	All Other Languages		

LANGUAGE SERVICES AGREEMENT

This AGREEMENT (the "Agreement") is made and entered into on ("Effective Date") by and between _____ and Language Network, Inc and its subsidiaries (The Language Exchange, Inc.), (International Contact, Inc) and (Academy of Languages, LLC) referred to as ("Language Network").

Recitals

WHEREAS, "**CLIENT**" has entered into a contract with Language Network, a language service provider.

WHEREAS, "**CLIENT**" has agreed under the terms establish herewith to engage the services of linguists to perform language services, including, but not limited to, in- person interpretation, telephone interpretation and document translation; and

WHEREAS, "**CLIENT**" desires to engage Language Network to perform language services; and

WHEREAS, Language Network desires to enter into this Memorandum of Understanding (MOU) to perform such interpreting and translation services according to the terms and conditions of this Agreement;

NOW THEREFORE, the parties agree as follows:

TERMS AND CONDITIONS

1. Nature of the Service: Language Network will provide interpreting/translating services as required by "Client"
2. Term of Agreement: This agreement will become effective upon signing of both parties, and will continue in effect unless terminated, with or without cause, upon thirty days written notice by either party. We retain the option to increase rates.
3. Charges, Invoices and Payment: In consideration of these services, "CLIENT" will pay Language Network the amount in the manner set forth in the rate schedule. Payment is due within 30 day of the invoice date. Late payment will be subject to penalties equating to 5% of the invoice amount.
4. Privacy of Communication: The linguist shall keep all information that they may come across in the course of their work confidential and will not communicate it to a third party.
5. Arbitration: Any dispute, claim or controversy arising out of or relating to this Agreement shall be settled by a binding arbitration in accordance with the rules and regulations of the Judicial Arbitration and Mediation Services ("JAMS"). Arbitration shall be before a single arbitrator who shall be a retired judge of the State of California or State of Washington. Any award shall be final and binding upon the parties and judgement upon any such award may be entered in any court having jurisdiction thereof.

The fees and expenses of the arbitrators shall be borne equally by the parties. Each party shall pay its own fees and costs relating to any arbitration proceeding, including attorney's fees.

6. HIPAA/HITECH/FERPA Compliance: Language Network is fully compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)/Health Information Technology for Economic and Clinical Health (HITECH) guidelines for healthcare transactions and Family Educational Rights and Privacy Act (FERPA) for academic transactions.

7. Miscellaneous Provisions:

7.3. Entire Agreement: This Agreement, including any Exhibits attached hereto, is the entire agreement between two parties hereto relating to the subject matter addressed herein and supersedes all prior representations, promises or agreements, whether oral or written.

7.4. Amendments: This Agreement may not be amended absent a written agreement by the parties, except that "**CLIENT**" may provide of a proposed amendment to this Agreement and Language Network shall be deemed to have accepted the proposed amendment unless Language Network provides "**CLIENT**" with written notice rejecting the proposed amendment within fifteen (15) days of receiving such notice.

7.5. Governing Law: This Agreement shall be interpreted and construed in accordance with the laws of the State of California.

7.6. Notices: Any notice required to be provided under this Agreement shall be sent by United States Postal Service, postage prepaid, return receipt requested.

ACCEPTANCE:

Your signature below indicates acceptance of this agreement , and entrance into an agreement with Language Network beginning on the date of signature.

Client:

Signature: _____

Signature: _____

Name & Title: _____

Name & Title: Jordan Evans,CEO

Date: _____

Client Account Information

Company Name

Billing Contact Person: Responsible for billing correspondence for invoices, billing, and payment inquiries.

Contact Name

Title

Billing Email 1:

Billing Email 2:

Billing Address

City

State

Zip

Phone

Fax

Communication Contact Person: Responsible for communication correspondence involving training resources, messaging, urgent notification, etc.

Contact Name

Title

Email:

Phone

Fax

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Language Exchange, Inc.</p>	
		<p>2 Business name/disregarded entity name, if different from above</p>	
		<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions. 113 Cherry St #65575</p>	<p>Requester's name and address (optional)</p>
		<p>6 City, state, and ZIP code Seattle, WA 98104</p>	
		<p>7 List account number(s) here (optional)</p>	

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
9	1	-	1	6	6	3	5	6	4

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ _____
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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, later.

Intrigue Communications

PO Box 1163
115 S Main
Omak, WA 98841

Estimate

Date	Estimate #
9/10/2024	8485

Name / Address
City of Omak P.O Box 72 Omak WA 98841

Project

Description	Qty	Rate	Total
Lobby Phone	2	49.95	99.90T
2 Port FXS ATA	1	65.00	65.00T
Installation	1	600.00	600.00T
		8.50%	65.02
Total			\$829.92



Aegis-10-08

Ask For Aegis-08 By Name.

Aegis-08 telephones, by Scitec, the standard for economy branded hotels, now offers improved styling, and more features, at the same low price, plus added features like SciTouch* One-Touch message retrieval.

Models

Single-line telephones

- Aegis-10-08 feature phone - 10 memory keys
- Aegis-5-08 feature telephone - 5 memory keys
- Aegis-3-08 feature telephone - 3 memory keys
- Aegis-P-08 feature telephone - no memory keys
- Aegis-LB-08 lobby telephone - no memory keys

Features

- Hold, Redial, Flash keys
- Dual NEON/LED message waiting light
- Programmable one-touch voice mail retrieval lightbar (Aegis-10-08/Aegis-5-08/Aegis-3-08)
- 10, 5, 3 or no programmable guest service keys
- Convenient data port
- 5 year warranty

Colors

- Ash
- Black



Aegis-5-08



Aegis-3-08



Aegis-P-08



Aegis-LB-08



AEGIS-08 SERIES Single-Line Non-Speakerphones

Aegis-10-08 • Aegis-5-08 • Aegis-3-08 • Aegis-P-08

Features & Specifications:

Product Identification & Order Numbers:

- Model No. Aegis-10-08 - 10 Memory Keys
P/N 81001 (ash) / P/N 81002 (black)
- Model No. Aegis-5-08 - 5 Memory Keys
P/N 80501 (ash) / P/N 80502 (black)
- Model No. Aegis-3-08 - 3 Memory Keys
P/N 80301 (ash) / P/N 80302 (black)
- Model No. Aegis-P-08 - No Memory Keys
P/N 80001 (ash) / P/N 80002 (black)
- Model No. Aegis-LB-08 - Lobby Phone
P/N 80101 (ash) / P/N 80102 (black)

Product Information:

- Installation Includes
 - RJ11 Line Cords - 14ft./4.27m
 - Handset Coil Cord - 12ft/3.65m
 - Optional Wall Mount Bracket (not included)
- Line, MW, and Ringer Specifications
 - Line Voltage - Auto-Detect
 - Line Current 20mA-100mA
 - Auto-Detect for 90VDC Neon or Low Voltage LED Applications
 - Ringer Equivalence - 0.6B
- Unit Dimensions
8.0"(l) x 6.0"(w) x 3.0"(h)
- Packaging Weight
MasterPack Quantities of 12 Units, 31lbs/14.06kg
- Certifications
FCC Part 68, FCC Part 15 & UL 1459 Ref.
ADA/FCC Hearing Aid Compliant

Deluxe Features:

- Single Line Non-Speakerphone
- Compatible with PABX Systems
- Soft Key Technology
- Convenient Data Port
- On-Hook Pre-Dialing on Memory Keys
- Full Length Custom Tailored Faceplates
- Industrial Grade Construction with Matte Finish Design
- Non-Slip Base

Audio/Visual Features:

- Line Powered
- Dual NEON/LED Message Waiting Lightbar
- One-Touch Voice Mail Retrieval
- 4 Step Speaker and Handset Volume Control
- High/Low Ringer Volume Switch
- Hold Key with LED On/Off Indication
- HAC-Compatible Handset
- ADA-Compliant Volume Control

Programming Features:

- One-Touch Voice Mail Retrieval Lightbar (Aegis-3-08, Aegis-5-08, Aegis-10-08)
- 10, 5, 3 or No Guest Service Keys with Secure Programming
- Memory Key Entry - Maximum 32 Digits
- Flash Key
- Pause Key (submerged)
- Store Key (submerged)



Wall Mount Bracket Kit with short line cord sold separately.



5025 Galley Road
Colorado Springs, CO 81915 USA
+1.719.638.8821 tel
+1.719.638.8815 fax
info@scitecinc.com
www.scitecinc.com

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MEMORANDUM

To: Omak City Council
Cindy Gagné, Mayor

From: Wayne Beetchenow
Public Works Director

Date: September 16,2024

Subject: **Resolution 65-2024** Approving the purchase of picnic tables and parts

The attached Resolution 65-2024, **A Resolution of the Omak City Council Approving Purchase of Picnic Tables and Parts**, is forwarded for your consideration.

This purchase has been approved in the 2024 budget using hotel/motel funds to repair and replace tables.

We have received three quotes and reviewed the quotes for accuracy and price. The lowest responsive quote is from Global Industrial as attached in Exhibit "A".

I support this Resolution and recommend its approval.

RESOLUTION NO. 65-2024

**A RESOLUTION OF THE CITY OF OMAK APPROVING,
THE PURCHASE OF PICNIC TABLES AND PARTS**

WHEREAS, the parks department has the need to purchase picnic tables and parts; and

WHEREAS, this purchase exceeds five thousand dollars, requiring Omak City Council Approval for purchase; and

WHEREAS, three quotes were received for the needed parts; and

WHEREAS, Global Industrial provided the lowest priced quote for the identified parts.

NOW, THEREFORE BE IT RESOLVED by the City Council of the City of Omak, do hereby approve the purchase of picnic tables and parts from Global Industrial as attached in Exhibit "A".

PASSED AND APPROVED this ____ day of _____, 2024.

SIGNED:

Cindy Gagné, Mayor

ATTEST:

Connie Thomas, City Clerk

APPROVED AS TO FORM:

Michael D. Howe, City Attorney

Your Global Industrial Quotation # 7547963

sales@globalindustrial.com <sales@globalindustrial.com>

Thu 9/12/2024 10:06 AM

To:Assistant Public Works Director <apwd@omakcity.com>

📎 1 attachments (30 KB)

Quote_7547963.pdf;

[External Email]

 Company Logo

SALES QUOTE

QUOTE ISSUED: 09/12/2024

ACCOUNT NO. 3761233

QUOTE NO. 7547963

[Click Here To Place Order Online](#)

*Pricing valid for 30 days from quote issue date. subject to change based on product availability and/or extraordinary market conditions

CUSTOMER INFORMATION

Account Name: CITY OF OMAK

Name: DON ABEL

Address: 220 COLUMBIA
OMAK, Washington 98841

Email: apwd@omakcity.com

Phone: (509) 826-1390

Part#	Description	Shipping	Quantity	Price	Extended
348131	Global Industrial™ 8' Heavy-Duty Aluminum Picnic Table Country Of Origin: CHINA	TRUCK	12	\$850.60	\$10,207.20

Notes

Item Total:	\$10,207.20
Tax:	\$1,040.84
Shipping and Handling:	\$1,829.68
**Total:	\$13,077.72

**Applicable taxes and shipping charges will be added to invoice.

[Please be sure to review our terms and conditions](#)

[Shipping Terms and Conditions](#)

Thank you for the opportunity to help with your needs. To place your order or for further assistance please contact me.

Name: ZS GOVT GA

Address: 2505 MILL CENTER PARKWAY SUITE 100
BUFORD, GA 30518

Email:

Phone:

Fax: